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## THE INTEGRATED MODEL ON COMBATING SEXUAL AND GENDER BASED VIOLENCE IN THE GREAT LAKES REGION



Implemented by  
**giz**  
Deutsche Gesellschaft  
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Zusammenarbeit (GIZ) GmbH



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This integrated model has been collaboratively prepared by the ICGLR Regional Training Facility, Panzi Foundation DRC and the Dr. Denis Mukwege Foundation. The work of a joint technical committee, convened by the Dr. Denis Mukwege Foundation facilitated the process of developing this model document.

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**Panzi Foundation DRC**  
**(Democratic Republic of Congo)**

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### DEVELOPED BY:

Regional Training Facility of the International  
Conference of the Great Lakes Region (Uganda)

Panzi Foundation DRC  
(Democratic Republic of Congo)

Dr. Denis Mukwege Foundation  
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# FOREWORD

**Hon Dr. Janvier NDIRAHISHA**  
Regional Director, ICGLR-RTF

Provision of response services to victims of Sexual and Gender Based Violence (SGBV) in the 12 Member States of the Great Lakes Region, has engaged multiple State actors including in the criminal justice and public health systems. Non-state actors such as civil society and other key players involved in the humanitarian assistance and service delivery fields have also been engaged.

The State actors, notably, within the criminal justice systems, have focused mainly on ensuring that the victim is awarded remedy and/or compensation for the violations that have befallen them. The key steps involved in this process include investigations done by the Police, Prosecution done by the Office of the Director of Public Prosecution, adjudication done by the judicial officers and rehabilitation of offenders done by the Correction officers. The cohesive interplay of such processes and procedures contributes to Access to justice, a right that is not only fundamental to the wellbeing of people but also stability of a nation's Legislative, executive, economic and security reform.

The International Conference on the Great Lakes Region – Regional Training Facility on the Prevention and Suppression of Sexual and Gender Based Violence in the Great Lakes Region (ICGLR-RTF) was then established with the mandate to train and sensitize professionals managing cases of SGBV in the Great Lakes Region. Through this mandate, the facility leveraged on its training and knowledge production pillars, to engage international and local experts on the subject matter in developing the Socio-ecological model. An institutional based approach for the sole purpose of building the capacity of the aforementioned key actors in the Criminal Justice System to effectively provide preventative and response services to the victims of SGBV leveraging on International human Rights standards and the law of the land.

Cardinal to note, SGBV is categorized as a “Crime against the person”. SGBV encompassed a broad array of criminal offenses, which usually involve bodily harm, the threat of bodily harm, or other actions committed against the will of an individual. Therefore, the ingredients of the crimes and the evidence required to secure a conviction are part and parcel of the victim of this crime. Scholars of criminology often argue that unlike any other offenses such as crimes against property, a Crime against the Person will automatically require the victim or a

part of them to be part of the exhibits presented by the Scene of Crime Officers to the investigating officer. For purposes of compiling a substantial case file that’s later forwarded to the prosecutor to advice on the composition of a charge sheet. Therefore, any mishandling of evidence could vehemently compromise the investigation and prosecution of an SGBBV case. It’s upon this background that victim support is proven to be more than essential in management of these cases.

Inspired by the profound role played by Dr. Denis Mukwege in provision of Medical, Psychosocial, Legal and Economic support to victims of rape in Eastern DRC through the Panzi Hospital. One that has won him numerous awards and most importantly the Nobel Peace Prize for his activism in 2018. The Holistic Model was developed through the Panzi Hospital and Foundation as a knowledge asset to build capacity of all key actors providing response services to Victims of SGBV in the Great Lakes Region and the world at large. This model provides application guidelines for medical, psychosocial, legal and socio-economic pillars as core support elements for the rehabilitation process to ensure that the victim recovers from the tragedy and is restore back to full functionality.

Cognizant of the body of skills, experiences and key success factors embodied in the Panzi model and the RTF training approach, a team comprised of experts from both institutions had a meeting of minds, a product of which was the formation and piloting of the Regional Integrated Model on provision of holistic services to victims of SGBV. This was piloted in five Member states namely Uganda, Rwanda, Central African Republic, DRC (Kinshasa & Goma) and Zambia. The key success stories and lessons learned from these pilot trainings were utilized to augment on the pre-existing knowledge in the manual. This Integrated Training Model for Professionals managing SGBV in the Great Lakes Region was then developed as an output.

This knowledge asset bridges the capacity gap between actors mandated to provide services pertaining to access to justice and those focusing on rehabilitation of the victim. It also contributes to publications, manuals and guidelines developed to enhance the capacity of key actors involved in managing cases of SGBV in the Great Lakes Region. Application of the skills and expertise embedded therein will contribute to an increase in convictions and restoration of victims of SGBV in the Great Lakes region.





# INTRODUCTION



## ICGLR Regional Training Facility

The **Regional Training Facility (RTF)** was established under Article 6(9) of the International Conference on the Great Lakes Region (ICGLR) Protocol on the Prevention and Suppression of Sexual Violence against Women and Children (2006). Member States agreed to set up a special regional facility for training and sensitizing judicial officers, police units, social workers, medical officers and other categories of persons who handle cases of sexual violence in the Great Lakes Region. In fulfilment of this obligation, Uganda offered, during the December 2011 Summit, to host this special Regional Training Facility.

On 28th Feb 2013, the Regional Inter-Ministerial Committee (RIMC) received the Concept and budget from ICGLR Secretariat and approved the establishment of the Regional Training facility in Uganda. The RTF was launched on 18th February 2014 in Kampala, Uganda, its key function is to organise regional training courses (related to SGBV) for senior and higher-level stakeholders including the Training of Trainers.



## Panzi Foundation DRC

**Panzi Hospital & Panzi Foundation DRC** were established in 1999 and 2008 respectively, in Bukavu, Democratic Republic of Congo by Dr Denis Mukwege and his team, to provide high quality, specialist reproductive health care services to local populations. Panzi's staff have since accrued extensive experience providing holistic care for tens of thousands of survivors of wartime sexual violence. Recognised as a centre of excellence in providing holistic care to survivors of sexual violence, and particularly survivors of brutal conflict-related sexual violence, Panzi has developed a comprehensive, integrated, holistic model of care at Panzi Hospital and Foundation, as well as in two rural clinics and a mobile clinic to serve remote and vulnerable populations.

Panzi implements this holistic model through a One Stop Centre approach<sup>1</sup>. While there are many interpretations of holistic assistance and One Stop Centres around the world, and indeed in the Great Lakes Region, the “Panzi Model” provides an important case-study for the implementation of holistic assistance services to survivors of conflict related sexual violence in a variety of settings.

dr. Denis  
**Mukwege**  
Foundation

## Dr. Denis Mukwege Foundation

The **Dr. Denis Mukwege Foundation** is an international human rights organisation, set up in 2016. It supports survivors’ demands for a world where sexual violence as a weapon of war is no longer tolerated, and bears consequences for individual perpetrators and states. It works for a future where survivors receive the holistic care and compensation they need to rebuild their lives. It creates opportunities for survivors to speak out and be heard, and where they can organise to create change, influence policies, and demand justice and accountability.

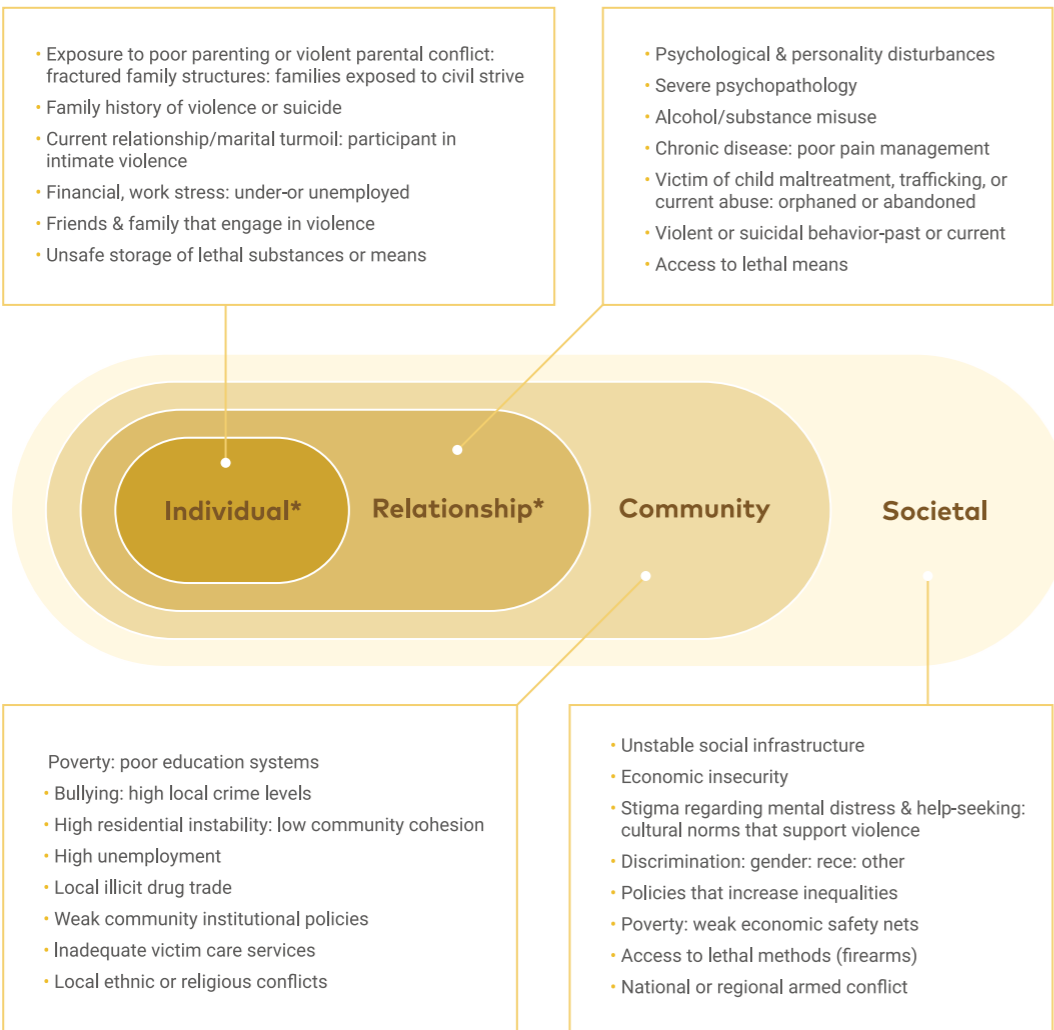
We work closely with Dr Mukwege’s Panzi Hospital and Foundation to transfer and roll out the holistic model of care pioneered at Panzi DRC in other fragile and conflict-affected settings and to advocate for its adoption as a human rights standard globally. At the global level, we advocate to end impunity, break the silence, and to make the voices of survivors heard. We work with governments and international organisations to strengthen the international norms prohibiting sexual violence.

1 Provides all of the key components of holistic care within a single system where services for survivors are accessible either under one roof or through one entry point (Holistic Care for Survivors of Sexual Violence in Conflict, 2019)

## Socio-ecological model

The four-level Socio-Ecological Model (SEM)<sup>2</sup> developed by the Centre for Disease Control (CDC) places concepts within a social context for understanding, exploring and addressing the social determinants of health at many levels. This model considers the complex interplay among individual, relationships, community and other societal factors.

Personal well-being is a complex issue that cannot be adequately understood and addressed by single level analyses. Prevention and response<sup>3</sup> to sexual and gender-based violence require knowledge about factors that influence people holistically<sup>4</sup>. The CDC uses a four-level social ecological model to better understand violence and the effect of potential prevention strategies<sup>5</sup>. SEM gives insight about the range of factors that put people at risk for violence or protect them from experiencing, perpetrating or perpetuating violence.



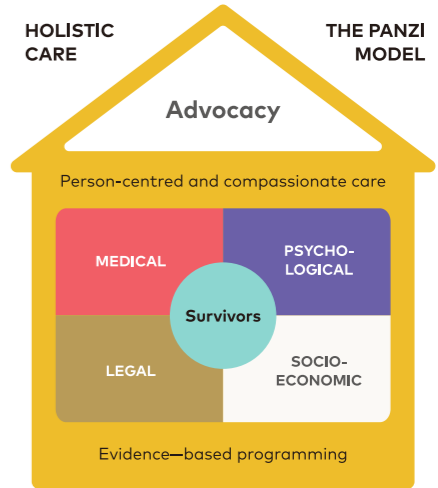
\* Risks depend upon age, sex & gender, and developmental challenges

(Caine, E.D. (2019). Building the foundation for comprehensive suicide prevention – based orientation and planning in a social-ecological context. *Epidemiology and Psychiatric Sciences*, 29(29), pp.1–3.)

## Holistic care model

Panzi's holistic approach to survivor care<sup>6</sup>, focuses on the needs of survivors in their entirety, recognising that these needs are interdependent<sup>7</sup>. In caring for survivors of sexual violence in particular, it is clear that for the body to heal, or for a patient to feel mentally strong enough to undergo complex surgery, psychological needs must be addressed<sup>8</sup>. Furthermore, in order to fully heal psychologically, concerns about livelihood and financial security must be alleviated. Similarly, seeking justice, and bearing with the often-painful processes of police reporting and testifying in court, for most victims is only possible with a strong support network<sup>9,10</sup>.

For these reasons, Panzi's One-Stop Centre, holistic care model includes four pillars<sup>11,12</sup>: medical, psychological, legal, and socio-economic support. Through these pillars, Panzi aims to address the full spectrum of survivors' needs for recovery and healing and enable them to rebuild their lives and reintegrate in their communities.



Medical care is of critical and immediate importance for victims who seek care. This care may include the administration of post-exposure prophylaxis kits, treatment for sexually transmitted diseases, surgery for fistula-repair, among other services. Key to the holistic model is the embedding of care for survivors of sexual violence within an existing health system.



Physical recovery goes hand in hand with psychological healing and support. In addition to the injuries many victims may sustain from sexual violence, the psychological consequences of violence may be even more harmful and have a lasting impact. Panzi utilises a variety of psychosocial approaches to address these consequences including individual and group therapy.



Legal assistance is also crucial to the care process for victims of sexual violence, particularly of sexual violence relate to conflict. Though justice means different things to different people, for many victims, the punishment of perpetrators not only recognises the infringement of their integrity and dignity but also the violation of their rights.



Sexual violence in conflict often has devastating socio- economic consequences for survivors. Socio-economic support may take different forms, ranging from emergency grants, vocational training, job placement or access to micro- finance programmes. Socio- economic support can be key to ensuring survivors' reintegration into their communities.

2 The Socio-Ecological Model: A Framework for Violence Prevention (CDC, 2002)  
3 Toward a Multi-Level, Ecological Approach to the Primary Prevention of Sexual Assault (Casey and Lindhorst, 2009)  
4 Holistic Care for Survivors of Sexual Violence in Conflict. (Mukwege Foundation, 2019).  
5 Minimum Standards for Prevention and Response to Gender-Based Violence in Emergencies. (United Nation Population Fund, 2015)  
6 Holistic Care for Survivors of Sexual Violence in Conflict (Mukwege Foundation, 2019)  
7 Inter-agency Gender-Based Violence Case Management Guidelines – Providing Care and Case Management Services to Gender-Based Violence Survivors in Humanitarian Settings (GBVIMS Steering Committee, 2017)  
8 Handbook for United Nations Field Mission on Preventing and Responding to Conflict-Related Sexual Violence (United Nations, 2020)  
9 Framework on Integrated, People-Centred Health Services (World Health Organization, 2016)  
10 The Inter-Agency Minimum Standards for Gender-Based Violence in Emergencies Programming (UNFPA, 2019).  
11 Holistic Care for Survivors of Sexual Violence in Conflict (Mukwege Foundation, 2019).  
12 Panzi Foundation DRC One Stop Center Training Module

# Regional Training Programme

In the framework of the Regional Project on Peace and Security in the Great Lakes region co-funded by the German government and the European Union, GIZ is supporting the ICGLR Regional Training Facility (RTF) to strengthen its training approach to prevent and respond to Sexual and Gender- Based Violence in ICGLR Member States<sup>1</sup>.

In line with Art 6(9), of the ICGLR Protocol on the Prevention and Suppression of Sexual Violence against Women and Children (2006), the RTF is mandated “for training and sensitising judicial officers, police units, social workers, medical officers and other categories of persons who handle cases of sexual violence in the Great Lakes Region”.

To ensure a more holistic and harmonised training approach<sup>13</sup>, a partnership was initiated in May 2019 between the ICGLR RTF, the Dr. Denis Mukwege and Panzi Foundations with the support of GIZ to integrate Panzi’s holistic model of care to SGBV survivors (medical, psycho-social and legal assistance and reintegration support) in the RTF’s training programmes with the idea to pilot the initiative in five pilot countries initially. These include the Democratic Republic of Congo (DRC), Zambia, Rwanda, Uganda and the Central African Republic.

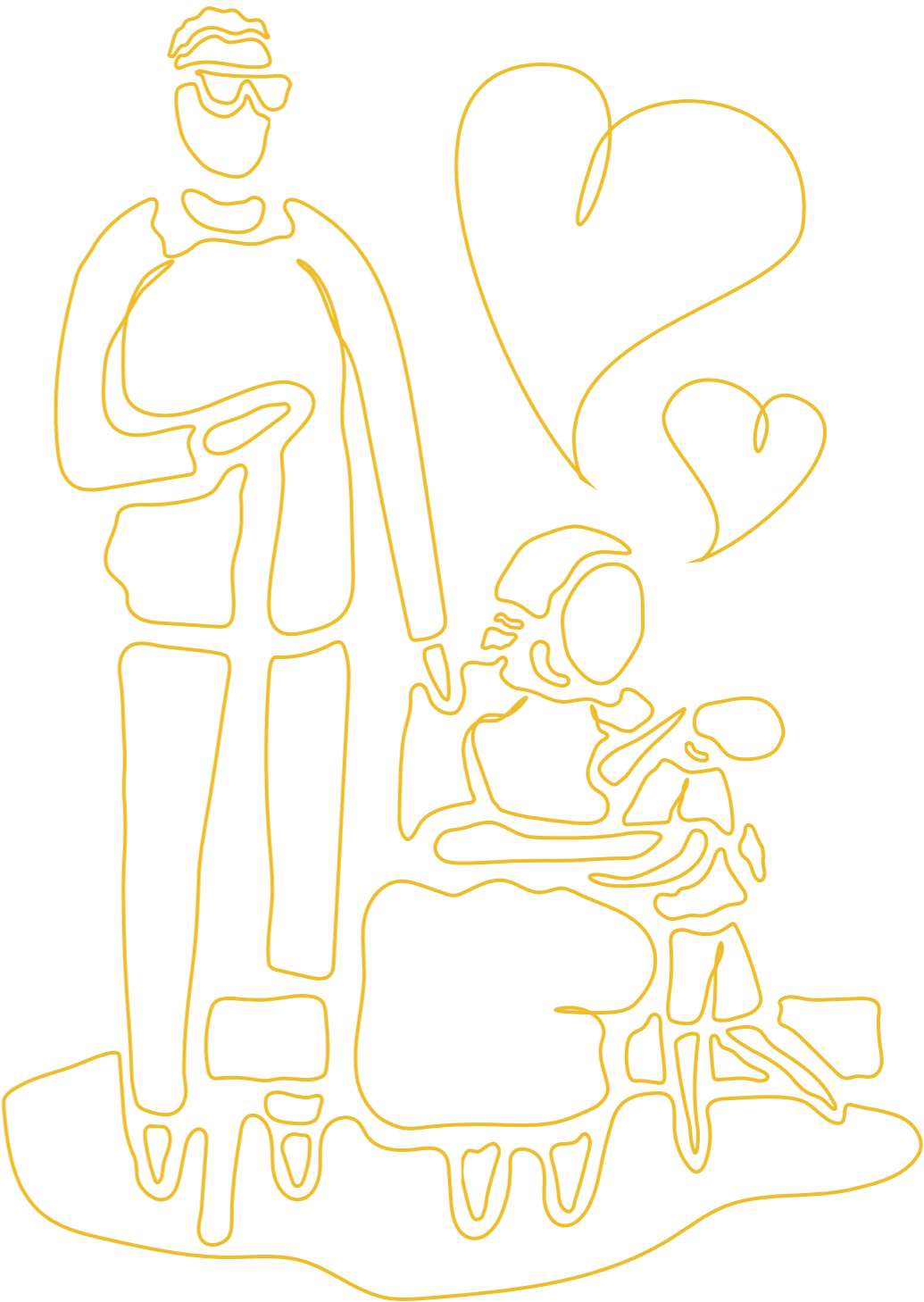
# An integrated approach to SGBV training

This integrated model has been collaboratively prepared by the ICGLR Regional Training Facility, Panzi Foundation DRC and the Dr. Denis Mukwege Foundation. The work of a joint technical committee, convened by the Dr. Denis Mukwege Foundation facilitated the process of developing this model document.

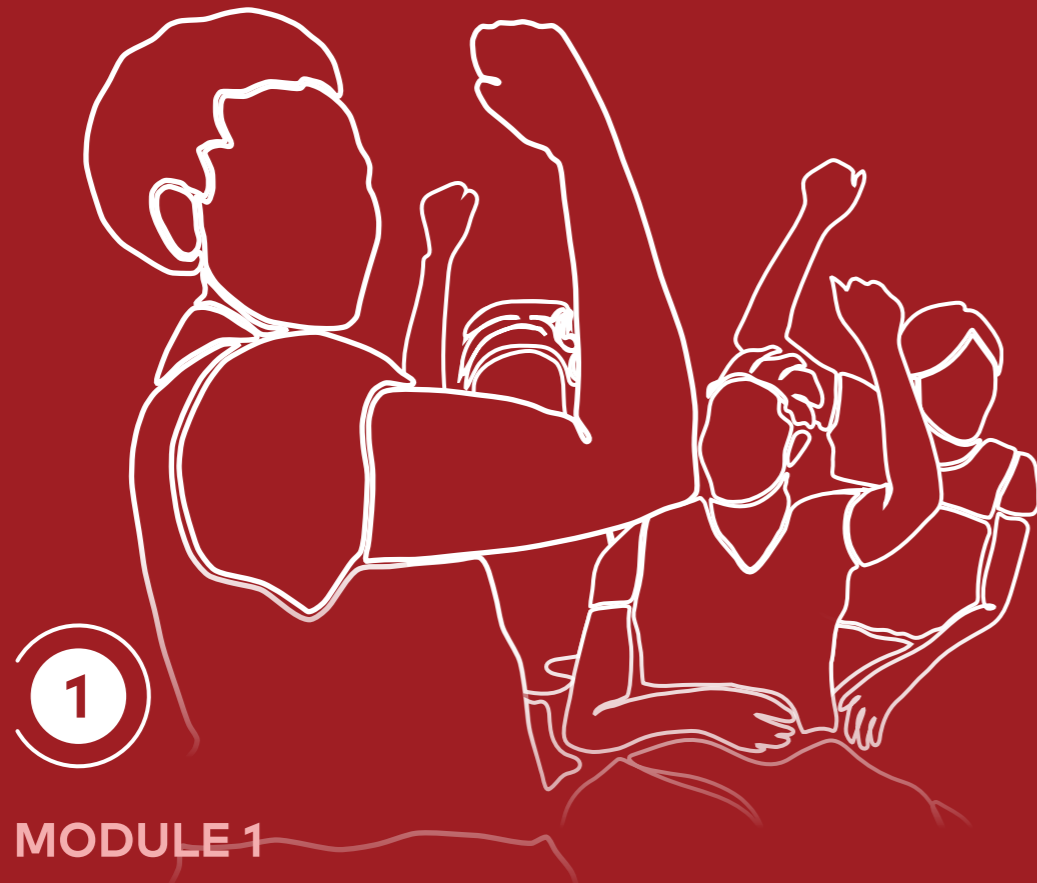
The model combines the theories of the socio- ecological model with the practice of the Panzi survivor-centred holistic care model and is for use by SGBV professionals and trainers in the Great Lakes Region, within the framework of the ICGLR Regional Training Programme.

The module contains 7 chapters, which each include sections with notes for facilitators – as such it is a ToT tool for national trainers who will go on to train SGBV professionals, as well as a resource for professionals themselves.

Recognising the value and indeed the inter-connected nature of the socio-ecological model and the holistic care model, the actors behind this integrated model aim to ensure that SGBV professionals throughout the Great Lakes region benefit from comprehensive and integrated SGBV training that considers the complex needs and priorities of victims and survivors as well as the internal and external societal factors that may enable sexual violence and/or constrain gender inequality<sup>14</sup>. The ultimate goal therefore of this training model is to contribute to ensuring strengthened survivor-centred quality holistic care for victims and survivors of sexual and gender based violence.



13 Continuity of Care (WHO, 2018)  
14 Declaration for Gender Responsive Standards and Standards Development (UNECE, 2018)



## MODULE 1

# SEXUAL AND GENDER BASED VIOLENCE

### Objectives

*At the end of this chapter, the user should be able to:*



- Define gender and explain briefly gendered concepts related to sexual and gender-based violence (SGBV) prevention and response.
- Understand and be able to define different forms of SGBV.
- Explain notions behind the choice of certain terminologies in particular cases.
- Understand any implications for their role as an SGBV professional, including the limits of their responsibility.
- Identify and discuss root causes and consequences of sexual violence on individuals and communities.
- Understand and explain survivor-centred approaches, including key rights and principles.

## Gender and gendered concepts

**Gender** refers to the roles and responsibilities of men and women as distributed by our families, societies and cultures. This may change according to contexts and times.<sup>15</sup>

**Sex** refers to the biological differences that are innate between man and woman. They are universal and cannot be changed.<sup>16</sup>

**Gender equality** implies that men and women have the same potential to enjoy their human rights; to contribute to and benefit equally from economic, social, cultural and political fulfilment and development.<sup>17</sup>

**Gender equity** is the process of being fair to women and men. To ensure fairness, strategies and measures must often be available to compensate for women's historical and social disadvantages that prevent women and men from otherwise operating on a level playing field. Equity leads to equality.<sup>18</sup>

**Intersectionality**<sup>19</sup> is a framework for conceptualizing a social group, individual or social problem (such as SGBV) who or which may be affected by different factors like race, ethnicity, sexual orientation, mobility or others. It is based on the work on critical race (social) theory by Kimberlé Crenshaw (1989). Applying an intersectional lens to understanding SGBV trends and practice, means assessing how overlapping identities of individuals and social groups may impact their vulnerabilities, priorities and needs for assistance<sup>20</sup>.

### FACILITATOR NOTES

**Time needed: 15-20 mins**

#### Key Takeaways:

Understanding gendered concepts enhances our collective understanding of SGBV prevention and response. Gender and other social identities may impact individual's vulnerabilities to violence.

#### Suggested tools:

- Flip chart
- Images to demonstrate gender equity
- Power-point presentations

<sup>15</sup> Panzi Foundation DRC One Stop Center Training Module

<sup>16</sup> Panzi Foundation DRC One Stop Center Training Module

<sup>17</sup> Panzi Foundation DRC One Stop Center Training Module

<sup>18</sup> The Inter-Agency Minimum Standards for Gender-Based Violence in Emergencies (UNFPA, 2019).

<sup>19</sup> Demarginalizing the Intersection of Race and Sex: A Black Feminist Critique of Antidiscrimination Doctrine, Feminist Theory and Antiracist Politics (Crenshaw, 1989)

<sup>20</sup> Framework on Integrated, People-Centred Health Services (World Health Organization, 2016)

# Key concepts related to sexual and gender-based violence

## Sexual violence

The World Health Organisation (WHO) defines **sexual violence** as any sexual act, attempt to obtain a sexual act, comments or advances of a sexual nature, or acts intended to traffic or otherwise directed against the sexuality of a person using coercion, committed by a person regardless of their relationship to the victim, in any setting, including, but not limited to, the home and workplace.

According to WHO<sup>21</sup>, sexual violence includes any attempted or completed sexual act with a person who is:

- **unable to understand the nature or condition of the act,**
- **unable to refuse participation,**
- **unable to communicate that she does not wish to engage in the sexual act (for example, because she is ill, infirm or under the influence of alcohol or other drugs, or as a result of intimidation or pressure).**

## Gender based violence

This term refers to any act that results in, or is intended to result in, physical, sexual or psychological harm or suffering to a woman because she is a woman or to a man because he is a man, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life.<sup>22</sup>

**NOTA BENE**

Gender-based violence manifests itself through beliefs, traditions, behaviours or attitudes that are harmful to individuals on the basis of their sex and/or their genders<sup>23</sup>

## Conflict-related sexual violence

Rape and sexual violence are used as a tactic of war in conflicts<sup>24</sup> around the world<sup>25</sup>. More and more, it is recognised that conflict related sexual violence is not random or opportunistic<sup>26</sup>. Civilians, and particularly women and girls are targeted for sexual violence during conflicts<sup>27</sup>, for a range of reasons: persecution, targeting of ethnic groups or communities, 'reward' for combatants, or for financial gain<sup>28</sup>. Women and girls are more vulnerable to forms of sexual violence in times of conflict due to risks linked to existing gender norms and practices<sup>29 30</sup>.

## Sexual assault

This term refers to any act of violence or physical contact of a sexual nature, including vaginal, anal, penile, other body part or foreign object penetration, perpetrated without the consent of the person concerned. Sexual assault includes forced oral sex<sup>31 32 33</sup>.



## Consent in sexual matters

Consent is the voluntary acceptance of a sexual relationship based on equal power to engage in any sexual act<sup>34</sup>. Lack of consent can be manifested in a number of ways, including:

- **Overt protest (by word, gesture or other reaction)**
- **The victim is mentally disabled**
- **The perpetrator has manipulated (drug use), abused his position of trust, power or authority.**

### NOTA BENE

Consent cannot be given by a third party, nor can minors below the legal age, give consent to engage in sexual discourse. There is a growing momentum around the world to see 'consent' as the main determining factor for sexual violence, rather than force or any other factor<sup>35</sup>.

## Victim/survivor

The term victim has been defined by the United Nations General Assembly as "persons who, individually or collectively, have suffered harm, including physical or mental injury, emotional suffering, economic loss or serious violations of their fundamental rights, through acts or omissions that violate the criminal laws in force in a Member State [...] or internationally recognized human rights standards"<sup>36</sup>.

### NOTA BENE

Some specialists prefer the term "victim" of gender-based violence to "survivor" because the person has ceased to suffer the harm and has survived the violence suffered. Some survivors also believe that the term 'victim' is important to recognise that their rights have been violated<sup>37 38 39</sup>. The term "survivor" is used to underline the strength of the person and his or her refusal to be a victim<sup>40 41 42</sup>. This model uses the term "victim" or "survivor" interchangeably according to the context.

## FACILITATOR NOTES

**Time needed: 30 mins**

### Key Takeaways:

**SGBV, GBV, CRSV and sexual violence are sometimes used interchangeably by practitioners. It is important to understand how these concepts have specific meanings but may also overlap.**

### Suggested tools:

- **Flip chart**
- **Power-point or other visual presentations**
- **Debate**

21 World Report on Violence and Health (WHO, 2002)

22 Guideline for Integrating Gender-Based Violence Interventions in Humanitarian Action: Reducing risk, promoting resilience and aiding recovery (IASC, 2015)

23 Ibid.

24 Ibid.

25 UN Action against Sexual Violence in Conflict – Multi-Partner Trust Fund (United Nations, 2020)

26 Conflict-Related Sexual Violence – Report of the United Nations Secretary General (WHO, 2018)

27 Handbook: Holistic Care for Survivors of Sexual Violence in Humanitarian Settings (Mukwege Foundation, 2019)

28 Guideline for Integrating Gender-Based Violence Intervention in Humanitarian Action: Reducing risk, promoting resilience and aiding recovery (IASC, 2015)

29 Ibid.

30 Our Right to Safety: Women Human Rights Defenders' Holistic Approach to Protection (Barica, 2014)

31 Handbook: UN Field Missions on Preventing and Responding to Conflict-Related Sexual Violence (UN, 2020)

32 Glossary on Sexual Exploitation and Abuse (UN, 2017)

33 Handbook: Holistic Care for Survivors of Sexual Violence in Humanitarian Settings (Mukwege Foundation, 2019)

34 World Report on Violence and Health (WHO, 2002)

35 Glossary on Sexual Exploitation and Abuse (UN, 2017)

36 United Nations Protocol on the Provision of Assistance for Victims of sexual Exploitation and Abuse (UN, 2019)

37 Minimum Standards for Prevention and Response to Gender-Based Violence in Emergencies (UNFPA, 2015)

38 Inter-Agency Gender-Based Violence Case Management Guidelines Providing Care and Case Management Services to Gender-Based Violence Survivors in Humanitarian Settings (GBVIMS Steering Committee, 2017)

39 Sexual and Gender-Based Violence against Refugees, Returnees and Internally Displaced Persons – Guidelines for Prevention and Response (UNHCR, 2003)

40 Handbook: Holistic Care for Survivors of Sexual Violence in Humanitarian Settings (Mukwege Foundation, 2019)

41 United Nations Field Missions on Preventing and Responding to Conflict-Related Sexual Violence (UN, 2020)

42 From Victims to Survivors – Achieving Universal Access to Quality Holistic Care (Mukwege Foundation, 2019)

# Forms of sexual and gender-based violence

## Sexual harassment

**Sexual harassment** refers to unwelcome sexual advances, usually repeated and without reciprocity; unsolicited sexual attention; requests for sexual access or favours; sexual innuendo or other verbal or physical conduct of a sexual nature; display of pornographic materials, which interferes with work; is made as a condition of employment or creates an intimidating, hostile or offensive work environment<sup>43</sup>.

## Rape

**Rape** refers to penetration of any part of the body of the victim or perpetrator with a sexual organ, or of the anal or genital opening of the victim with any object or any other part of the body by force, threat of force, coercion, use of a coercive environment, or against a person incapable of giving genuine consent.<sup>44</sup>

### NOTA BENE

Rape is attempted if an attempt is made to commit such an act without resulting in penetration. Rape is a form of sexual assault which has a specific legal meaning. For medical and/or psychosocial service providers or professionals, your role is not to determine whether it is a sexual assault or a rape but first of all to provide assistance to victims<sup>45 46</sup>.

## Intimate partner violence

**Intimate partner violence**, including marital rape, refers to rape perpetrated by the individual's spouse or intimate partner<sup>47 48</sup>. **Marriage does not guarantee consent<sup>49</sup>**.

## Forced sodomy/ anal rape

**Forced sodomy/ anal rape** refers to anal intercourse imposed by force or coercion, usually from a man to a man, from a man to a woman and from a woman to a woman<sup>50 51</sup>.

## Paedophilia

**Paedophilia** refers to the sexual attraction of adults to very young children or sexual relationships between adults and minors<sup>52</sup>. In some cases, early marriage may thus be seen as a form of paedophilia<sup>53</sup>.

## Sexual abuse

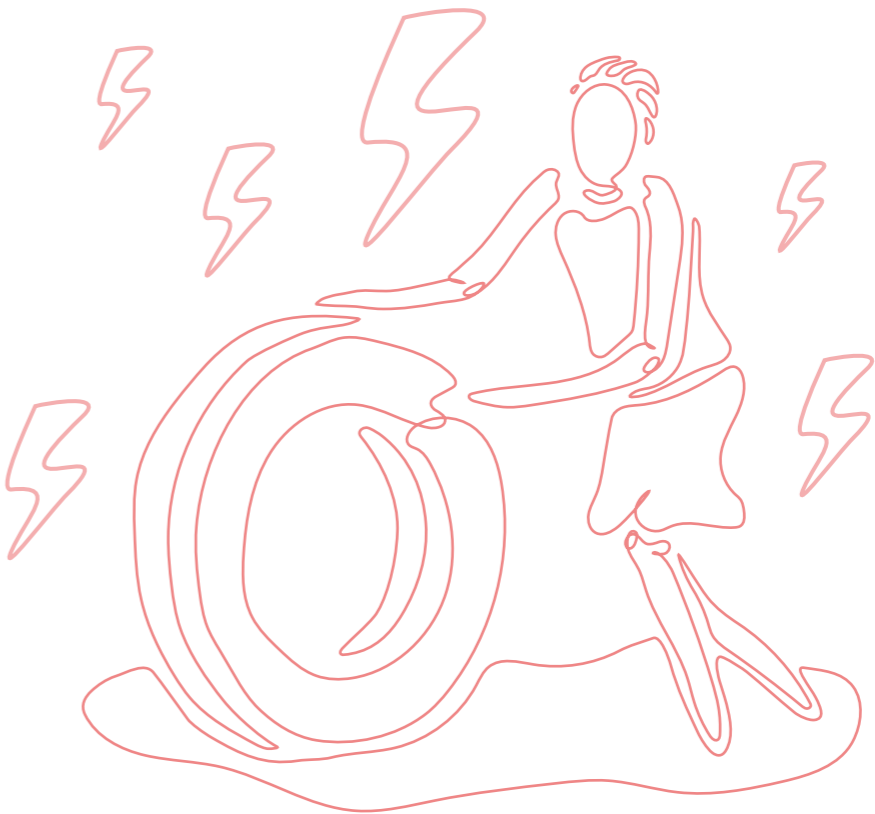
**Sexual abuse** refers to actual or threatened physical penetration of a sexual nature, including inappropriate touching, forced or unequal sexual intercourse, nudity, or coercion<sup>54</sup>.

## Child sexual abuse

**Child sexual abuse** (including defilement and incest) refers to any act in which a child is used for the purpose of sexual gratification<sup>55</sup>. Any sexual relationship/interaction with a child.

## Female genital mutilation

**Female genital mutilation (FGM)** refers to the partial or total ablation, elongation of the female genitalia or introduction of corrosive substances, for cultural reasons<sup>56</sup>.



### FACILITATOR NOTES

**Time needed: 20-30 mins**

#### Key Takeaways:

**Sexual and gender-based violence can manifest in many different ways, these are just a few. The GBVIMS classification tool can be an important resource to professionals and trainers. [http://gbvims.com/wp/wp-content/uploads/ClassificationTool\\_Feb20112.pdf](http://gbvims.com/wp/wp-content/uploads/ClassificationTool_Feb20112.pdf)**

#### Suggested tools:

- Flip chart
- Power-point or other visual presentation
- Debate among participants

43 Glossary on Sexual Exploitation and Abuse (UN, 2017).  
44 World Report on Violence and Health (Chapter 6 Sexual Violence) (WHO, 2002)  
45 Inter-Agency Gender-Based Violence Case Management Guidelines (GBVIMS Steering Committee, 2017)  
46 Framework on Integrated People- Centred Health Services (WHO, 2016)  
47 World Report on Violence and Health (Chapter 4 Violence by Intimate Partners" (WHO, 2002)  
48 Interventions to Prevent Violence against Women and girls (Kerr-Wilson et al., 2020)  
49 Ibid.  
50 Elements of Crime (International Criminal Court, 2011)

51 Sexual and Gender-Based Violence against Refugees, Returnees and Internally Displaced Persons – Guidelines for Prevention and Response (UNHCR, 2003)  
52 Definitions and Explanations of Abuse, Neglect, Exploitation and Violence Against Children (The Alliance for Child Protection in Humanitarian Action, 2019)  
53 Strengthening efforts to prevent and eliminate child, early and forced marriage: United Nations General Assembly Resolution 24/23 (UN General Assembly, 2013)  
54 Glossary on Sexual Exploitation and Abuse (UN, 2017)  
55 Terminology Guidelines for the Protection of Children from Sexual Exploitation and Sexual Abuse (Greijer and Doek, 2016)  
56 Elimination Female Genital Mutilation (WHO, 2008)

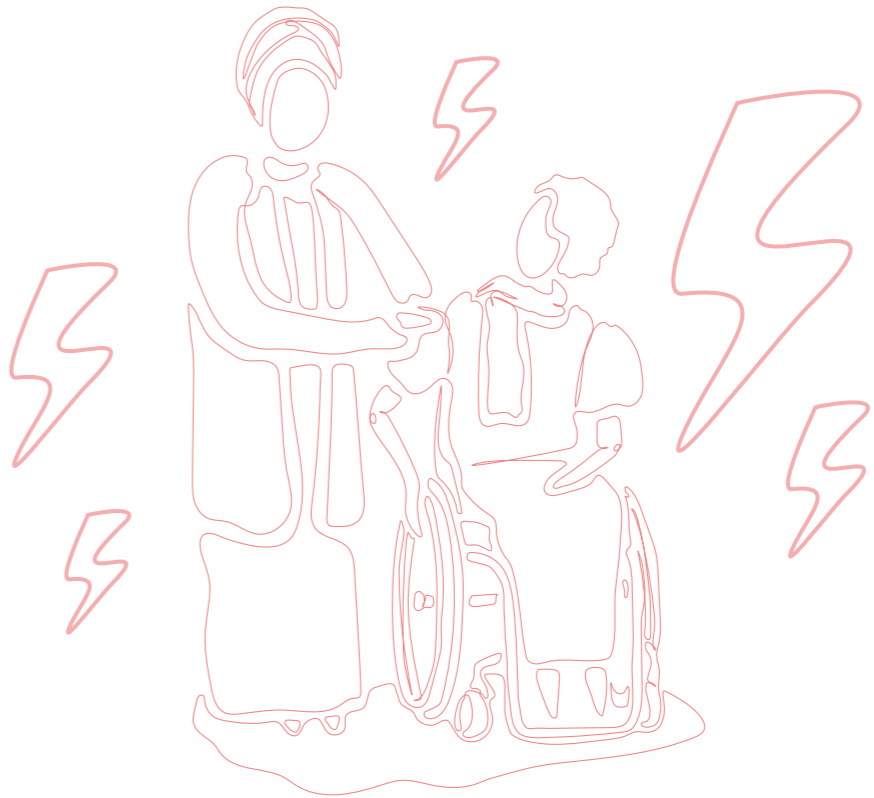
## Root Causes of SGBV

Gender-based violence is deeply rooted in discriminatory cultural beliefs and attitudes that perpetuate inequality in particular considering women and girls<sup>57 58 59</sup>. Other factors, such as poverty, lack of education and livelihood opportunities, impunity and risky social practices, also tend to contribute to and reinforce a culture of violence and discrimination based on gender<sup>60</sup>.

Such factors are frequently aggravated in times of conflict<sup>61 62</sup> and displacement<sup>63</sup> as public institutions are weakened, rule of law is eroded, and families and societies are torn apart. The result is often an increase in both the frequency and brutality of sexual and gender-based violence.

Combating gender-based violence requires an understanding of its causes and contributing factors, which often also serve as barriers to effective prevention and response<sup>64 65</sup>.

CAUSES	COMMON BARRIERS
Physical factors	<ul style="list-style-type: none"><li>• Lack of shelter</li></ul>
Social/cultural/ political factors	<ul style="list-style-type: none"><li>• Discriminatory practices like prioritising education for boys instead of girls</li></ul>
Judicial barriers	<ul style="list-style-type: none"><li>• Lack of GBV support services in police stations</li><li>• Prohibitive costs</li></ul>
Individual barriers	<ul style="list-style-type: none"><li>• Fear of stigma or reprisals</li><li>• Risks of re-victimisation</li></ul>
Humanitarian programming obstacles	<ul style="list-style-type: none"><li>• Sexual exploitation and abuse by UN or humanitarian actors</li><li>• Lack of gender-sensitive services available</li></ul>



FACILITATOR NOTES	Time needed: 15-20 mins
<p><b>Key Takeaways:</b></p> <p>Gender based violence is rooted in deeply entrenched discriminatory social norms and is affected by a number of factors<sup>66</sup>. Understanding the root causes of GBV is a key part of developing comprehensive<sup>67</sup> prevention and response strategies<sup>68 69</sup>.</p>	<p><b>Suggested tools:</b></p> <ul style="list-style-type: none"><li>• Power-point presentations</li><li>• Flip charts</li></ul>
<p><b>Methods:</b> Complete the table above with participants or use it as a base for discussion. What are some other barriers or factors participants can note and complete the table?</p>	

57 Emergency Handbook: Sexual and Gender-Based Violence (SGBV) Prevention and Response (UNHCR)

58 Glossary on Sexual Exploitation and Abuse (UN, 2017)

59 Sexual and Gender-Based Violence against Refugees, Returnees, and Internally Displaced Persons: Guidelines for Prevention and Response (UNHCR, 2003)

60 Inter-Agency Gender-Based Violence Case Management Guidelines (GBVIMS Steering Committee, 2017)

61 Handbook: Holistic Care for Survivors of Sexual Violence in Humanitarian Settings (Mukwege Foundation, 2019)

62 Conflict Related Sexual Violence: Report of the United Nations Secretary General (UN, 2020)

63 Sexual and Gender-Based Violence against Refugees, Returnees, and Internally Displaced Persons: Guidelines for Prevention and Response (UNHCR, 2003)

64 Minimum Standards for Prevention and Response to Gender-Based Violence in Emergencies (UNFPA, 2015)

65 Inter-Agency Gender-Based Violence Case Management Guidelines (GBVIMS Steering Committee, 2017)

66 Preventing and Responding to Gender-Based Violence: Expressions and Strategies (SIDA, 2015)

67 Minimum Standards for Prevention and Response to Gender-Based Violence in Emergencies (UNFPA, 2015)

68 Preventing and Responding to Gender-Based Violence: Expressions and Strategies (SIDA, 2015)

69 Inter-Agency Gender-Based Violence Case Management Guidelines (GBVIMS Steering Committee, 2017)

# Consequences of SGBV

## ON THE INDIVIDUAL LEVEL

### Psychological

- Post-Traumatic Stress Disorder
- Depression/anxiety
- Shame
- Guilt
- Low self-esteem
- Eating disorders
- Substance abuse
- Sleep disorders
- Sexual Dysfunction
- Suicide

### Cultural

- So-called “dishonour” to families and spouses
- Shame
- Stigmatisation

### NOTA BENE

Fear of stigma is one of the main reasons why survivors do not report their abuse. Stigma can lead to rejection of the survivor by her family, community and support system<sup>70</sup>. It can also lead to delays in reporting and accessing assistance<sup>71</sup>.

### Access to medical care

A survivor's first point of contact is usually a health centre or police station. But survivors may have several questions...

Will declaring what happened help me?

Do I have the resources to receive treatment at the clinic?  
Can I afford to travel to the clinic or to the police station?

If I tell the police or a doctor about my assault, what will happen if my family or community finds out what happened to me?

### Physical

- Physical trauma, infections and pain
- Permanent incapacitation/mutilation
- Injury, illness or death due to complications
- Sexual and reproductive health concerns:

- Sexually transmitted diseases (STDs), including HIV/AIDS
- Bladder or urinary tract infections
- Genital injuries (bruises, abrasions, lacerations)
- Chronic (genital) pain
- Anal injuries (bruises, abrasions, lacerations)
- Sexual problems (impotence, frigidity, ...)
- Pregnancy
- Pelvic Pain/Pelvic Inflammatory Syndrome
- Abortion
- Fistula
- Death

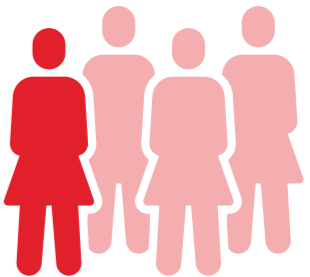
### Access to justice

Survivors' access to justice may be blocked or delayed by this fear of stigmatisation and other perceived as well as real fears<sup>72</sup>:

- Potential for violence from the victim's family, or reprisals from the perpetrator, his family and/or the community at large.
- Police intimidation and unfair burden to prove a crime.
- Intimidation from the perpetrator and/or his supporters.
- Inadequate or otherwise deficient criminal justice systems
- Costs.

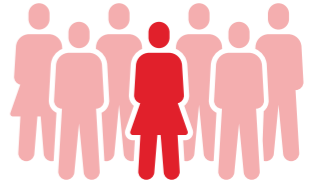
## ON THE FAMILIAL LEVEL

- Removal or rejection of the victim by spouse or family.
- Misplaced guilt or responsibility on the part of the victim.
- Threat of further abuse or fear of reprisals.
- If the victim is married, sexual violence can negatively affect normal sexual relationships. Husband/spouse may disinherit or abandon his/her wife/husband.
- If the victim is not married, the family may not be able to marry her daughter/son. This may add an additional financial burden to the family.
- Due to rejection or the physical/psychosocial impacts suffered by victims, they may be unable to contribute to the well-being of their family.



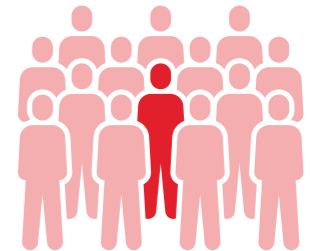
## ON THE COMMUNITY LEVEL

- Rejection by the community renders the victim incapable of actively contributing to society.
- The existence of widespread (mass) sexual violence compromises trade/commerce and/or may disrupt daily habits and activities (e.g. work, studies, farming activities, etc.).
- Shame for the community which compromises cohesion in the community (exclusion either through stigmatization or guilt)



## ON THE SOCIETAL LEVEL

- The rejection of victims exacerbates social divisions, thus fuelling a cycle of conflict and violence.
- Concerns about global health issues (transmission of sexually transmitted diseases, e.g. HIV/AIDS, hepatitis, etc.).
- The existence of widespread crimes of sexual violence leads to economic instability and the breakdown of the social fabric.
- Large-scale crimes weaken national infrastructure and undermine the security of the population.



### FACILITATOR NOTES

Time needed: 20-30 mins

#### Key Takeaways:

There are a number of interconnected consequences of SGBV on individuals, families, communities and societies. These consequences can be short and long-term. Physical or psychological consequences can further exacerbate some social consequences of SGBV.

#### Suggested tools:

- Flip chart
- Power-point presentations

70 Emergency Handbook: Sexual and Gender Based Violence (SGBV) Prevention and Response (UNHCR)

71 Sexual and Gender-Based Violence (SGBV) Prevention, Risk Mitigation and Response (UNHCR, 2019)

72 Handbook: Holistic Care for Survivors of Sexual Violence in Humanitarian Settings (Mukwege Foundation, 2019)

Survivor-centred approach

The survivor-centred approach is based on Carl Roger's belief that every human being strives for and has the capacity to fulfil his or her own potential despite the problems he/she has encountered in life<sup>73</sup>.

According to the Panzi holistic care model, a survivor centred approach to SGBV response is based on the concept of compassionate care<sup>74 75 76</sup>. This means that survivors are treated with the utmost respect and dignity – an experience that is too often in contrast to the harsh and unjust treatment many of them have experienced in their communities prior to seeking care.<sup>77 78</sup>

Survivor participation is a key component of a survivor centred approach to SGBV prevention and response<sup>79</sup>. Victims and survivors must be involved in the processes and decisions that may affect their lives, including policy and practice related to access to care and the prevention of violence<sup>80</sup>. The Global Survivor Movement or SEMA (speak out in Swahili) refers to this principle as “Rien sur nous, sans nous” or “Nothing about us, without us.”<sup>81</sup>

What are some practical ways to encourage survivor participation in SGBV prevention and response activities?

FACILITATOR NOTES

Time needed: 15-20 mins

Key Takeaways:

Survivor centredness cannot take place without survivor participation. Survivors are best equipped to speak about their own lived experiences, priorities and concerns. “Nothing about us, without us”.

Suggested tools:

• PowerPoint or other visual presentation

• Video messages or other participation of a survivor

73

Rogers, C. R. (1986). Carl Rogers on the development of the person-centered approach. Person-Centered Review, 1(3), 257–259.

74

Handbook: Holistic Care for Survivors of Sexual Violence in Humanitarian Settings (Mukwege Foundation, 2019).

75

Minimum Standards for Prevention and Response to Gender-Based Violence in Emergencies (UNFPA, 2015)

76

Continuity of Care (WHO, 2018)

77

Delivery Integrated Care After Sexual Violence in the Democratic Republic of Congo (Bress et. al., 2018)

78

Handbook for United Nations Field Missions on Preventing and Responding to Conflict-Related Sexual Violence (UN, 2020)

79

A Concept Analysis of Holistic Care by Hybrid Model (Jasemi et. al., 2017)

80

A Holistic, Person-Centred Care Model for Victims of Sexual Violence in Democratic Republic of Congo: The Panzi Hospital One Stop Centre Model of Care (Mukwege and Berg, 2016)

81

With the support of the Mukwege Foundation, and the invaluable assistance of the Dutch National Postcode Lottery, survivors have created a global movement, coming together as activists to fight the root causes of conflict-related sexual violence and its consequences. <https://www.mukwegefoundation.org/sema/>

82

Continuity of Care (WHO, 2018)

83

A Concept Analysis of Holistic Care by Hybrid Model (Jasemi et. al., 2017)

84

Handbook: Holistic Care for Survivors of Sexual Violence in Humanitarian Settings (Mukwege Foundation, 2019).

85

A Holistic, Person-Centred Care Model for Victims of Sexual Violence in Democratic Republic of Congo: The Panzi Hospital One-Stop Centre Model of Care (Mukwege and Berg, 2016)

86

ibid

87

Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action: Reducing Risk, Promoting Resilience and Aiding Recovery (IASC, 2015)

88

A Step-by-Step Guide for Humanitarian Practitioners (IASC, 2015)

89

Minimum Standards for Prevention and Response to Gender-Based Violence in Emergencies (UNFPA, 2015)

90

Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action: Reducing Risk, Promoting Resilience and Aiding Recovery (IASC, 2015)

91

Framework on Integrated People-Centred Health Services (WHO, 2016)

92

A Concept Analysis of Holistic Care by Hybrid Model (Jasemi et. al., 2017)

93

Handbook for United Nations Field Missions on Preventing and Responding to Conflict-Related Sexual Violence (UN, 2020)

Key rights and principles

Engagement with victims and survivors of SGBV must be conducted in accordance with universally accepted principles<sup>82 83</sup>.

The Panzi model lays out some guiding principles for response to SGBV<sup>84 85 86 87</sup>.

Security

Confidentiality

Respect

Non-discrimination

According to the same model, victims and survivors of SGBV have the following rights when accessing assistance:

1

To safe reception and protection:

The practitioner should also ensure the place, the surroundings, the time and the people involved<sup>88 89 90</sup>.

2

To quality medical assistance:

Victims and survivors have the right to quality care, reproductive health-services; managing the physical and psychological consequences, prevention and management of STIs and pregnancy<sup>91 92 93</sup>. Quality care is not limited to the prescription of treatment but is accompanied by the collection, examination and documentation of forensic medical evidence<sup>94 95 96 97 98 99</sup>. Interpretation should be available for victims when possible, particularly when dealing with rural or indigenous victims<sup>100 101</sup>. Medical personnel of both sexes should be available at a facility, to permit the victim to right to choose<sup>102 103 104 105 106</sup>.

3

To respect for their human dignity:

Victims and survivors should have access to reception and examination conditions that respect the dignity and privacy of the patient and includes active, rigorous and impartial listening<sup>107 108 109 110</sup>.

4

To non-discrimination:

Practitioners should make no favourable or non-favourable distinction (race, ethnicity, colour, sexual availability, social origin, nationality or religion) when assisting a victim of SGBV<sup>111 112</sup>.

94

Inter-Agency Gender-Based Violence Case Management Guidelines (GBVIMS Steering Committee, 2017)

95

Minimum Standards for Prevention and Response to Gender-Based Violence in Emergencies (UNFPA, 2015)

96

Handbook for United Nations Field Missions on Preventing and Responding to Conflict-Related Sexual Violence (UN 2020)

97

Declaration for Gender Responsive Standards and Standards Development (UNECE, 2018)

98

A Holistic, Person-Centred Care Model for Victims of Sexual Violence in Democratic republic of Congo: The Panzi Hospital One-Stop Center Model of Care (Mukwege and Berg, 2019)

99

Handbook for United Nations Field Missions on Preventing and Responding to Conflict-Related Sexual Violence (UN, 2020)

100

Declaration for Gender Responsive Standards and Standards Development (UNECE, 2018)

101

United Nations Protocol on The Provision of Assistance to Victims of Sexual Exploitation and Abuse (UN, 2019)

102

Minimum Standards for Prevention and Response to Gender-Based Violence in Emergencies (UNFPA, 2015)

103

Inter-Agency Gender-Based Violence Case Management Guidelines (GBVIMS Steering Committee, 2017)

104

Continuity of Care (WHO, 2018)

105

Framework on Integrated People-Centred Health Services (WHO, 2016)

106

Guidelines for Integrating Gender-Based Violence Intervention in Humanitarian Action: Reducing Risk, Promoting Resilience and Aiding Recovery (IASC, 2015)

107

Inter-Agency Gender-Based Violence Case Management Guidelines (GBVIMS Steering Committee, 2017)

108

Handbook for United Nations Field Missions on Preventing and Responding to Conflict-Related Sexual Violence (UN 2020)

109

Minimum Standards for Prevention and Response to Gender-Based Violence in Emergencies (UNFPA, 2015)

110

Continuity of Care (WHO, 2018)

111

Handbook: Holistic Care for Survivors of Sexual Violence in Humanitarian Settings (Mukwege Foundation, 2019)

112

Handbook for United Nations Field Missions on Preventing and Responding to Conflict-Related Sexual Violence (UN 2020)

22

THE INTEGRATED MODEL ON COMBATING SEXUAL AND GENDER BASED VIOLENCE IN THE GREAT LAKES REGION

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To self-determination:

Victims and survivors are able to make a free choice when it comes to their care<sup>113</sup>; to point out what makes him/her uncomfortable during the examination<sup>114 115</sup>, for example.

6

To information:

Each survivor, including minors, should be informed personally by the practitioner in simple and understandable terms about<sup>116 117</sup> :

- The purpose, the steps of receiving assistance (including the medical examination and any documentation), the process of getting results and possible available options for care and assistance<sup>118</sup>.
- The procedure for going to court and the modalities and delivery of their medical certificate.

Survivors must give consent in advance for the services they receive: the full range of choices must be presented to him or her regardless of the provider's personal beliefs so that the victim can make an informed decision<sup>119</sup>. This is informed consent<sup>120</sup>.

7

To respect for their privacy:

This includes providing an environment conducive to the privacy of the survivor<sup>121 122</sup>. The presence of an accompanying person should be at the request of the victim (in particular for the case of minors)<sup>123 124 125</sup>.

NOTA BENE

1. The presence of the police or other law enforcement officers in a medical examination may constitute grounds for rebutting the conclusions of the medical certificate (inform the line authority)<sup>126</sup>.
2. Only those persons whose involvement is necessary to provide care should be present during the medical examination and treatment (Interpreter, health workers, social workers and childcare workers)<sup>127 128 129</sup>.

8

To discretion and confidentiality:

Information should never be disclosed to family members unless with explicit consent from the victim<sup>130 131</sup>. Transport to and from assistance should also be discreet and preserve the confidentiality of victims<sup>132 133</sup>. Three original copies of results and other documentation should be provided by the practitioner, in a confidential manner, for example in a closed envelope<sup>134 135</sup>. This is also applicable in the case of judicial processes and the confidential handling of victim information by judicial personnel at every level<sup>136</sup>.

113 Continuity of Care (WHO, 2018)  
114 Inter-Agency Gender-Based Violence Case Management Guidelines (GBVIMS Steering Committee, 2017)  
115 United Nations Protocol on The Provision of Assistance to Victims of Sexual Exploitation and Abuse (UN, 2019)  
116 Ibid  
117 Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action: Reducing Risk, Promoting Resilience and Aiding Recovery (IASC, 2015)

118 Continuity of Care (WHO, 2018)  
119 Inter-Agency Gender-Based Violence Case Management Guidelines (GBVIMS Steering Committee, 2017)  
120 Handbook: Holistic Care for Survivors of Sexual Violence in Humanitarian Settings (Mukwege Foundation, 2019)  
121 ibid  
122 Action against Sexual and Gender-Based Violence: An Updated Strategy (UNHCR, 2011)

I. Informed Consent

This is the process whereby a victim or survivor gives permission/authorization before and during a medical and forensic assessment. It is the right of the patient and the duty of the clinician<sup>137 138 139</sup>. Consent also applies to other aspects of holistic assistance<sup>140 141</sup>.

To be valid, consent must have 3 elements<sup>142</sup>:

1   Voluntariness	2   Understanding	3   Authorization
Free and without the use of force, pressure, manipulation or blackmail, especially for children. For some cases of children or disabled persons, the clinician must ensure that the parent/legal guardian has the safety and well-being of the patient as a priority before giving consent.	The victim or survivor should fully understand what is proposed and the implications (benefits and risks) for assistance. They should understand the Why? Who? What? How? Of receiving care, potential future consequences and alternatives where applicable.	The victim or survivor should give clearly stated permission before submitting to an exam or any form of assistance.

NOTA BENE

The victim/survivor has the right not to participate, to refuse, or to stop the process of receiving assistance of any kind (even if he or she has given prior permission)<sup>143</sup>.

FACILITATOR NOTES

Time needed: 20-30 mins

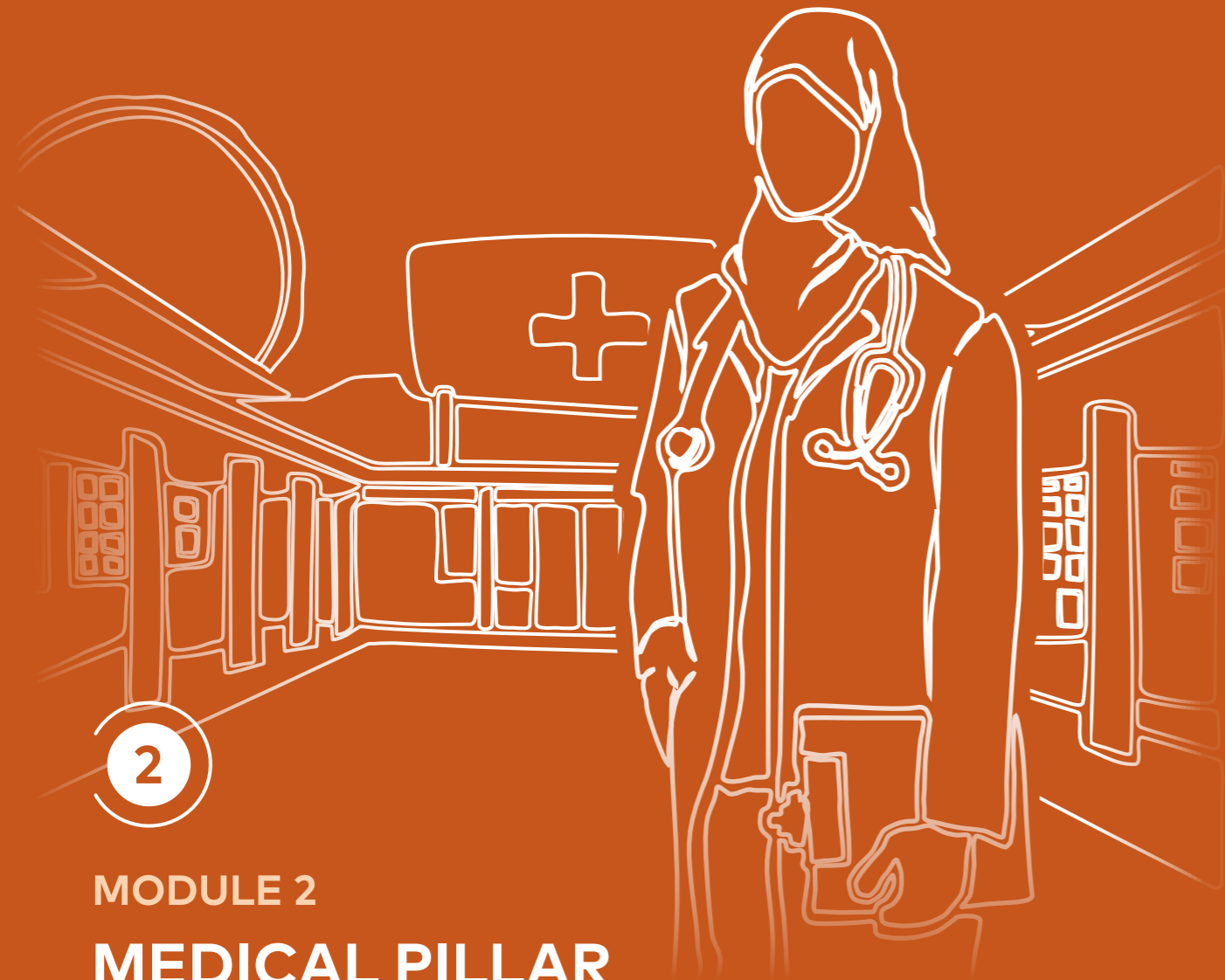
Key Takeaways:

Ensuring good quality assistance to victims and survivors requires preserving and promoting their rights. A rights-based approach to care, promotes the dignity of survivors.

Suggested tools:

- Flip chart
- PowerPoint or other visual presentation

123 Continuity of Care (WHO, 2018)  
124 Terminology Guidelines for The Protection of Children from Sexual Exploitation and Sexual Abuse (Greijer and Doek, 2016)  
125 Strengthening Efforts to Prevent and Eliminate Child, Early and Forced Marriage: Challenges, Achievements, Best Practices and Implementation Gaps (UN General Assembly, 2016)  
126 Inter-Agency Gender-Based Violence Case Management Guidelines (GBVIMS Steering Committee, 2017)  
127 Ibid  
128 Handbook: Holistic Care for Survivors of Sexual Violence in Humanitarian Settings (Mukwege Foundation, 2019)  
129 Handbook for United Nations Field Missions on Preventing and Responding to Conflict-Related Sexual Violence (UN 2020)  
130 How to support Survivors of Gender-Based Violence when a GBV Actor is not Available in your Area: Step-by-Step Pocket Guide for Humanitarian Practitioners (IASC, 2015)  
131 Inter-Agency Gender-Based Violence Case Management Guidelines (GBVIMS Steering Committee, 2017)  
132 Minimum Standards for Prevention and Response to Gender-Based Violence in Emergencies (UNFPA, 2015)  
133 Guidelines for Gender-Based Violence Interventions in Humanitarian Settings (IASC, 2005)  
134 Handbook for United Nations Field Missions on Preventing and Responding to Conflict-Related Sexual Violence (UN 2020)  
135 Inter-Agency Gender-Based Violence Case Management Guidelines (GBVIMS Steering Committee, 2017)  
136 Declaration for Gender Responsive Standards and Standards Development (UNECE, 2018)  
137 Inter-Agency Gender-Based Violence Case Management Guidelines (GBVIMS Steering Committee, 2017)  
138 A Concept Analysis of Holistic Care by Hybrid Model (Jasemi et. al., 2017)  
139 The Impact of Support Programmes for Survivors of Sexual Violence: Micro Level Evidence from Eastern Democratic Republic of the Congo (Amisi et. al., 2018)  
140 Handbook: Holistic Care for Survivors of Sexual Violence in Humanitarian Settings (Mukwege Foundation, 2019)  
141 A Holistic, Person-Centred Care Model for Victim of Sexual Violence in Democratic republic of Congo: The Panzi Hospital One Stop Centre Model of Care (Mukwege and Berg, 2016)  
142 ibid  
143 Minimum Standards for Prevention and Response to Gender-Based Violence in Emergencies (UNFPA, 2015)



## MODULE 2

# MEDICAL PILLAR

### Objectives

*At the end of this chapter, the user should be able to:*



- Describe the principles for the reception and accompaniment of victims.
- Explain interview techniques.
- Describe the process of the clinical examination of adult and minor victims.
- Understand the importance of forensic evidence and describe forensic examinations, including particularities for minor victims.

## Reception and accompaniment of victims

### NOTA BENE



Within the framework of a one stop-centre approach, each pillar (medical, psychosocial, legal or socio-economic) is a potential entry point for victims and survivors<sup>144 145 146</sup>. No matter how victims or survivors may arrive to the one stop centre, the process remains the same. After initial intake by a receptionist, the first point of contact for the victim should ideally be a psychosocial assistant who is able to perform an initial screening and identify the needs of the survivor, in order of urgency – whether they may be medical, psychological or otherwise<sup>147 148 149</sup>.

According to Panzi's holistic care model<sup>150 151</sup>, the specific objectives of the medical pillar<sup>152 153 154</sup> are to:

- 1 Provide comprehensive medical and paramedical care centred on the "patient".
- 2 Provide emergency care to victims of sexual violence within 72 hours
- 3 Collect forensic evidence and if the victim gives his or her consent, prepare the forensic certificate
- 4 Provide reproductive health services including family planning, the prevention of HIV transmission, prenatal consultation, safe maternity programs etc
- 5 Provide rehabilitation (physiotherapy)
- 6 Ensure nutritional supplementation if needed
- 7 Ensure referral to other assistance as needed, in accordance with a comprehensive packet of holistic care.

As part of the reception of the victim, it is critical to understand their experience and their needs, in order to ensure that he or she is welcomed and that the process of seeking assistance does not contribute to re-traumatisation<sup>155 156</sup>. At Panzi, each victim or survivor is assigned a psychosocial assistant or Maman Cherie who accompanies him or her throughout the process of seeking assistance<sup>157</sup>. This is also a way to ensure that assistance is trauma-sensitive and that victims benefit from dignified, compassionate care<sup>158 159 160</sup>.

144 Handbook: Holistic Care for Survivors of Sexual Violence in Humanitarian Settings (Mukwege Foundation, 2019)

145 A Holistic, Person-Centred Care Model for Victim of Sexual Violence in Democratic republic of Congo: The Panzi Hospital one Stop Centre Model of Care (Mukwege and Berg, 2016)

146 Handbook for United Nations Field Missions on Preventing and Responding to Conflict-Related Sexual Violence (UN 2020)

147 Inter-Agency Gender-Based Violence Case Management Guidelines (GBVIMS Steering Committee, 2017)

148 Continuity of Care (WHO, 2018)

149 Handbook: Holistic Care for Survivors of Sexual Violence in Humanitarian Settings (Mukwege Foundation, 2019)

150 A Holistic, Person-Centred Care Model for Victim of Sexual Violence in Democratic republic of Congo: The Panzi Hospital One Stop Centre Model of Care (Mukwege and Berg, 2016)

151 Handbook: Holistic Care for Survivors of Sexual Violence in Humanitarian Settings (Mukwege Foundation, 2019)

152 A Holistic, Person-Centred Care Model for Victim of Sexual Violence in Democratic republic of Congo: The Panzi Hospital one Stop Centre Model of Care (Mukwege and Berg, 2016)

153 Handbook for United Nations Field Missions on Preventing and Responding to Conflict-Related Sexual Violence (UN 2020)

154 United Nations Protocol on The Provision of Assistance to Victims of Sexual Exploitation and Abuse (UN, 2019)

155 Continuity of Care (WHO, 2018)

156 Handbook for United Nations Field Missions on Preventing and Responding to Conflict-Related Sexual Violence (UN 2020)

157 A Holistic, Person-Centred Care Model for Victim of Sexual Violence in Democratic republic of Congo: The Panzi Hospital one Stop Centre Model of Care (Mukwege and Berg, 2016)

158 Continuity of Care (WHO, 2018)

159 Inter-Agency Gender-Based Violence Case Management Guidelines – Providing Care and Case Management Services to Gender-Based Violence Survivors in Humanitarian Settings (GBVIMS Steering Committee, 2017).

160 Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action: Reducing Risk, Promoting Resilience and Aiding Recovery (IASC, 2015) Inter-Agency Gender-Based Violence Case Management Guidelines (GBVIMS Steering Committee, 2017)

I. What does the victim experience ?

1

Hell, a feeling of war and permanent danger, a life where at any moment everything can turn into horror: a state of panic that is impossible to calm nor comprehend<sup>161 162 163 164</sup>.

2

A life without hope, where death may seem the only way out<sup>165</sup>.

3

A life of loneliness, where the victim feels alien, different, abandoned, where nobody can help them<sup>166</sup>.

4

A feeling that no one can understand them, where one no longer understands oneself<sup>167</sup>.

II. What does the victim need?

1

To be believed, accepted and listened to with kindness<sup>168</sup>.

2

To be protected, removed from harm's way<sup>169</sup>.

3

To be understood, not to be judged, to be recognised as a victim<sup>170</sup>.

4

To know that their suffering is taken into account<sup>171</sup>.

5

To be informed about all the steps to take, about the law, about all her rights<sup>172</sup>.

6

To be informed of all the services available, according to a holistic care model<sup>173</sup>.

7

To be taken care of, treated, referred to specialized professionals, treated, and relieved of their burden/trauma<sup>174</sup>.

NOTA BENE

The victim must be received quickly and calmly so that he or she can speak and be listened to. She must feel reassured and confident so that she does not experience her care as a new aggression<sup>175</sup>. This reception is sometimes difficult because the survivor is often taciturn, feels guilty and ashamed.

FACILITATOR NOTES

Time needed: 20-30 mins

Key Takeaways:

Compassionate, quality holistic care starts from the reception of the victim or patient. Actors accompanying victims should be able to provide trauma-sensitive, individualised care. A survivor-centred approach to holistic care requires also respecting the dignity and agency of the victim, they play the leading role in developing their care pathway.

Suggested tools:

- Flip chart
- Power-point presentations

161

Handbook for United Nations Field Missions on Preventing and Responding to Conflict-Related Sexual Violence (UN 2020)

162

Guidelines for Gender-Based Violence Interventions in Humanitarian Settings (IASC, 2005)

163

Handbook for United Nations Field Missions on Preventing and Responding to Conflict-Related Sexual Violence (UN 2020)

164

Minimum Standards for Prevention and Response to Gender-Based Violence in Emergencies (UNFPA, 2015)

165

Ibid (158 – 161)

166

Ibid

167

Ibid

168

Inter-Agency Gender-Based Violence Case Management Guidelines – Providing Care and Case Management Services to Gender-Based Violence Survivors in Humanitarian Settings (GBVIMS Steering Committee, 2017)

169

Ibid

170

Ibid

171

Ibid

172

Ibid

173

Ibid

174

Ibid

172

Continuity of Care (WHO, 2018)

Clinical examination

The following are the key steps in a clinical examination by a medical professional after a sexual assault<sup>176 177 178</sup>:

- Obtain informed consent (form to be signed),
- Ensure a good rapport with the victim,
- Examine the victim from head to toe in a confidential, thorough and non-judgmental manner,
- Perform a thorough genital-anal examination (as required),
- Collect forensic evidence (incl. photographs) , assessing and documenting injuries,
- Collect samples for diagnostic and forensic purposes,
- Write the medical report, documenting all the lesions (photos etc),
- Maintain the chain of custody of evidence,
- Assess and prevent STD/AIDS risk, pregnancy risk and vaccination needs,
- Assess and treat injuries and other medical problems,
- Organise the follow-up of medical and psychological care, refer to other specialised care,
- File and securely store documentation.

NOTA BENE

Clinicians should tailor the physical and forensic examination according to<sup>179 180</sup>.

- When a victim presents in a care facility.
- The ability to perform certain analyses locally.
- Government policies in force
- The ability to maintain the chain of evidence

FACILITATOR NOTES

Time needed: 15-20 mins

Key Takeaways:

Participants should understand the key steps of a clinical examination and discuss how one should ideally be performed in their given national setting.

Suggested tools:

- Flip chart
- Power-point or other visual presentation
- Demonstration

176

Minimum Standards for Prevention and Response to Gender-Based Violence in Emergencies (UNFPA, 2015)

177

Inter-Agency Gender-Based Violence Case Management Guidelines (GBVIMS Steering Committee, 2017)

178

A Holistic, Person-Centred Care Model for Victims of Sexual Violence in Democratic republic of Congo: The Panzi Hospital One-Stop Center Model of Care (Mukwege and Berg, 2019)

179

Inter-Agency Gender-Based Violence Case Management Guidelines (GBVIMS Steering Committee, 2017)

180

Minimum Standards for Prevention and Response to Gender-Based Violence in Emergencies (UNFPA, 2015)

28 THE INTEGRATED MODEL ON COMBATING SEXUAL AND GENDER BASED VIOLENCE IN THE GREAT LAKES REGION

i ii 1 2 3 4 5 6 7 29

Collection and documentation of forensic evidence

A forensic medical examination is a medical examination conducted with the knowledge that a medical opinion may be required for immediate or future legal proceedings. Proof is the demonstration of the facts of the event/crime that serves as the basis for the accusation or the allegations. Forensic medicine is a medical specialisation which determines the causes of a victim's injuries. Forensic evidence is scientific evidence based on clues or index evidence.

THE PURPOSE OF FORENSIC EXPERTISE IS TO ENABLE:

- 1 Health care professionals (medical and psychosocial) to care for victims of sexual violence while collecting and documenting evidence of the assault in order to: a. prove or contest any link between persons and/or between persons and objects or places. b. confirm recent sexual contact c. demonstrate that force or coercion was used d. identify aggressors e. support / corroborate the victim's story/testimony f. to determine the seriousness of the damage suffered by the victim

- 2 For judicial and legal purposes

181 Guidelines for Gender-Based Violence Interventions in Humanitarian Settings (IASC, 2005)

182 Minimum Standards for Prevention and Response to Gender-Based Violence in Emergencies (UNFPA, 2015)

183 Inter-Agency Gender-Based Violence Case Management Guidelines (GBVIMS Steering Committee, 2017)

184 Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action: Reducing Risk, Promoting Resilience and Aiding Recovery (IASC, 2015)

185 Inter-Agency Gender-Based Violence Case Management Guidelines (GBVIMS Steering Committee, 2017)

186 Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action: Reducing Risk, Promoting Resilience and Aiding Recovery (IASC, 2015)

187 Handbook: Holistic Care for Survivors of Sexual Violence in Conflict (Mukwege Foundation, 2019)

188 Ibid (182-183)

189 Ibid (178 – 181)

190 Handbook: Holistic Care for Survivors of Sexual Violence in Conflict (Mukwege Foundation, 2019)

191 ibid

192 Ibid (178 – 181)

193 Handbook: Holistic Care for Survivors of Sexual Violence in Conflict (Mukwege Foundation, 2019)

194 Inter-Agency Gender-Based Violence Case Management Guidelines (GBVIMS Steering Committee, 2017)

195 Minimum Standards for Prevention and Response to Gender-Based Violence in Emergencies (UNFPA, 2015)

196 Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action: Reducing Risk, Promoting Resilience and Aiding Recovery (IASC, 2015)

I. What is expected of the medical professional?

- 1 To restore the health and well-being of the victim/ To provide medical treatment and care
  - 2 Collect forensic evidence and document injuries
  - 3 Respond to any specific medical or expert requests (while respecting the rights of the victim, notably to confidentiality)
  - 4 Refer the survivor to other care and mental health services.
  - 5 Provide this care in a confidential and non-judgmental manner.
  - 6 Assess and treat STDs, pregnancy risk and pregnancy prevention.
  - 7 Manual or electronic archiving / storage (chain of custody of evidence).
- NOTA BENE

The role of the health professional is not to determine whether a person has been raped or by whom.

FACILITATOR NOTES

Time needed: 15-20 mins

Key Takeaways:

Forensic evidence is the body of scientific evidence that can be collected by a medical professional during a forensic examination. The appropriate and survivor-centred collection, documentation and storing of forensic evidence is crucial.

Suggested tools:

- Flip chart
- Power-point or other visual presentation

197 Handbook: Holistic Care for Survivors of Sexual Violence in Conflict (Mukwege Foundation, 2019)

198 Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action: Reducing Risk, Promoting Resilience and Aiding Recovery (IASC, 2015)

199 Inter-Agency Gender-Based Violence Case Management Guidelines (GBVIMS Steering Committee, 2017)

200 Inter-Agency Minimum Standards for Gender-Based Violence in Emergencies Programming (UNFPA, 2019)

201 Handbook for United Nations Field Missions on Preventing and Responding to Conflict-Related Sexual Violence (UN 2020)

202 Ibid (194 – 198)

203 Ibid

204 Ibid

205 Ibid

206 Ibid

207 ibid

208 Handbook for United Nations Field Missions on Preventing and Responding to Conflict-Related Sexual Violence (UN 2020)

209 A Holistic, Person-Centred Care Model for Victims of Sexual Violence in Democratic republic of Congo: The Panzi Hospital One-Stop Center Model of Care (Mukwege and Berg, 2019)

210 ibid

211 Inter-Agency Gender-Based Violence Case Management Guidelines (GBVIMS Steering Committee, 2017)

212 Ibid (207 – 208)

II. Types of forensic evidence to be collected/documented:

- 1 | Testimony or narrative of the victim<sup>213 214 215 216 217</sup>,
- 2 | Behavioural changes<sup>218</sup>,
- 3 | Clothes<sup>219</sup>,
- 4 | Injuries or traumatic injuries (photograph)<sup>220</sup>,
- 5 | Foreign bodies<sup>221</sup>,
- 6 | Hair (including body hair)<sup>222</sup>,
- 7 | Semen, blood, urine...<sup>223</sup>,
- 8 | Fluids for toxicological analysis (blood, urine)<sup>224</sup>,
- 9 | DNA analysis (where applicable)<sup>225</sup>

**NOTA BENE**

Most sexual assaults do not involve the use of excessive force. The majority of survivors report threats of serious injury or death that make it impossible for them to resist the attack. Survivors therefore often do not show signs of injury. Behaviour, history, non-genital injuries, witness statements and field investigation reports **ARE** evidence.<sup>226</sup>

**FACILITATOR NOTES**

**Time needed: 10-15 mins**

**Key Takeaways:**  
There are several types of forensic evidence, including victim testimony and narratives. Most sexual assaults do not involve the use of force – evidence is not only limited to what can be collected during the physical examination.

**Suggested tools:**

- Flip chart
- Power-point or other visual presentations
- Case studies

213 Handbook: Holistic Care for Survivors of Sexual Violence in Conflict (Mukwege Foundation, 2019)

214 Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action: Reducing Risk, Promoting Resilience and Aiding Recovery (IASC, 2015)

215 Inter-Agency Gender-Based Violence Case Management Guidelines (GBVIMS Steering Committee, 2017)

216 Inter-Agency Minimum Standards for Gender-Based Violence in Emergencies Programming (UNFPA, 2019)

217 Handbook for United Nations Field Missions on Preventing and Responding to Conflict-Related Sexual Violence (UN 2020)

218 Ibid (210 – 214)

219 ibid

220 ibid

221 ibid

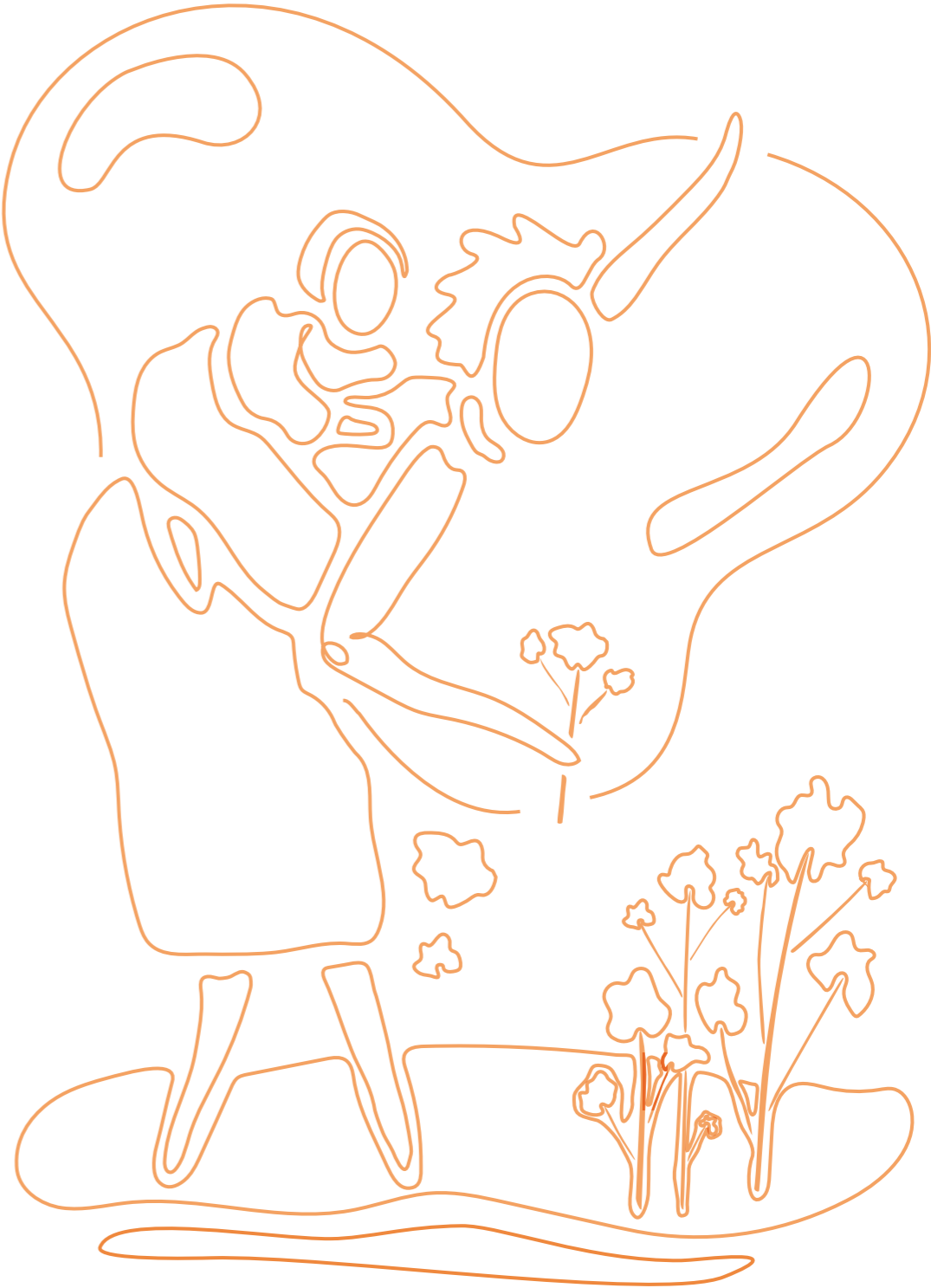
222 ibid

223 ibid

224 ibid

225 Ibid (210 – 214)

226 Inter-Agency Gender-Based Violence Case Management Guidelines Guidelines – Providing Care and Case Management Services to Gender-Based Violence Survivors in Humanitarian Settings (GBVIMS Steering Committee, 2017)



# Special considerations for children in forensic examinations

The physical and psychological consequences of sexual violence on children (minors), are vast and may differ from those same consequences experienced by adults. Working with child victims requires a particularly sensitive approach that will manifest differently in terms of the reception and accompaniment in the victim as well as in the physical examination<sup>227 228 229 230</sup>.

## I. The physical examination of minor victims

- 1

Ensure that a trusted person is present at the examination (often the mother)<sup>231</sup>.
- 2

No forced examination of any kind<sup>232</sup>.
- 3

Use appropriate examination methods to put the child at ease<sup>233</sup>.
- 4

Explain everything, ask questions about things that worry him or her<sup>234</sup>.
- 5

Start with a calm and methodical examination, going from head to toe. Follow the same order as the physical examination of an adult<sup>235</sup>.
- 6

**NO vaginal, anal or speculum examination of a child/minor victim<sup>236</sup>.**
- 7

Leave the child with as much clothing as possible<sup>237</sup>.
- 8

Continue to talk to the child during the examination<sup>238</sup>.



**In a little girl (before puberty)** the examination of the genitals is done in the following positions: frog position, frog sitting on the mother's lap or on all fours.



**Babies** can be examined on their mother's lap and if they are a little older, they should have a choice: sitting on a chair, placed on their mother's lap or lying on the bed.

## II. The genital-anal examination of a minor victim

It is crucial to note the following, during the genital-anal examination of a minor victim<sup>239 240 241</sup>:

- 1

The amount of hymenal tissue and the size of the vaginal opening are not significant indications of penetration.
- 2

Reflex anal dilatation (opening of the anus as a result of lateral traction on the buttocks) can be symptomatic of anal penetration, but also of constipation.
- 3

Check for the presence of vaginal discharge in girls. In boys, check for the possible presence of lesions of the foreskin, as well as anal or urethral discharge; if necessary, take samples with tampons.

FACILITATOR NOTES	Time needed: 15-20 mins
<p><b>Key Takeaways:</b></p> <p>There are several types of forensic evidence, including victim testimony and narratives. Most sexual assaults do not involve the use of force – evidence is not only limited to what can be collected during the physical examination.</p>	<p><b>Suggested tools:</b></p> <ul style="list-style-type: none"><li>• Flip chart</li><li>• Power-point presentations</li></ul>

227

Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action: Reducing Risk, Promoting Resilience and Aiding Recovery (IASC, 2015)

228

Minimum Standards for Prevention and Response to Gender-Based Violence in Emergencies (UNFPA, 2015)

229

Core Commitments for Children in Humanitarian Action (UNICEF, 2020)

230

Continuity of Care (WHO, 2008)

231

ibid (224-227)

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ibid

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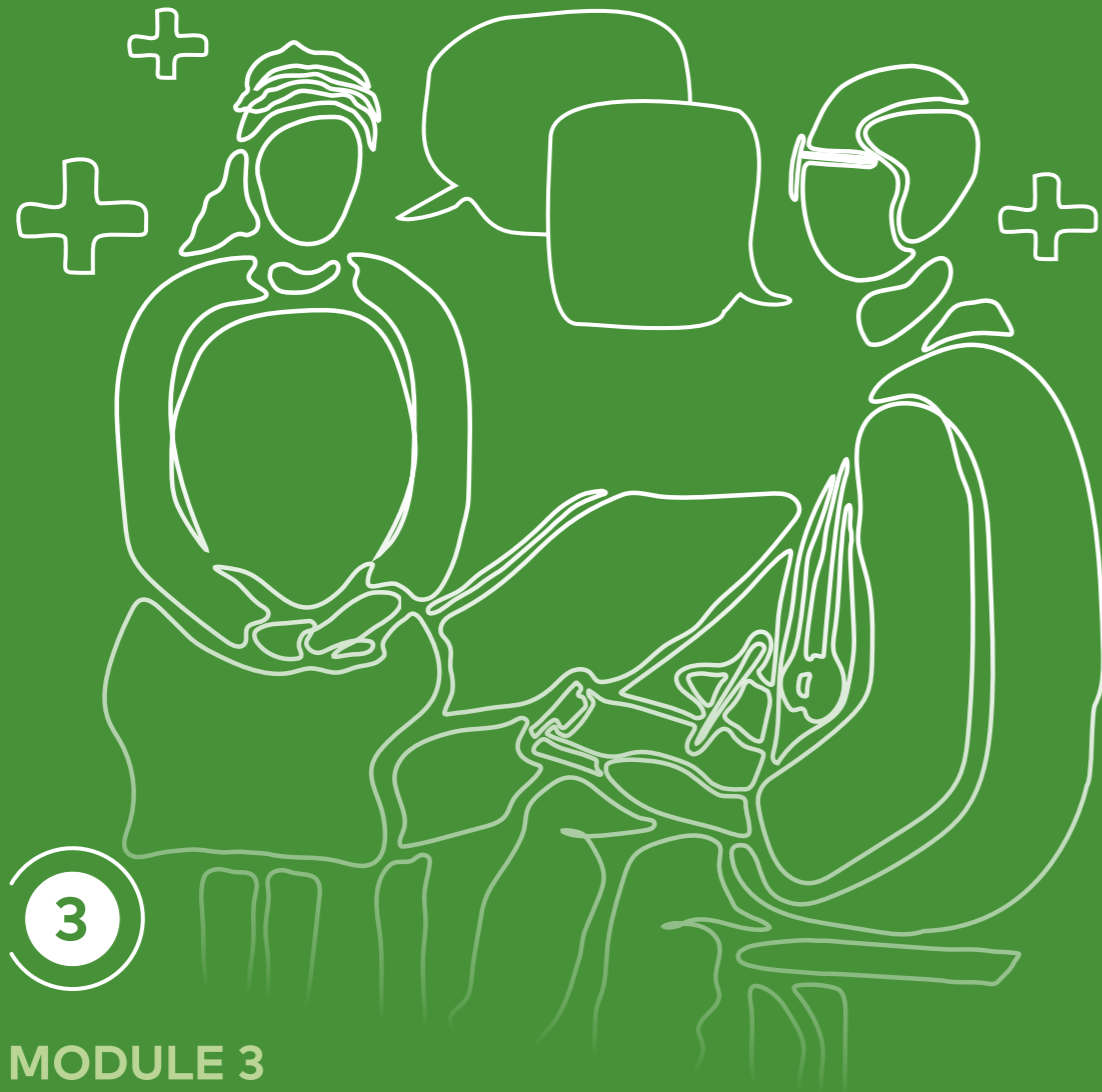
Core Commitments for Children in Humanitarian Action (UNICEF, 2020)

240

Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action: Reducing Risk, Promoting Resilience and Aiding Recovery (IASC, 2015)

241

Minimum Standards for Prevention and Response to Gender-Based Violence in Emergencies (UNFPA, 2015)



3

## MODULE 3

# PSYCHOSOCIAL PILLAR

### Objectives

At the end of this chapter, the user should be able to:



- Understand and define key concepts related to psychosocial support.
- Understand basic and specific therapeutic approaches, such as logotherapy, narrative exposure Therapy (NET) and Cognitive Behavioural Therapy (CBT).
- Understand and describe basic psychosocial skills and methods.
- Understand and explain concepts related to psychosocial support for caregivers and also for perpetrators of violence.

## Key Psychosocial Terms

**Psychosocial support** is a process that helps individuals and communities to heal psychological wounds and rebuild social structures after an emergency or a critical event. It can help change people into active survivors rather than passive victims<sup>242 243 244 245 246 247</sup>.

**Transference** refers to the displacement of emotions and feelings to other persons<sup>248</sup>.

**Countertransference** refers to the analyst's displacement of affect or redirection of a psychotherapist's/caregiver's emotions and feelings towards a client<sup>249</sup>.

**Insight** is a sudden discovery, understanding of current circumstances or sensing intuitively the inner nature of something<sup>250</sup>.

**Catharsis** is an emotional release which relieves stress or pain<sup>251</sup>.

**Counselling** is a professional relationship that empowers diverse individuals, families and groups to accomplish mental health, wellness, education, and career goals. Counselling helps people make needed changes in ways of thinking, feeling and behaving.

**Psychosocial Counselling** is a service provided by a skilled professional counsellor to an individual, family or group for the purpose of improving well-being, alleviating distress and enhancing coping skills<sup>252</sup>.

**Psychotherapy** is the treatment of mental disorders by psychological rather than medical means<sup>253</sup>.

242 A Holistic, Person-Centred Care Model for Victims of Sexual Violence in Democratic Republic of Congo: The Panzi Hospital One-Stop Center Model of Care (Mukwege and Berg, 2019)

243 Glossary on Sexual Exploitation and Abuse (UN, 2017)

244 IASC Guidelines on Mental Support in Emergency Settings (IASC, 2007)

245 Minimum Standards for Prevention and Response to Gender-Based Violence in Emergencies (UNFPA, 2015)

246 Guidelines for Gender-Based Violence Interventions in Humanitarian Settings (IASC, 2005)

247 Final Report: Responding to the Psychosocial and Mental Health Needs of Sexual Violence Survivors in Conflict-Affected Settings (WHO, UNFPA, UNICEF, 2011)

248 Borderline Personality Disorder: Treatment and Management (Collaborating Centre for Mental Health UK, 2009)

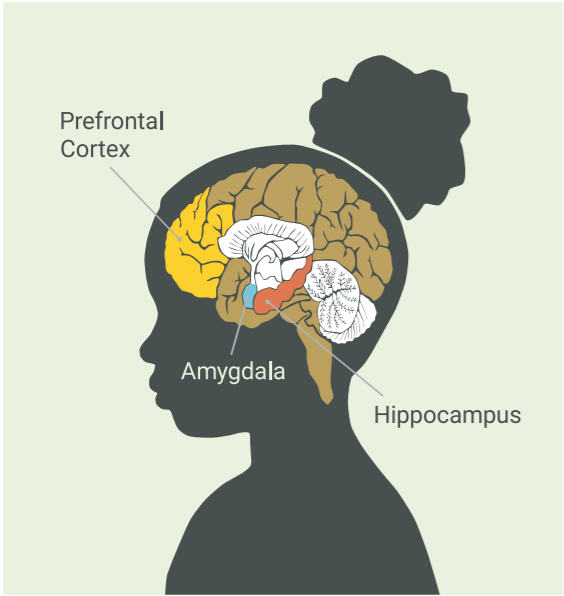
249 ibid

250 The Cognitive Neuroscience of Insight (Kounios and Beeman, 2014)

251 Catharsis and other Heresies: A Theory of Emotion (Scheff, 2007)

252 Social Psychology and its Interface with Psychosocial Counseling (Chiboola, Chiboola, Mazila, and Kunda, 2018)

253 Psychotherapy: A World of Meanings (Locher, Meier, Gaab, 2019)



**Trauma** is an emotional response to a terrible event like an accident, rape or natural disaster. Immediately after the event, shock and denial are typical<sup>254 255 256</sup>. Longer term reactions include unpredictable emotions, flashbacks, strained relationships and even physical symptoms like headaches or nausea<sup>257</sup>. Parts of the brain that respond to stress/trauma:

**Amygdala:**  
Recognises threat and sounds the alarm<sup>258</sup>.

**Prefrontal Cortex:**  
This part of the brain, having received information from the amygdala about a threat signals the amygdala whether the alarm is justified<sup>259</sup>.

**Hippocampus:**  
This part of the brain is in charge of short- and long-term memory<sup>260</sup>.

FACILITATOR NOTES

Time needed: 30-40 mins

The facilitator explains to participants that the brain has all the power connections, wiring, storage, memory and processing power that all humans need. The mind has three basic functions: thinking, feeling and wanting. The three functions of the mind – thoughts, feelings and desires can be guided or directed either by one's potential rational capacities or unconscious drives. The facilitator also informs participants that psychological aspects affect our learning abilities, perceptions, understanding, and relationships. SGBV traumatizes a victim/survivor and disorients the cognitive faculties of a survivor's by compromising psychological capital (hope, efficacy, resilience and optimism).

Key Takeaways:

By the end of the session, participants will understand what trauma is and how it disorients the survivor's mind.

Suggested tools:

- PowerPoint
- Charts
- Flipchart

Reception and psychosocial accompaniment of victims: a survivor centred process

Survivor centred therapy aims to facilitate personal growth and development, eliminate or mitigate feelings of distress, increase self – esteem and openness to experience<sup>261 262 263</sup>. Utmost confidentiality must be observed<sup>264</sup>. The rights and wishes of the survivor are respected and the notion of “Do no Harm” is key<sup>265</sup>.

Survivor centred therapy ensures that people's preferences, needs, and values guide clinical decisions and the provision of care that is respectful and responsive to them<sup>266 267</sup>. Survivors need a warm environment so that they are able to manage/solve their problems<sup>268</sup>.

A SURVIVOR CENTRED APPROACH REFLECTS THE BEHAVIOUR OF THE THERAPIST TOWARD THE VICTIM, AND IS EMBODIED BY THE FOLLOWING THREE KEY PRINCIPLES<sup>269 270</sup>:

1 | Genuineness

2 | Non – judgmental attitude that provides unconditional positive regard/respect

3 | Empathetic understanding

Techniques:

- Be non-directive: Let the victim lead by telling his or her story
- Show unconditional positive regard (UPR)
- Be genuine/real
- Show empathy
- Accept negative emotions
- Active listening
- Use reflective skills (paraphrasing and restating)
- Observe body language

FACILITATOR NOTES

Time needed: 20-30 mins

The facilitator explains that survivors of SGBV come to seek psychosocial counselling when they are in a state of despair. Their minds are disoriented. Some feel guilty and are doubting whether they will be attended or listened to. They sometimes feel ashamed of sharing their story with anyone because they fear that they will be judged. A facilitator can invite two participants to come forward. One will be a care- giver and another one will be a client to tell his/her story. (Role Play)

Key Takeaways:

Survivor-centred therapy is a process that can heal psychological wounds as well as be an empowering process for victims.

Suggested tools:

- PowerPoint
- Flipchart
- Role-play and necessary props

254 Psychological Trauma: Definition, Clinical Contexts, Neural Correlations and Therapeutic Approaches Recent Discoveries (Perrotta, 2020)

255 Final Report: Responding to the Psychosocial and Mental Health Needs of Sexual Violence Survivors in Conflict-Affected Settings (WHO, UNFPA, UNICEF, 2011)

256 A Holistic, Person-Centred Care Model for Victims of Sexual Violence in Democratic republic of Congo: The Panzi Hospital One-Stop Center Model of Care (Mukwege and Berg, 2019)

257 ibid (251 – 253)

258 The Roles of the Amygdala in Affective Regulation of Body, Brain and Behavior (Mirolli, Mannella and Baldassarre, 2010)

259 Emotion and the Prefrontal Cortex: An Integrative Review (Dixen, Thirucheseelvam, Todd and Christoff, 2017)

260 Memory Function and the Hippocampus (Opitz, 2014)

261 A Holistic, Person-Centred Care Model for Victims of Sexual Violence in Democratic republic of Congo: The Panzi Hospital One-Stop Center Model of Care (Mukwege and Berg, 2019)

262 Inter-Agency Gender-Based Violence Case Management Guidelines (GBVIMS Steering Committee, 2017)

263 Minimum Standards for Prevention and Response to Gender-Based Violence in Emergencies (UNFPA, 2015)

264 A Holistic, Person-Centred Care Model for Victims of Sexual Violence in Democratic republic of Congo: The Panzi Hospital One-Stop Center Model of Care (Mukwege and Berg, 2019)

265 Emergency Handbook – Humanitarian Principles (UNHCR)

266 Core Humanitarian Standard on Quality and Accountability (Joint Standards Initiative, 2014)

267 A Holistic, Person-Centred Care Model for Victims of Sexual Violence in Democratic republic of Congo: The Panzi Hospital One-Stop Center Model of Care (Mukwege and Berg, 2019)

268 ibid

269 ibid

270 Minimum Standards for Prevention and Response to Gender-Based Violence in Emergencies (UNFPA, 2015)

# Basic Psychosocial Support Skills

In order for psychosocial counselling to be effective, the counsellor needs to use the following skillset: positive regard, empathy, congruence or genuineness, and warmth which are essential techniques in promoting confidence and respect between a counsellor and counselee.

## I. Core Counselling Skills

Basic listening skills are basic counselling skills, or practiced techniques, that help a caregiver to **empathetically listen** to the survivor<sup>271 272</sup>.

### THESE BASIC SKILLS INCLUDE:

- Active listening
- Building rapport
- Being aware of nonverbal communication

### FURTHER CORE COUNSELLING SKILLS TO NOTE ARE BELOW<sup>273</sup>:

- 1

**Attending** in psychosocial support means being in the company of someone else and giving that person your full attention, to what they are saying or doing, valuing them as worthy individuals.
- 2

**Silence** gives the survivor control of the content, pace and objectives. This includes the care giver listening to silences as well as words, sitting with them and recognizing that the silences may facilitate the counselling process.
- 3

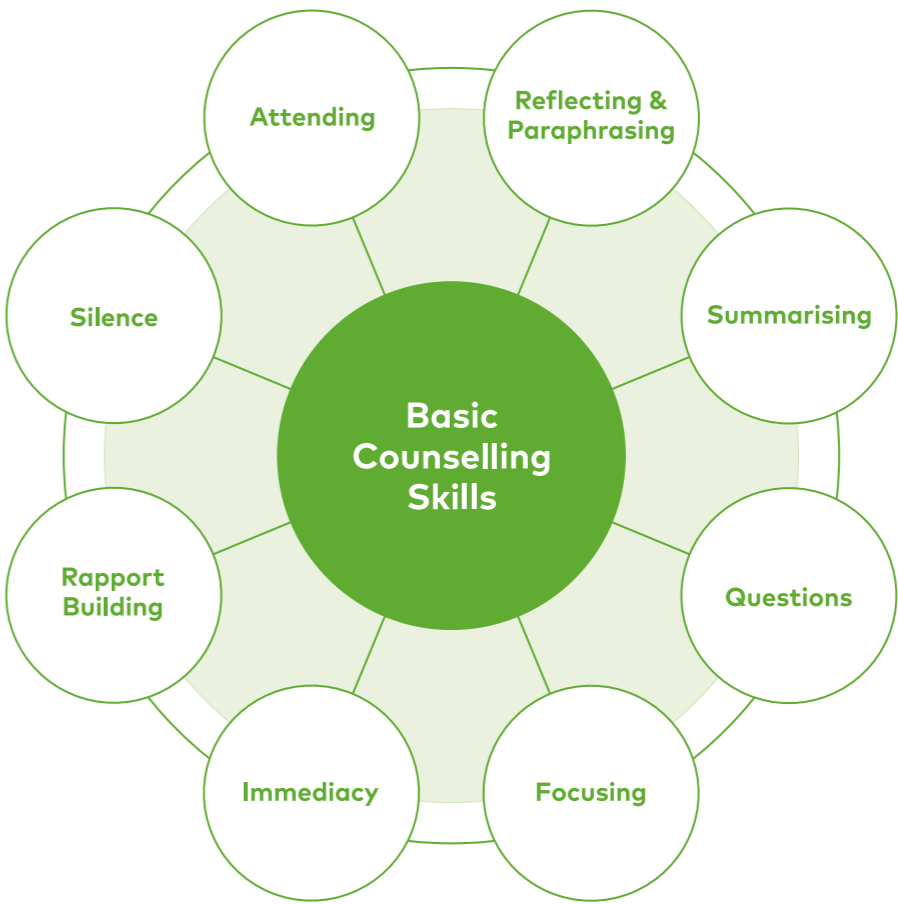
**Reflecting** is part of the 'art of listening'. It is making sure that the survivor knows their story is being listened to. This is achieved by the caregiver by both repeating and feeding a shorter version of their story back to the survivor. This known as 'paraphrasing'.
- 4

**Questions** in psychosocial support are classed as a basic skill. The care giver uses open questions to clarify his or her understanding of what the survivor is feeling. Leading questions are to be avoided as they can impair the counselling relationship.
- 5

**Focusing** in psychosocial support involves making decisions about what issues the survivor wants to deal with. The survivor may have mentioned a range of issues and problems and focusing allows the care giver and survivor together to clear away some of the less important surrounding material and concentrate on the central issues of concern.
- 6

**Summaries** in psychosocial support are longer paraphrases. They condense or crystallize the essence of what the client is saying and feeling. The summary 'sums up' the main themes that are emerging from what the survivor shares.
- 7

**Immediacy**. Using immediacy means that the care giver reveals how they themselves are feeling in response to the survivor. According to Felltham and Dryden (1993: 88), **immediacy** is 'the key skill of focusing attention on the here and now relationship of a psycho social worker and survivor with helpful timing, in order to **challenge** defensiveness and/or heighten awareness'.



FACILITATOR NOTES		Time needed: 30-40 mins
The facilitator explains to participants that counselling is a process that requires patience. There is a mental connection between a counsellor and counselee. A counselling process is conceptualized in a “U” model of three stages as suggested by J. Fuster: Exploration, Understand and Action. The facilitator explains Advice, Guidance and Counselling to the participant.		
<b>Key Takeaways:</b> Participants will understand the process of counselling, the model of counselling and the meaning of advice, guidance and counselling		<b>Suggested tools:</b> <ul style="list-style-type: none"><li>• Flipchart</li><li>• Markers</li></ul>

268 Minimum Standards for Prevention and Response to Gender-Based Violence in Emergencies (UNFPA, 2015)  
269 Inter-Agency Gender-Based Violence Case Management Guidelines (GBVIMS Steering Committee, 2017)  
270 Ibid (268 – 269)

Theoretical approaches

Cognitive Behavioural Therapy (CBT)<sup>274</sup>:

This approach helps the survivor replace irrational beliefs about self and the surroundings with irrational ones (cognitive restructuring) e.g self-talk as suggested by Albert Elis.

Survivor Centred Therapy<sup>275</sup>:  
from Carl Rogers 1940’s person centred theory<sup>276</sup>

Every person has potential to grow even when she/ he is experiencing suffering. A warm environment and a care giver with three qualities: Empathy, genuineness and a non – judgmental attitude are vital.

Narrative Exposure Therapy:  
by David Epsen and Michael White (1970’s)<sup>277</sup>

This form of therapy helps survivors re – story old memories and in the end, it helps them change their traumatic beliefs. It is used in many cultural settings and can be used by non – professionals as well.

Logo therapy: (Victor Frankl 1940’s)<sup>278</sup>

Developed by Victor Frankl. Life has meaning under all circumstances even in most miserable ones. Man has freedom to find meaning in what he does and what he experiences. Man can lose everything but not attitude.

FACILITATOR NOTES	Time needed: 20-30 mins
<p><b>Key Takeaways:</b></p> <p>Participants will learn that theories provide a framework for understanding human behavior, thought and development. They will learn how to manage SGBV cases with the knowledge that different psychological theories may explain and impact human behavior.</p>	<p><b>Suggested tools:</b></p> <ul style="list-style-type: none"><li>• Power-point or other visual presentation</li><li>• Flipchart</li></ul>

274

Cognitive-Behavioral Therapy: Research and Practice in Health and Social Care (Sheldon, 2011)

275

Caring for Survivors: A Principled Approach (UNICEF) 273 Rogers, C. R. (1986).

276

Carl Rogers on the development of the person-centered approach. Person-Centered Review, 1 (3), 257–259.

277

Interventions for Adults with a History of Complex Traumatic Events: The INCITE Mixed-Methods Systematic Review (Melton et. al., 2020)

278

Man’s Search for Meaning (Frankl, 2006)

Other therapeutic approaches

II. Psychoeducation


The aim of psychoeducation is to provide therapeutic education to patients in order to give them the means to manage, as autonomously as possible, their illness and problems and their social consequences<sup>279</sup>.

For victims who have lived through a traumatic experience, this technique has the following objectives<sup>280 281</sup>:

- To enable the victim to better understand his or her post-traumatic symptoms,
- Allow her to better understand what these symptoms are for,
- Exploring personal factors associated with post-traumatic reaction,
- Contextualize the reactions she had to the event,
- Allow him to better understand the reactions of those around him,
- Preparing her for the therapeutic process.


Explaining to victims what is happening to them is, in itself, a therapeutic act. Psychoeducation serves as a basis for the formation of a strong therapeutic alliance<sup>282</sup>.

PSYCHOEDUCATION COVERS THREE AREAS OF ACTION<sup>283</sup>:




**Pedagogical<sup>284</sup>:**

This area seeks to provide patients/victims with information about the psychological disease/disorder, its manifestations and possible treatment. This enables the patient/victim to boost his or her resilience. This level permits the patient/victim to realize that she/he is not losing his mind.



**Psychological<sup>285</sup>:**

This level of intervention helps to support the patient/victim and those around him/her in the face of the difficulties of accepting and living with his/her current situation. Always keep in mind that the victim is not the only person suffering. It is necessary to think about the family, community, society (in keeping with the socio-ecological approach).



**Behavioural<sup>286</sup>:**

This level aims to provide the patient/victim with the necessary tools to adopt the behaviours that best suit them to manage their problems. Psychoeducation is intended for both the patient/victim and his or her family members. It aims to increase awareness of the disease, educate about the role of medication, recognize risk and protective factors and the warning signs of an episode of illness, establish a regular lifestyle and develop strategies to protect oneself from episodes of illness.

279

Psychoeducation (Swaminath, 2009)

280

Inter-Agency Gender-Based Violence Case Management Guidelines (GBVIMS Steering Committee, 2017)

281

Trauma-Informed Care in Behavioral Health Services (Center of Substance Abuse Treatment US, 2014)

282

ibid

283

Psychoeducation (Swaminath, 2009)

284

ibid

285

ibid

286

ibid


III. Clinical interview

This technique is based on verbal as well as non-verbal communication.

The clinical interview refers to the communication between a clinical psychologist, or a doctor or a volunteer and a patient and aims at understanding psychological functioning by focusing on discourse, experience and relationships<sup>287 288 289</sup>. The clinical interview situation refers to interaction between (at least two people).


The clinical interview focuses on the individual problem, trying to help the patient verbalize what is problematic for him or her<sup>290</sup>. It takes place according to the practitioner's aims (diagnosis to identify possible pathology, evaluation with methods other than the interview, listening to the subject in the context of psychotherapy etc)<sup>291</sup>.

TYPES OF CLINICAL INTERVIEWS<sup>292</sup>:




**Directed interview**

Here, the interview is strongly directed and controlled by the clinical practitioner. He asks the questions and the patient answers. Depending on the answers, the clinician directs his or her questioning<sup>293</sup>. The practitioner knows where he wants to get to. He asks the patient questions that will lead him to the initially known goal! For example: a psychologist knows the symptoms of an anorexic patient; if he finds himself with an "anorexic" patient, he will then directly ask her questions about her vision of food, her relationship with her parents, etc.



**Semi-directed interview**

At this level, the interview is guided not only by the clinical practitioner's questioning and/or that of a psychosocial assistant, but also by the verbalisations produced by the patient<sup>294</sup>. The space is much more open and can change directions in the course of the interview, which will allow the patient to leave the framework of the questions asked, in order to address elements that seem important to him/her. In this case, the practitioner would utilise a guide.



**Non-directed interview**

More aptly called "person-centred interviewing<sup>295n</sup>" in reference to the person who defined the theory, method and techniques of this type of interview, namely the American psychologist Carl Rogers.

The clinician leaves the person free to choose the themes to be discussed and adopts an attitude of empathy (trying to understand the "other" as if "you were in his or her place... without forgetting, however, that you are never really in his or her place...")<sup>296</sup>. This does not mean approving (it is not sympathy) but a desire and willingness to understand (not only rationally but also emotionally or emotionally) the person in front of us.

287	Handbook: Holistic Care for Survivors of Sexual Violence in Humanitarian Settings (Mukwege Foundation, 2019).	292	The Clinical Interview (Craig, 2009)
288	Inter-Agency Gender-Based Violence Case Management Guidelines (GBVIMS Steering Committee, 2017)	293	The Clinical Interview (Williams, Rhyner and Ilardi, 2013)
289	Minimum Standards for Prevention and Response to Gender-Based Violence in Emergencies (UNFPA, 2015)	294	ibid
290	Inter-Agency Gender-Based Violence Case Management Guidelines (GBVIMS Steering Committee, 2017)	295	Rogers, C. R. (1986). Carl Rogers on the development of the person-centered approach. Person-Centered Review, 1(3), 257–259.
291	Minimum Standards for Prevention and Response to Gender-Based Violence in Emergencies (UNFPA, 2015)	296	ibid (289 – 290)

IV. Counselling

Counselling is a process that aims to help the survivor find solutions to her/his problems on her/his own. It is professional support based on a non-directive helping relationship that meets certain criteria<sup>297 298 299</sup>. In counselling work with patients, the caregiver should establish an interpersonal relationship with the counselee, based on active listening, to help them identify their problems and support them in finding appropriate solutions and coping strategies<sup>300 301</sup>.

KEY PRINCIPLES IN COUNSELLING

- All psychological assistance to patients begins with the establishment of a therapeutic relationship based on psychological conditioning and building trust between the psychologist and the patient<sup>302</sup>. The psychologist introduces himself first, explains their role to the patient and how they can help him or her. The psychologist asks the patient for the language with which he or she is familiar to facilitate communication.
- Once the patient is ready for psychological help, the work continues<sup>303</sup>. Sometimes a good therapeutic alliance with patients is not established at the first meeting and we have to walk at the pace of our patients because they are the ones who are at the centre of the psychological work<sup>304 305</sup>.
- We work in a calm and safe place (psychological consultation office, or in the hospital ward in case of force majeure) if the patient is bedridden, that is to say, if the patient is unable to move around and this only after their consent<sup>306 307</sup>. Otherwise, with their agreement, patients unable to walk on their own, can be moved to the psychologist's office to allow for confidentiality<sup>308 309</sup>, as the presence of others can sometimes hinder the interview.
- We approach patients with gentleness, empathy, unconditional acceptance and a non- judgmental attitude to accompany them in the decision-making process<sup>310 311 312</sup>.
- During counselling, the psychologist remains either face to face, diagonally to the patient or in a position beside the bed (for those who are bedridden); all his or her attention remains focused on the patient to listen carefully to what he or she is saying and to watch how he or she says it<sup>313</sup>. This psychological disposition helps the psychologist to read verbal language and the gestures that accompany it, because the non-verbal (mimics, tics) remains a window for expressing emotions<sup>314</sup>.

297	Holistic Care for Survivors of Sexual Violence in Conflict. (Mukwege Foundation, 2019).	306	Minimum Standards for Prevention and Response to Gender-Based Violence in Emergencies (UNFPA, 2015)
298	Minimum Standards for Prevention and Response to Gender-Based Violence in Emergencies (UNFPA, 2015)	307	Core Humanitarian Standard on Quality and Accountability (Joint Standards Initiative, 2014)
299	Inter-Agency Gender-Based Violence Case Management Guidelines (GBVIMS Steering Committee, 2017)	308	Holistic Care for Survivors of Sexual Violence in Conflict. (Dr. Denis Mukwege Foundation, 2019).
300	Core Humanitarian Standard on Quality and Accountability (Joint Standards Initiative, 2014)	309	Inter-Agency Gender-Based Violence Case Management Guidelines (GBVIMS Steering Committee, 2017)
301	Continuity of Care (WHO, 2018)	310	Conflict-Related Sexual Violence (UN, 2020)
302	Inter-Agency Gender-Based Violence Case Management Guidelines (GBVIMS Steering Committee, 2017)	311	Core Humanitarian Standard on Quality and Accountability (Joint Standards Initiative, 2014)
303	Sexual and Gender-Based Violence (SGBV) Prevention, Risk Mitigation and Response (UNHCR, 2019)	312	Inter-Agency Gender-Based Violence Case Management Guidelines (GBVIMS Steering Committee, 2017)
304	Holistic Care for Survivors of Sexual Violence in Conflict. (Mukwege Foundation, 2019).	313	Guidelines on Mental Health and Psychosocial Support in Emergency Settings (IASC, 2007)
305	Inter-Agency Gender-Based Violence Case Management Guidelines (GBVIMS Steering Committee, 2017)	314	Final Report: Responding to the Psychosocial and Mental Health Needs of Sexual Violence Survivors in Conflict-Affected Settings (WHO, UNFPA, UNICEF, 2011)

- For patients who speak in a low voice, the psychologist forces themself to approach to capture the contents of the speech, and this often happens in bedridden patients unable to speak aloud<sup>315</sup>. Here, the psychologist does not allow themselves to be distracted; nods their head to say something like "I see, I hear..." so that the person knows they are being listened to. The empty and full silence is exploited by the psychologist during counselling and their voice remains moderate.
- The psychologist's verbal expression remains an important means of gathering information from the survivor, to whom they may ask some questions, either open or closed, and sometimes they ask patients to write down responses if they are unable to express themselves verbally<sup>316 317</sup>.
- Once problems are identified, they are broken down into major and minor problems. The objectives are defined, and the therapeutic plan is established<sup>318</sup>. The problems of greatest concern are dealt with first in sessions. The patient's behaviour and how he or she feels about the problem and his or her feelings are explored. All factors that may lead to the patient's behaviour are examined. The psychologist/psychosocial assistant strongly encourages the patient's contributions in solving his or her problems, as the patient must use his or her own resources to overcome the problems<sup>319</sup>.
- To provide comfort and support to patients, the psychologist/psychosocial assistant speaks softly and gently while avoiding judgment and minimizing the patient's problems and difficulties<sup>320 321</sup>. Tissues are offered to patients who express their emotions through tears and for those who are stuck in their speech, the psychologist or assistant reformulates their thoughts in order to allow them to get back to the subject of the day.
- A single counselling interview is not enough to identify and address the patient's problems. For some, they can only open up as more interviews take place.
- We use psychoeducation in counselling when we provide knowledge in terms of answering patients' questions about their condition, how to live with their treatment or how to live with their disease<sup>322</sup>.
- Psychoeducation is done with patients and with the members of their entourage depending on the case<sup>323</sup>. Follow-up sessions vary from case to case and are adopted with the patient depending on the situation and need.

FACILITATOR NOTES

Time needed: 30 mins

The facilitator explains to participants that counselling like any profession has guiding principles. These are intended to protect the rights of the survivors.

Key Takeaways:

There are many different therapeutic approaches that a caregiver can employ with a victim or patient. The choice of approach or approaches depends on the particular case and their individual needs.

Suggested tools:

- PowerPoint
- Flipchart
- Role-play or case-studies

315	Inter-Agency Gender-Based Violence Case Management Guidelines (GBVIMS Steering Committee, 2017)	319	ibid
316	Inter-Agency Gender-Based Violence Case Management Guidelines (GBVIMS Steering Committee, 2017)	320	Minimum Standards for Prevention and Response to Gender-Based Violence in Emergencies (UNFPA, 2015)
317	Core Humanitarian Standard on Quality and Accountability (Joint Standards Initiative, 2014)	321	Continuity of Care (WHO, 2018)
318	ibid (313 -314)	322	Psychoeducation (Swaminath, 2009)
		323	ibid

Psychosocial support for perpetrators of violence

Perpetrators of SGBV may have been driven by various motivations to commit violence acts, including unequal and/or damaging attitudes/perceptions towards women, militarized masculinities, inequal power dynamics and other factors<sup>324 325</sup>. Women may also be involved in acts of violence<sup>326 327</sup>.

Research indicates that many perpetrators of SGBV also may have been victims/survivors of violence themselves<sup>328</sup>.

Perpetrators are often seen as bad people, as criminals who must be punished and isolated by society<sup>329</sup>. These perceptions may influence the way perpetrators are treated by the police, health providers, in court etc. While there is a need to ensure that impunity does not prevail and that victims and survivors have access to justice, in order to give perpetrators a chance to recover, to reconcile and to change wrong behaviours and beliefs, it is important to address the person behind the *perpetrator*<sup>330 331</sup>.

Questions to ponder on may be as follows:

• What were the main drivers of using violence?

• How is the violence linked to perceptions and expectations on masculinities or to personal experiences with violence?

• Has there been violence in the perpetrator's own childhood or history etc.?

While there is no justification for the use of violence and violent men or women should be punished, it is obvious that perpetrators of violence and males in particular also need to be helped to change negative behaviours and perceptions of masculinity and violence<sup>332</sup>.

Therefore, perpetrators of SGBV also need a person-centred approach<sup>333</sup>, meaning that it is not enough to punish them by

a fair justice process, but they also need to be listened to, and be guided/educated to reflect on negative aspects of manhood, gender norms and to learn non-violent communication styles. SGBV prevention should include programs with men women/girls/boys-at-risk and help them to change attitudes and perceptions related to gender roles that may underpin violence or violent dynamics<sup>334</sup>.

FACILITATOR NOTES

Time needed: 30-40 mins

The facilitator invites two participants to come forward. One to act as a perpetrator and another as a police officer or a judicial actor. The facilitator requests the police/judicial officer to carry out an investigative interview. After the role play, the facilitator asks participants to critique the session using concepts learned thus far in the module.

Key Takeaways:

Psychosocial support for perpetrators is a key component of SGBV prevention.

Suggested tools:

- PowerPoint
- Role-play
- Flipchart

324	Conflict-Related Sexual Violence: Report of the United Nations Secretary Genera (UN, 2020)	331	Sexual and Gender-Based Violence (SGBV) Prevention, Risk Mitigation and Response (UNHCR, 2019)
325	Handbook for United Nations Field Mission on Preventing and Responding to Conflict-Related Sexual Violence (United Nations, 2020).	332	Minimum Standards for Prevention and Response to Gender-Based Violence in Emergencies (UNFPA, 2015)
326	Strengthening Governance and Survivor/Victim Centred Approaches to Eliminating Gender-Based Violence (OECD, 2021)	333	A Holistic, Person-Centred Care Model for Victims of Sexual Violence in Democratic republic of Congo: The Panzi Hospital One-Stop Center Model of Care (Mukwege and Berg, 2019)
327	Interventions to Prevent Violence against Women and girls (WhatWorks, 2019)	334	A Holistic, Person-Centred Care Model for Victims of Sexual Violence in Democratic republic of Congo: The Panzi Hospital One-Stop Center Model of Care (Mukwege and Berg, 2019)
328	Conflict-Related Sexual Violence – Report of the United Nations Secretary General (WHO, 2018)		
329	Inter-Agency Gender-Based Violence Case Management Guidelines (GBVIMS Steering Committee, 2017)		
330	Minimum Standards for Prevention and Response to Gender-Based Violence in Emergencies (UNFPA, 2015)		

# Managing secondary trauma for professionals

## I. Secondary Trauma, Variable Trauma and Compassion Fatigue

Several terms are used in literature and in practice to describe the consequences of stress and trauma for professionals<sup>335</sup>. These terms are often used interchangeably.

It is important to understand the differences and commonalities among these terms. We are referring to:



Fatigue is a state of physical, emotional or motivational feeling that usually results from prolonged stress or frustration (Maslach, 2003). This type of fatigue tends to be associated with the workplace and can often be predicted when it is particularly demanding on its workers. Burnout extends over a long period of time and is cumulative; it does not affect a person as a result of a bad day.

**Burnout** is associated with lack of management support, lack of work challenges, low wages, and difficulty providing services to clients (Stamm, 1997, Soderfeldt, Soderfeldt and Warg, 1995). This disorder can impair the decision-making ability, as well as give rise to client / caregiver-related conflicts. The metaphor of the battery can help describe burnout. Imagine that your energy is produced by a small battery located in your body. It becomes exhausted as you expend energy throughout the day.

When you take a break, dine, laugh, are satisfied with your work or receive compliments, your battery charges and you continue to function well. But what would happen if your life, at work or outside, did not have enough positive aspects to recharge your battery?

### PHYSICAL AND PSYCHOLOGICAL SYMPTOMS OF BURNOUT<sup>336 337</sup>:



#### Psychological

Constant demotivation in relation to work, feelings of hopelessness and helplessness, guilt, marked irritability, frequent crying, feelings of incompetence, feelings of isolation, feelings of failure, loss of self-confidence, constant worry, difficulty to concentrate, indecision, confusion, bad judgment.



#### Physical

Persistent fatigue, pain: headache, back pain, muscle pain, disturbed sleep, weight loss or gain, frequent infections.

**Vicarious stress** leads to permanent changes among professionals when they establish an empathic relationship with a traumatised client or patient (Pearlman and Sakvitne, 1995).

This disorder shares certain characteristics with burnout (for example, symptoms such as exhaustion, and feelings of dejection, isolation and detachment).

Vicarious stress, however, is a much more pervasive disorder since it affects all aspects of life, including body, mind, and personality and belief system.

Relationships between a person suffering from vicarious stress and the world around them are transformed. As with burnout, vicarious stress usually develops over time, after several sessions spent listening to painful experiences of an empathic ear<sup>338</sup>.

**Secondary or indirect trauma** occurs when a service provider identifies with the victim of trauma or a series of traumas so much that he or she begins to experience symptoms of post-traumatic stress disorder similar to those experienced by his client or patient (Baird and Kracen, 2006).

In cases of secondary trauma, the trauma experienced by the client or patient becomes a trauma for the service provider. It affects him so much and brings out troubles similar to those of the client. This disorder differs from vicarious stress in that it can occur suddenly, in one session, rather than in response to too much exposure to the suffering of others (Figley, 1995). The symptoms of secondary trauma are almost identical to those of vicarious stress.

It is important to note that some specialists define vicarious stress as being similar to secondary trauma. The exact use of the terms may vary slightly, but there is consensus that the impact of this disease on the caregiver is pervasive and replicates that of trauma.



### RISK FACTORS

It is important and relevant to recognize that the work of service providers is influenced by their own trauma. We know this increases the risk of a new trauma. It is of paramount importance that service providers recognize that their own trauma can affect their work with traumatized people. Like PTSD, shame and secrecy can or will increase suffering.



### OTHER FACTORS THAT MAY INCREASE THE RISK OF SECONDARY TRAUMA:

- Previous trauma
- Overwork
- Ignoring your health limits,
- To assume too much responsibility,
- Lack of experience,
- Too much experience (having done the job for a lot of years),
- Work with a large number of traumatized children, especially child victims of sexual abuse.

335

The Inter-Agency Minimum Standards for Gender-Based Violence in Emergencies Programming (UNFPA, 2019)

336

The Inter-Agency Minimum Standards for Gender-Based Violence in Emergencies Programming (UNFPA, 2019)

337

The Relationship between Burnout Dimensions and Psychological Symptoms (Depression, Anxiety, Stress) among Nurses (Mousavi et. al., 2017)

338

Core Humanitarian Standard on Quality and Accountability (Joint Standards Initiative, 2014)

II. Support for caregivers

PORTABLE CALM TOOL

The portable calm is a contemplative Protocol developed for those who work at the front lines of trauma<sup>339</sup>. Physicians, Police, judicial officers, psychologists, counsellors, social workers, health workers and first responders. Anyone working with traumatized children and adults can deeply benefit from this.

This program is practiced daily and the sequence should be followed so as to be effective in calming the mind and body.

Each day the sequence should be as follows<sup>340</sup>:

- 1. Focusing on the breath
- 2. Sanctuary
- 3. Setting an intention
- 4. Natural movement practice
- 5. Grounding exercise
- 6. Mindful awareness/Tracking Sensation
- 7. Compassion Practice

1 Focus on the breath (1–2 minutes)

Begin each morning with three deep cleaning breaths each time drawing the in- breath down into the belly and filling up the torso from the bottom to the top, like filling a vessel with water. Take a long, slow out-breath, expelling all the air from the torso, all the way from the top to the bottom. Remember to breathe in through the nose. Allow the out breath to be slightly longer than the in breath counting slowly up to 5 on the in breath and 7 on the outbreath. Continue to return to the breath throughout the day. After your cleansing the breaths, create “sanctuary”.

2 Sanctuary (3 minutes)

Creating a felt sense of safety and sanctuary is essential to the mind/body brain’s ability to restore the self – regulatory capacity of the nervous system. Sanctuary evokes the sense of well-being and safety that naturally occurs in a beautiful and calm environment. It can be a special garden, a beach, a forest or mountain. Sanctuary also includes a felt sense of connection to others who offer nurturance and protection. In moments of sanctuary, feeling of calm is evoked. Let your mind settle and move to intention setting.

3 Intention setting (1–4 minutes)

Intention setting is a deliberate statement of a personal goal for the day. This is a contemplative practice that allows for awareness of your deeper aspirations to arise supporting the alignment of your actions, words, thoughts, habits, and attitude with your deeper values.

Set your intention for the day. Notice what happens in your body and to the quality of your attention after setting your intention. Notice “choice points” that arise during the day providing you with the opportunity to intervene on run away thoughts, negative narratives, self-attacks, explanations, negative predictions, automatic behaviours. See each “choice” point” or “fork in the road” as your grounded seat from which to be intentional. Practice more fully being present to the moment and aligning with your intention.

4 Movement practice (3–5 minutes)

After you have set your intention, choose one part of your body for a focus: such as head and neck, arms and hands, torso, legs, ankles and feet. Bring your full attention to that area. Move your full attention to the chosen area, moving in a slow and unhurried pace. Do a yoga exercise e.g. (Saluting the sun)

EXERCISE

Salute the sun: Feet firmly planted into the ground:

Inhale, drawing both up arms up along your ears  
Exhale, bringing arms back down to your sides, inhale drawing them up again, extend your fingertips to the sky  
Exhale, lowering your left arm to your thigh  
Inhale, doing a side bend with the right arm extended to the sky and the left arm lengthening down the thigh.  
Exhale imagining the sun rising in the east  
Inhale, reaching the left arm up and the right arm down. Imagine the sun setting into the west.  
Exhale as you reach into the sky. Repeat 3 times watching the breath.

5 Mindful awareness/tracking sensation (7–20 minutes)

In this part of the practice, you are developing the ability to focus and quiet your mind and to notice when your mind wanders and where it wanders. Focus intentionally on cultivating a state of curiosity, openness, acceptance and love when you bring your attention back to the moment. Openness, acceptance and love when you bring your attention back to the moment. Sensations are physiological experiences inside us that are not associates with thoughts. Allow your moment to moment sensations to be the anchor. Allow your awareness to follow and track arising experience of sensation. Track the changes that occur simply by observing. Continue to gently bring your attention back to the moment and the over changing awareness of sensation. Celebrate your ability to utilize your internal awareness of sensation as a way of tracking the present moment. Observe how sensations change.

Let your mind settle. Drop down into a quieter mind. If attention moves to an experience of sensation, images, thoughts or feelings (SIFT), identify and label. Then gently bring your attention back to the moment by using your sensory anchors: feet, seat and breath.

6 Compassion practice (5 minutes)

The Portable Calm helps cultivate a more accepting, self-compassionate way of engaging with yourself and expands to include all your relationships and the larger world<sup>341</sup>. You will begin each week by simply extending loving kindness towards yourself and follow the invitations to grow awareness throughout the week.

339 Managing the Stress of Humanitarian Emergencies (UNHCR, 2005)

340 ibid

341 Managing the Stress of Humanitarian Emergencies (UNHCR, 2005)

7

Grounding exercise (7–20 minutes)

The purpose of this exercise is to find your body and mind’s connection to the ground below you no matter where you are. The following grounding exercise assumes you are in a chair: adapt the direction to your situation. As you continue this practice, it will become automatic, to notice and reconnect with the ground.

To begin you may close your eyes or allow them to remain open. Whichever is most comfortable with your eyes open or closed, look out straight ahead, about three feet in front of you. Now soften your gaze, even if your eyes are closed.

Find a comfortable position in your chair: now gently notice your body’s contact with the chair. Notice how the chair supports your back. Now bring attention to your feet, bring them directly beneath your knees. Feel the contact with the floor, the ground beneath you. Feel your heels, the ball of your feet, and your toes. Feel your weight reaching down into your feet, making firm contact with the ground. You might experience a sense of connection or energy moving up from the ground into the core of your body. Notice how this attention to your sensory experience deepens a sense of stabilization a sense of being rooted, grounded and calm. Feel the different parts of your feet, heels, the balls and toes. For a moment, apply pressure so you actually feel that contact with the ground more fully. (Get rooted to the ground).

FACILITATOR NOTES

Time needed: 1 hour

The facilitator explains to participants that the portable calm is a contemplative protocol developed for those who work at the front lines of trauma: physicians, police, judicial officers, psychologists, counsellors, social workers, health workers and first responders. Anyone working with traumatized children and adults can deeply benefit from this. This program is practiced daily, and the sequence should be followed so as to be effective in calming the mind and body.

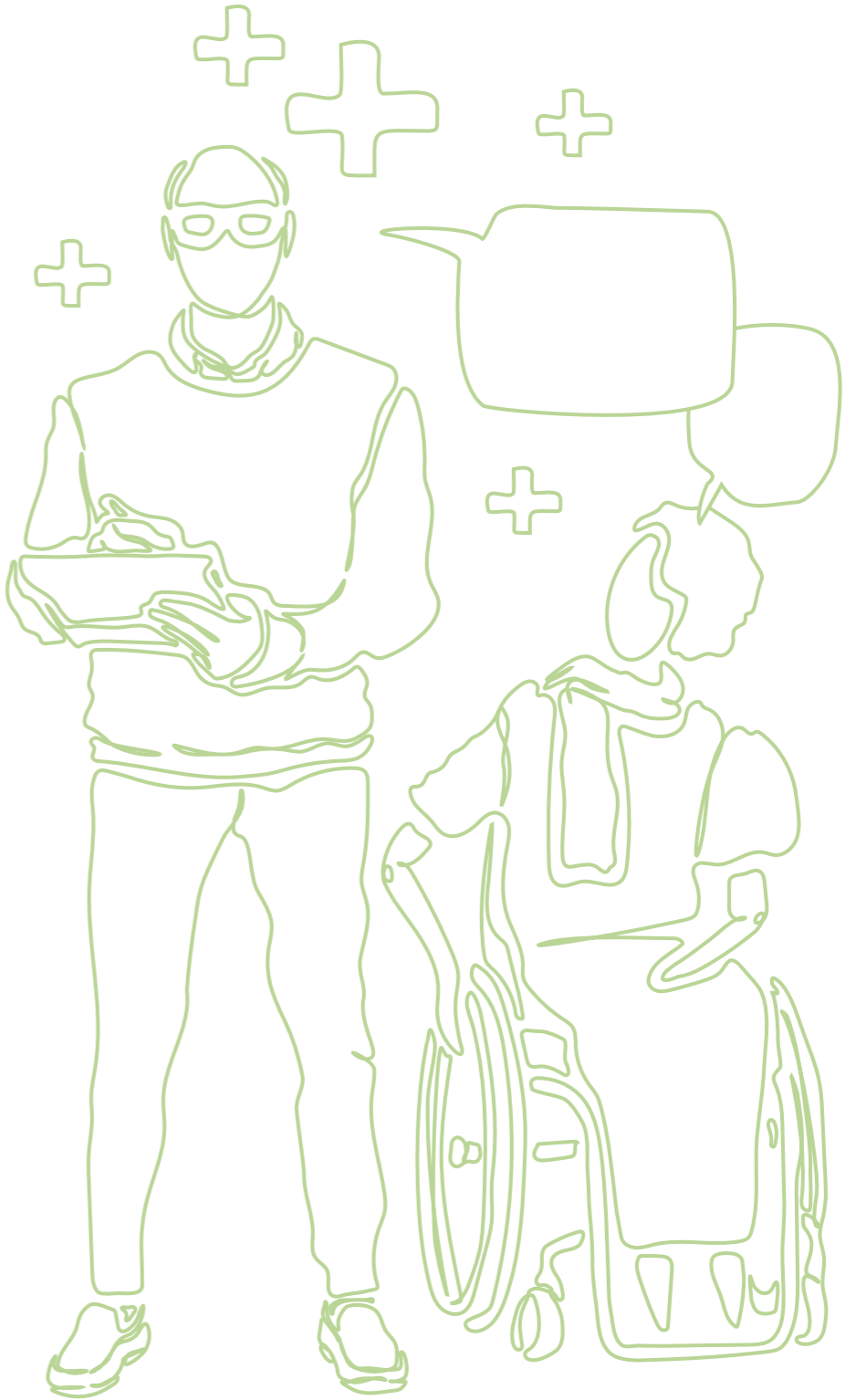
Inform participants that if one wants clean water, they must have a clean source. A facilitator should explain that care givers must try to mitigate acute stress, cumulative stress, burn out etc. Participants should learn how to relax their minds and bodies so that they stay healthy and are in a position to offer quality services.

Key Takeaways:

Participants will be able to understand that the mind and body need great care while providing psychosocial support services to others

Suggested tools:

- PowerPoint or other visual presentation
- Copy of Portable Calm Tool
- Demonstration





4

MODULE 4  
LEGAL PILLAR

Objectives

At the end of this chapter, the user should be able to:



- Define the human rights-based approach and its relationship to SGBV.
- Cite relevant legal instruments (international, regional and national) and explain their link with SGBV.
- Describe the purpose and discuss the key principles and processes of SGBV investigations.
- Understand best practices in the documentation of SGBV cases and the value of forensic evidence in SGBV and access to justice for victims.

Introduction to the Human-Rights Based Approach and SGBV (HRBA)<sup>342</sup>

I. Examples of human rights

- |   |  |   |                                 |
|---|--|---|---------------------------------|
| 1 | The right to equality and freedom from discrimination. | 5 | The right to a fair trial.      |
| 2 | The right to life, liberty, and personal security.     | 6 | The right to privacy.           |
| 3 | Freedom from torture and degrading treatment.          | 7 | Freedom of belief and religion. |
| 4 | The right to equality before the law.                  | 8 | Freedom of opinion.             |

II. Examples of types of SGBV and the human rights that are violated

- |                                      |  |
|--------------------------------------|--|
| Rape <sup>343</sup> :                | The right to freedom from torture, or cruel, inhuman, or degrading treatment or punishment, the right to life.   |
| Sexual exploitation <sup>344</sup> : | The right to human dignity and physical integrity.   |
| Confinement <sup>345</sup> :         | The right to cultural, political and public participation; the right to an education; equal access to public services; the right to live free from discrimination. |
| Domestic violence <sup>346</sup> :   | The right to life and the right to equality, including equal protection of the law.  |
| FGM/C <sup>347</sup> :               | The right to the highest attainable standard of physical and mental health   |

342 A Human Rights-Based Approach to Programming: Practical Implementation Manual and Training Materials (UNFPA, 2010)  
343 Glossary on Sexual Exploitation and Abuse (UN, 2017)  
344 ibid

345 ibid  
346 ibid  
347 ibid

III. Basic human rights based principles required while working with people affected by SGBV

1

Confidentiality

Maintaining confidentiality means that information about survivors should not be shared with others without the informed consent of the survivor<sup>348 349</sup>. This means always ensuring the informed consent of a survivor, before sharing information with doctors, NGOs, co-workers, family members, the media, etc.<sup>350</sup>. Disclosure of confidential information can expose survivors to severe social stigma. In some societies people affected by SGBV will be punished or at risk of losing their life (together with those of their immediate family)<sup>351</sup>. They may be isolated or rejected from their families and the community.

Confidentiality is therefore paramount in all aspects of support for survivors. The threat of discrimination, social isolation and punishment is very real. Survivors may be frightened that information about them could become public. Practitioners must always inform those they are supporting that no information will be shared unless written consent is given<sup>352</sup>. The fact that a person has shared his/her story with you as a service provider is a big step and a sign of trust. All personal information should therefore be treated extremely carefully. Maintaining confidentiality at all times is an important strategy to ensure the safety of the survivor and to minimize the risk of discrimination and isolation<sup>353</sup>.

2

Respect

Respect means seeing the survivor as the primary actor in the situation<sup>354</sup>. The wishes, rights and dignity of the survivor have to be respected at all times. The role of practitioners (caregivers) is to facilitate recovery and provide resources for problem-solving<sup>355</sup>. Loss of control is a central element of SGBV. During the recovery process, a survivor has to gain back a sense of control over his/her life. The failure to respect the survivors' right to find their own solutions can increase their feelings of helplessness and dependency on others. The work of the practitioner/caregiver should always be to strengthen self-efficacy, enabling survivors to feel strong and competent. Survivors should therefore be in control of the process and their wishes should determine the actions taken<sup>356</sup>.

3

Non-discrimination

All people have the right to the best possible assistance without discrimination, on the basis of gender, age, disability, race, colour, language, religious or political beliefs, status or social class, etc<sup>357 358</sup>. When discussing the principle of non-discrimination, invite participants to focus on their own prejudices and experiences of rejection<sup>359</sup>. Ask if there are people they try to avoid or if there are others they prefer to work with (because of feelings of sympathy for them, or because they are the same age, same sex, same ethnic group, etc.). Invite them to reflect on the reasons for this. To offer support in a non-discriminative way, we need to be aware of these preferences or prejudices<sup>360</sup>.

FACILITATOR NOTES

Time needed: 1.5 hours

Participants are asked to bear in mind their own SGBV programming environment/context for this exercise. The facilitator explains the principles of the Rights Based Approach (RBA) and introduces the human rights of all people. Then the participants are asked to divide up into small groups or pairs. Each group/pair is given 1 right from the list of rights provided (see examples of rights in the next section). Ask each group/pair to come up with an example of a violation of that right within the SGBV programming context. They also identify the duty bearers and rights holders of that right, linked to the rights violation they identified before, in order to respect, protect and fulfil this right. Back in the circle the facilitator asks the participants' if/how the provided rights violations are linked to gender norms? I.e. what gender norms are an obstacle and should be changed to fulfil the provided right. Participants explain why the rights-based approach is important for gender equality as a foundation to fight sexual and gender-based violence.

Reflection

Why do the participants think it is important to use a rights-based approach while handling SGBV within their institutions?

The facilitator asks the participants what can be done in SGBV programs to change identified gender norms in order to protect and promote selected rights.

To apply RBA, duty bearers are to be sensitized and capacitated: know they are duty-bearers and take this role seriously. Rights holders are to be empowered to be able to claim their rights.

Application

Still sitting in the circle, asks participants how they would apply what they have learned in SGBV programs in their institutions. E.g. what would need to change if they would like to strengthen the capacities of rights-holders and duty-bearers?

Key Takeaways:

Human rights are violated in different countries despite of various programming to address them SGBV programs included. The RBA can be used to fight SGBV to help survivors regain a sense of life.

Suggested tools:

- PowerPoint
- Flipchart
- Handouts

348	From Victims to Survivors: Achieving Universal Access to Quality Holistic Care (Mukwege Foundation, 2019)	355	Core Humanitarian Standard on Quality and Accountability (Joint Standards Initiative, 2014)
349	How to support Survivors of Gender-Based Violence when a GBV Actor is not Available in your Area: Step-by-Step Pocket Guide for Humanitarian Practitioners (IASC, 2015)	356	How to support Survivors of Gender-Based Violence when a GBV Actor is not Available in your Area: Step-by-Step Pocket Guide for Humanitarian Practitioners (IASC, 2015)
350	Inter-Agency Gender-Based Violence Case Management Guidelines (GBVIMS Steering Committee, 2017)	357	Handbook for United Nations Field Mission on Preventing and Responding to Conflict-Related Sexual Violence (United Nations, 2020)
351	Conflict-Related Sexual Violence – Report of the United Nations Secretary General (WHO, 2018)	358	How to support Survivors of Gender-Based Violence when a GBV Actor is not Available in your Area: Step-by-Step Pocket Guide for Humanitarian Practitioners (IASC, 2015)
352	Inter-Agency Gender-Based Violence Case Management Guidelines (GBVIMS Steering Committee, 2017)	359	Inter-Agency Gender-Based Violence Case Management Guidelines (GBVIMS Steering Committee, 2017)
353	How to support Survivors of Gender-Based Violence when a GBV Actor is not Available in your Area: Step-by-Step Pocket Guide for Humanitarian Practitioners (IASC, 2015)	360	How to support Survivors of Gender-Based Violence when a GBV Actor is not Available in your Area: Step-by-Step Pocket Guide for Humanitarian Practitioners (IASC, 2015)
354	From Victims to Survivors: Achieving Universal Access to Quality Holistic Care (Mukwege Foundation, 2019)		

# International and regional instruments and frameworks

## I. General overview of instruments


Sexual violence is prohibited under a number of legal instruments including but not limited to:


- International Human Rights Law (IHRL),
- International Criminal Law and
- International Humanitarian Law (IHL) &
- Refugee law

State parties to these instruments have obligations to protect, respect and fulfil these obligations.

**NOTA BENE**


All human rights instruments apply without regard to sex, ethnicity, race or age!





**International Human Rights Law (IHRL)**


The Bill of Rights (i.e. the Universal Declaration of Human Rights, the International Covenant on Civil and Political Rights, etc.) emphasizes the equality of men and women on the basis of their human rights. Provisions under the above instruments are not specific to SGBV but emphasize equal treatment and no discrimination between men and women, boys and girls



**The Universal Declaration of Human Rights 1948<sup>361</sup>**


The Universal Declaration of Human Rights 1948<sup>361</sup> provides under Article 1 that all human beings are born free and equal in dignity and rights.

- It emphasises non-discrimination;
- It further provides that all human beings are endowed with reason and conscience and should act towards one another in a spirit of brotherhood (and sisterhood!).
- It prohibits torture and cruel, inhuman and degrading treatment or punishment



**The International Covenant on Civil and Political Rights 1966<sup>362</sup>**


The International Covenant on Civil and Political Rights 1966<sup>362</sup> guarantees women the right to life and the rights to be free from torture, cruel and inhuman treatment. It sets out women's rights to legal remedy when her rights are violated. Article 2 provides that each State Party to the present Covenant undertakes to ensure that any person whose rights or freedoms as herein recognized are violated shall have an effective remedy, notwithstanding that the violation has been committed by persons acting in an official capacity. Article 3 stipulates that the States Parties to the present Covenant undertake to ensure the equal right of men and women to the enjoyment of all civil and political rights set forth in the present Covenant.



**The International Covenant of Economic Social and Cultural Rights-1966<sup>363</sup>**

- Guarantees women rights in the economic and social spheres
- Adequate standard of living- including food and housing, right to education, health etc
- Discrimination that denies women these rights, just because they are women is prohibited

Article 3 provides that "The States Parties to the present Covenant undertake to ensure the equal right of men and women to the enjoyment of all economic, social and cultural rights set forth in the present Covenant".



**The Convention on the Elimination of All forms of Discrimination against Women of 1981 (CEDAW).<sup>364</sup>**

- For the purpose of this convention the term "discrimination against women" shall mean any distinction, exclusion or restriction made on the basis of sex which has the effect or purpose of impairing or nullifying the recognition, enjoyment or exercise by women, irrespective of their marital status, on a basis of equality of men and women, of human rights and fundamental freedoms in the political, economic, social, cultural, civil or any other field, as stipulated under Article 1.
- The CEDAW prohibits all forms of discrimination against women and forms of sexual exploitation and abuse.
- Article 6 provides that state parties shall take all appropriate measures, including legislation, to suppress all forms of trafficking of women and exploitation of prostitution of women

Other international instruments specific to SGBV include but not limited to:

- (i) ICGLR Protocol to prevent and suppress and punish trafficking in persons, especially women and children, 2000. Article 9 provides that States Parties shall establish comprehensive policies, programmes and other measures:
  - (a) To prevent and combat trafficking in persons; and
  - (b) To protect victims of trafficking in persons, especially women and children, from revictimization.
- (ii) Optional protocol to convention on the child on the sale of children, child prostitution and child pornography, 2000. Article 1 provides that "States Parties shall prohibit the sale of children, child prostitution and child pornography as provided for by the present Protocol".
- (iii) Convention on the Rights of Child, which came into force effective 2nd September 1990: Article 19 (i) provides that state parties shall take all appropriate legislative, administrative, social and educational measures to protect the child from all forms of physical or mental violence, injury or abuse, exploitation, including sexual abuse while in care of anyone.
- (iv) Convention Against Torture and other Cruel, Inhuman or Degrading Treatment or Punishment (CAT) 1984  
Article 16(1) provides that each state party shall under-take appropriate measures to prevent in any territory under its jurisdiction other acts of cruel, inhuman or degrading treatment or punishment which do not amount to torture as defined under Article I. Sexual violence (including domestic violence is also a form of torture as defined by other statutes.

361 Source : <https://www.un.org/en/universal-declaration-human-rights/>

362 Source : <https://www.ohchr.org/en/professionalinterest/pages/ccpr.aspx>

363 Source : <https://www.ohchr.org/en/professionalinterest/pages/cescr.aspx>

364 Source : <https://www.ohchr.org/en/professionalinterest/pages/cedaw.aspx>



**International Humanitarian Law (law of armed conflict)**

Article 27 of the Fourth Geneva Convention Relative to the Protection of Civilian Persons in Time of War<sup>365</sup> states inter alia, that, “women shall be especially protected against any attack on their honour, in particular against rape, enforced prostitution, or any form of indecent assault.”

Common Articles 12 of the First Geneva Convention Relative to Wounded on Land and Second Geneva Convention relative to the Shipwrecked and Wounded at Sea and article 14 of the Third Geneva Convention Relative to Prisoners of War, reprise the language of the Article 3 prohibition found in the 1929 Geneva Convention, namely, that “(women shall be treated with all consideration due to their sex)”<sup>366</sup>.



**International Humanitarian Law**

Protocol Additional to the Geneva Conventions of 12 August 1949 and relating to the Protection of Victims of International Armed Conflicts (Protocol I), 8 June 1977, Article 76(1), entitled Protection of Women, underscores the special protection extended to women<sup>367</sup>. It states: “Women shall be the object of special respect and shall be protected in particular against rape, forced prostitution and any other form of indecent assault”.



**International Refugee Law**

Applicable in both conflict and peace-times; women and girls, and boys and men, can be subjected to SGBV due to their nationality, race, religion, membership to a particular social group, or gender. This can form the basis for being granted refugee status under the 1951 Convention.<sup>368</sup>

365 Source: [https://www.un.org/en/genocideprevention/documents/atrocities-crimes/Doc.33\\_GC-IV-EN.pdf](https://www.un.org/en/genocideprevention/documents/atrocities-crimes/Doc.33_GC-IV-EN.pdf)  
366 Source : <https://ihl-databases.icrc.org/applic/ihl/ihl.nsf/Comment.xsp?action=openDocument&documentId=8BE9FEA9E6F5A570C1258115003BDB83>  
367 Source: [https://www.icrc.org/en/doc/assets/files/other/icrc\\_002\\_0321.pdf](https://www.icrc.org/en/doc/assets/files/other/icrc_002_0321.pdf)  
368 Source: <https://www.unhcr.org/1951-refugee-convention.html>

**II. United Nations Legal Instruments- UNSC Resolutions**



**UN Security Council Resolution/1325:**

The Security Council adopted resolution (S/RES/1325) on women and peace and security on 31 October 2000. The resolution reaffirms the important role of women in the prevention and resolution of conflicts, peace negotiations, peacebuilding, peacekeeping, humanitarian response and in post-conflict reconstruction and stresses the importance of their equal participation and full involvement in all efforts for the maintenance and promotion of peace and security. Resolution 1325 urges all actors to increase the participation of women and incorporate gender perspectives in all United Nations peace and security efforts.

It also calls on all parties to conflict to take special measures to protect women and girls from gender-based violence, particularly rape and other forms of sexual abuse, in situations of armed conflict. The resolution provides a number of important operational mandates, with implications for Member States and the entities of the United Nations system<sup>369</sup>.



**UN Security Council Resolution 1820:**

In 2008, the UN Security Council adopted the second resolution, Resolution 1820 (SCR 1820), on sexual violence as a weapon of war. Specifically the resolution recognizes sexual violence as weapon and tactic of war,; notes that rape and other forms of sexual violence can constitute a war crime, crime against humanity or a constitutive act with respect to genocide; calls for training of troops on preventing and responding to sexual violence; calls for deployment of women in peace operations<sup>370</sup>.



**UN Security Council Resolution 1960:**

adopted unanimously on December 16, 2010, the Council requested information on parties suspected of patterns of sexual violence during armed conflict to be made available to it<sup>371</sup>.

369 Source : <https://www.un.org/womenwatch/osagi/wps/>  
370 Source: <https://www.peacewomen.org/SCR-1820>  
371 Source: <http://www.peacewomen.org/SCR-1960>



**UN Security Council Resolution 1888 on women, peace and security:**

Adopted on 30 September 2009, the resolution mandates peacekeeping missions to protect women, girls from sexual violence in armed conflict. Article 8 calls for the following:

- (a) Work closely with national legal and judicial officials and other personnel in the relevant governments' civilian and military justice systems to address impunity, including by the strengthening of national capacity, and drawing attention to the full range of justice mechanisms to be considered;
- (b) Identify gaps in national response and encourage a holistic national approach to address sexual violence in armed conflict, including by enhancing criminal accountability, responsiveness to victims, and judicial capacity;
- (c) Make recommendations to coordinate domestic and international efforts and resources to reinforce the government's ability to address sexual violence in armed conflict;
- (d) Work with the United Nations Mission, Country Team, and the aforementioned Special Representative of the Secretary-General as appropriate towards the full implementation of the measures called for by resolution 1820 (2008)<sup>372</sup>.



**UN Security Council Resolution 2122:**

Adopted in October 2013, this resolution creates stronger measures to include women in peace-processes and calls for regular briefings and reports on Women, Peace and Security issues to various organizations and members of the United Nations. Furthermore, this resolution states that in moving forward, the Security Council and United Nations missions will increase their attention to issues on Women, Peace and Security, and when establishing or renewing mandates to include provisions that promote gender equality and female empowerment<sup>373</sup>.



**UN Security Council Resolution 2242:**

Adopted in October 2015, this resolution calls for increased collaboration with civil society as part of promoting women peace and security related objectives. It urges for the inclusion of gender as a cross-cutting thematic in other peace and security related programming including countering violent extremism. It also importantly called for increased funding for gender responsive training, analysis and programmes.



**UN Security Council Resolution 2467:**

Adopted in April 2019, this resolution historically recognised the need for a **survivor-centred approach**. The resolution further called for States to ensure the provision of non-discriminatory services and urged strengthening access to justice including reparations for victims.

**NB:** The facilitator will inform the participants that the list of UN Security Council Resolutions on Sexual and Gender Based Violence is not exhaustive and will encourage them to search on the other ones and learn how they are addressing SGBV.

372 Source: <https://www.unwomen.org/en/docs/2009/9/un-security-council-resolution-1888>  
373 Source: <https://www.peacewomen.org/SCR-2122>

**III. Great Lakes region legal framework and engagements**

- African Charter on Human and Peoples Rights, 1981 Article 18(3) of The African Charter on Human and People's Rights adopted in Nairobi on 26th June 1981 provides that the state shall ensure the elimination of every discrimination against women and also ensure the protection of the rights of women and the child stipulated in the international declarations and conventions.
- Protocol to the African Charter on Human and People's Rights on the rights of women in African, 2003, Article 2: State Parties shall combat all forms of discrimination against women through appropriate legislative, institutional and other measures.
- The Pact on security Stability and development in Great lakes region (2006) (art 11)
- The Dar es Salaam Declaration (2004);
- The Protocol on the Prevention and Suppression of Sexual Violence against Women and Children" (2006) + art 6(9);
- ICGLR Protocol on Judicial Cooperation (2006);
- ICGLR Protocol on Non-Aggression and Mutual Defense (2006);
- Protocol on Prevention and punishment of the Crime of Genocide, war crime and crime against Humanity and all Forms of discrimination (2006);
- The Kampala Summit Declaration on SGBV (Dec .2011);
- The Kinshasa Communiqué (July 2012);
- Regular RIMC/ Special RIMC/Summit decisions on SGBV. How is SGBV addressed in the ICGLR Instruments?
- Art 11 of the Pact on security Stability and development in Great lakes region (2006) obliges MS to combat sexual violence against women and children through criminalisation and punishment both in war and in peace;
- The Pact includes the Dar Declaration, the Protocols, the Regional follow up mechanism, the Fund and the Programs of Action (see art 3);
- Art. 6, 27 and 67 of the Dar Declaration deals with sexual violence and sexual exploitation and slavery of girls and women in the GLR and demand to: protect women, children, Youth and other vulnerable persons; Also addresses Sexual violence;
- Setting-up a regional mechanism aimed at providing legal, medical and financial support (including traditional support) to victims of sexual violence and exploitation (art 67 of DD).
- The ICGLR Protocol on the Prevention and Suppression of Sexual Violence against Women and Children is a short instrument with only 7 articles covering definitions, objectives, principles, categories, sentencing and regional responses to sexual violence; Provides protection for women and children against the impunity of sexual violence in the context of the Great Lakes region; Establishes a legal framework to prosecute and punish the perpetrators of the crime of sexual violence.
- The Kampala Declaration and the Decisions: The "Declaration of the Heads of State and Government of the Member States of the International Conference on the Great lakes Region on SGBV has 19 Decisions which are in four categories namely:
  - Prevention (6 decisions)
  - Providing Support to Victims/Survivors of SGBV (3 decisions)
  - Ending impunity (3 decisions)
  - General resolutions/decisions (7 decisions).





IV. National Legal Frameworks-Case of Uganda

National Legal Frameworks on SGBV (Case of Uganda)

1	The Constitution of the Republic of Uganda 1995 (as amended)	4	The Prohibition of Trafficking in Persons Act
2	The Prohibition of Female Genital Mutilation Act 2010	5	The Prohibition of Female Genital Mutilation Regulations 2013
3	The Domestic Violence Act 2010	6	The Employment Act

**NOTA BENE**

The above legal frameworks are given in form of examples for the case of Uganda. Each country has come up with relevant laws to deal with SGBV. The facilitator should encourage participants to give names of existing legal frameworks from other Member States.

FACILITATOR NOTES

Time needed: 1 hours

Many people, especially women, have for millennia suffered discrimination and abuse on the basis of their gender and sex. This discrimination has resulted in different forms of violence and the international community has come up with a number of legal instruments to address these injustices. There are also efforts at regional and national levels to address SGBV.

The facilitator will likely not be able to fully address all the provided instruments at the three levels (International, Regional and National) in this Section and handle them within the time allocated to it. He/she is advised to select two or three instruments at each level to come up with contents that are manageable within the time indicated for this session.

Participants will be organized into three groups and each group will work on a given level. For example, Group 1 can take three instruments at international level, Group 2 three instruments at regional level and Group 3 three instruments at national level. Each group will work on the selected instruments and starting with the provided articles in the section, each group will go further into the instruments to identify more articles (3 or 4 articles) that falls under prevention and those falling under response of SGBV. Participants will explain how selected articles link with SGBV prevention or response.

After group work, participants will return to the plenary session. Each group will give a short presentation on their findings followed by a discussion around questions or comments from the rest of participants. The facilitator is given free time management and hence will decide how long each activity will be provided that he/she does not exceed the provided time.

The facilitator will encourage the participants to read thoroughly the legal instruments provided in this module at the different levels for them to have a wider view around them and their relevancy to SGBV.

Key Takeaways:

There are many international, regional and national legal instruments that have been adopted to address SGBV. These should be used in human-rights based SGBV prevention and response activities. There are also specific legal instruments related to the ICGLR and the work of RTF, these are particularly applicable in the Great Lakes region context.

Suggested tools:

- Handout
- PowerPoint or other visual presentation
- Flipchart
- Sticky notes

Investigation

Investigation is a legitimate authority of the police by the provisions of law which includes interviewing, searching, interception of correspondence and communication<sup>374</sup>.

- Investigations should serve to:
- identify victims,
  - to recover evidence,
  - to discover witnesses,
  - to discover cause, manner, location and time of crime and
  - to identify and apprehend the perpetrator.

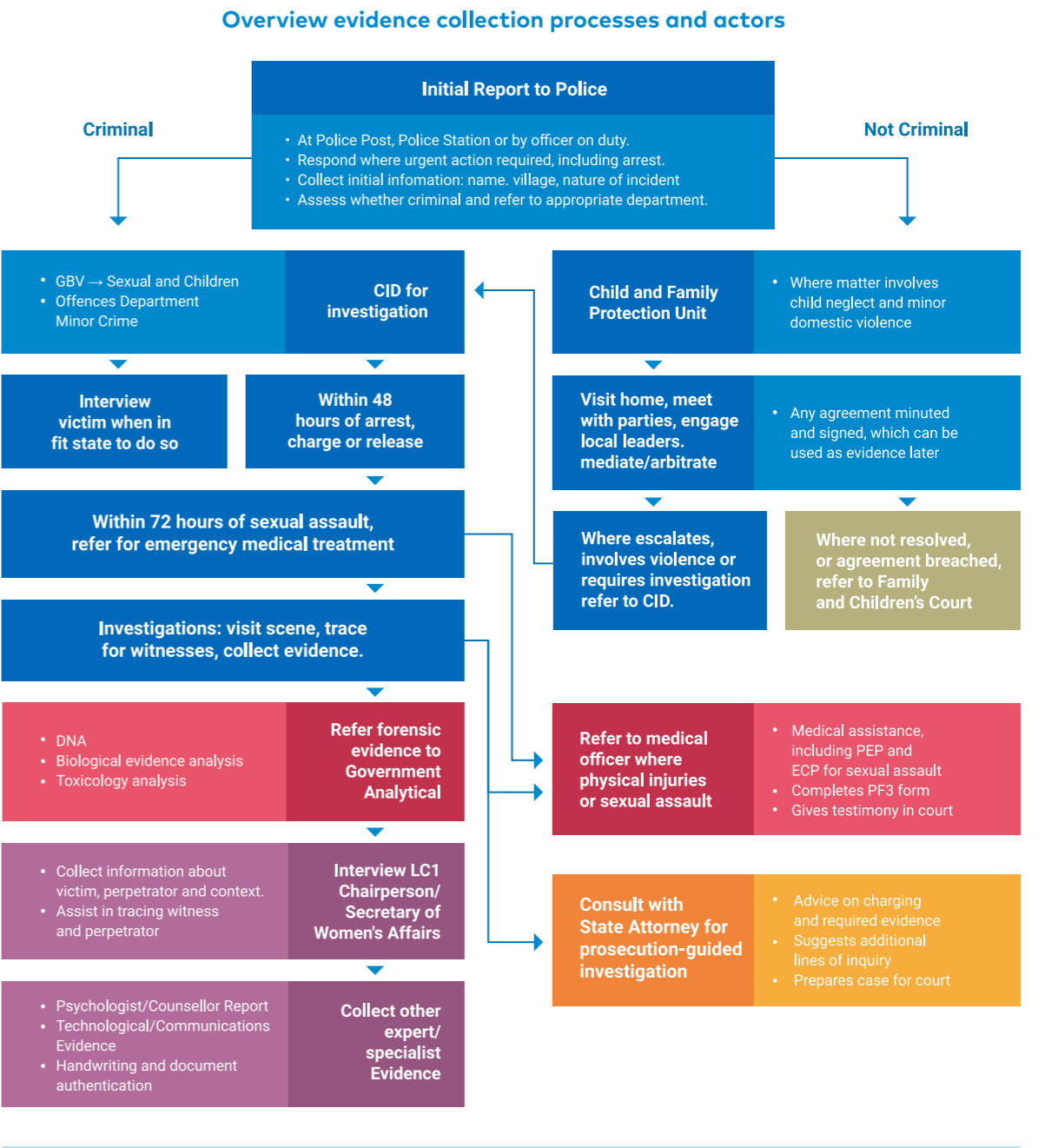
THE INTERNATIONAL CONFERENCE OF THE GREAT LAKES REGION'S 2006 PROTOCOL ON THE PREVENTION AND SUPPRESSION OF SEXUAL VIOLENCE AGAINST WOMEN AND CHILDREN DESCRIBES SEXUAL OFFENSES THAT CAN BE INVESTIGATED AS FOLLOWS:

- a. Rape
- b. Defilement
- c. Sexual assault
- d. Grievous bodily harm;
- e. Assault or mutilation of female reproductive organs;
- f. Sexual slavery
- g. Forced pregnancy;
- h. Enforced sterilisation;
- i. Harmful practices, inclusive of all behaviour, attitudes and/or practices such as their right to life, health, dignity, education and physical integrity, as defined in the Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa;
- j. Sexual exploitation or coercion of women and children to perform domestic chores or to provide sexual comfort;
- k. Trafficking in, and smuggling of, women and children for sexual slavery or exploitation;
- l. Enslavement by the exercise of any or all of the powers attaching to the right of ownership over women and includes the exercise of such power in the course of trafficking in women and children;
- m. Forced abortions or forced pregnancies or women and girl children arising from the unlawful confinement of. Woman or girl child forcibly made pregnant, with the intent of affecting the composition of the identity of any population or carrying out other grave violations of international law, and as a syndrome of physical, social, and psychosocial humiliation, pain and suffering and subjugation of women and girls;
- n. Infection of women and children with sexual transmitted diseases, including HIV/AIDS;
- o. Any other act or form of sexual violence of comparable gravity.”

The purpose of investigation is to determine whether a crime took place by identifying witnesses, collecting and analysing relevant evidence, confirming the identity of the perpetrator and discovering the cause, means and location of the offence<sup>375 376 377</sup>. All aspects of the investigation need to be documented, including both the evidence and the investigative process, for the purposes of a criminal trial and accountability<sup>378</sup>.

The victim should be consulted about her or his interest, wishes and concerns about the case, and informed about the next steps<sup>379 380</sup>. There may be particular safety risks for victims in any investigation, and so attention needs to be paid to the victim’s concerns. The victim should be kept informed about the process and any developments<sup>381</sup>.

I. The multi-sectoral approach in managing SGBV cases/referral process



374 Glossary on Sexual Exploitation and Abuse (UN, 2017)

375 Core Humanitarian Standard on Quality and Accountability (Joint Standards Initiative, 2014)

376 Minimum Standards for Prevention and Response to Gender-Based Violence in Emergencies (UNFPA, 2015)

377 Inter-Agency Gender-Based Violence Case Management Guidelines (GBVIMS Steering Committee, 2017)

378 ibid

379 How to support Survivors of Gender-Based Violence when a GBV Actor is not Available in your Area: Step-by-Step Pocket Guide for Humanitarian Practitioners (IASC, 2015)

380 From Victims to Survivors: Achieving Universal Access to Quality Holistic Care (Mukwege Foundation, 2019)

381 A Concept Analysis of Holistic Care by Hybrid Model (Jasemi et. al., 2017)

PROCESS AND STEPS OF INVESTIGATING SGBV CASES

- 1

**An initial SGBV report is received:**

  - a. Victim or third-party reports to police station, police post or an officer in the field and provides initial information. The receiving officer needs to assess whether immediate action is required, such as emergency medical assistance for the victim, arrest of the perpetrator and/or seizure and collection of any evidence at risk of being destroyed<sup>382, 383</sup>.
  - b. If the report is made at a police post or to an officer in the field, the officer must record and refer the matter to the supervising police station, after providing any urgent response<sup>384</sup>.
  - c. If the report is made to the station counter by the victim, an effort should be made to ensure that the victim does not have to disclose sensitive information in a public and crowded space. The victim should be moved to a safe and private space to complete the report as soon as possible after the possible GBV-offence has been identified<sup>385</sup>.
  - d. All GBV incidents should be recorded and documented, even if not a crime<sup>386</sup>.

- 2

**If the report is of a sexual assault, medical assistance to the victim must be prioritised. The victim must be taken to medical professional within 72 hours for emergency medical care and forensic evidence collection<sup>387, 388</sup>.**

  - a. The victim should be accompanied to the medical facility by a police officer<sup>389</sup>, who remains at the medical facility and waits until after examination is completed. The police officer should complete Part (a) of the form, requesting the examination of the victim. When the medical practitioner has completed Part (b) the PF3 Form, the officer should review it to ensure all necessary evidence is included and there are no gaps or conclusions that are not explained<sup>390</sup>.
  - b. Any forensic evidence should be collected, properly stored, and taken for analysis as soon as possible (see below)<sup>391</sup>.
  - c. If the victim has sought medical care before reporting to police, return with the victim to the same doctor to complete a PF3 Form<sup>392</sup>.

- 3

**Assess whether there are any other immediate needs of the victim, such as for shelter, protection or support. It is important to assess whether she is safe to return home and whether there is anyone available to support or assist her, if needed. Emergency clothing and food supplies may also be necessary<sup>393, 394</sup>.**
- 4

**ONLY AFTER medical assistance has been given and any other urgent needs are addressed, the victim's statement should be taken (if the victim is in an emotionally fit state to do so)<sup>395, 396</sup>. It is important to do a thorough and extensive statement to reduce the need to ask the victim further questions later and ensure evidence is gathered as early as possible, while still fresh in the victim's mind<sup>397, 398</sup>.**
- 5

**If the perpetrator is arrested, he or she must be charged within 48 hours or released<sup>399</sup>.**
- 6

**Plan the investigation and prioritise according to information provided. Priority should be given to collecting any evidence that may be at risk of being destroyed, eroded or tampered with<sup>400</sup>.**
- 7

**Consult with the local prosecutor or state attorney as soon as possible for further guidance on possible charges, required evidence and additional lines of inquiry<sup>401</sup>.**

382

Handbook for United Nations Field Mission on Preventing and Responding to Conflict-Related Sexual Violence (United Nations, 2020)

392

ibid

383

Inter-Agency Gender-Based Violence Case Management Guidelines (GBVIMS Steering Committee, 2017)

393

Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action: Reducing Risk, Promoting Resilience and Aiding Recovery (IASC, 2015)

384

ibid

394

Handbook for United Nations Field Mission on Preventing and Responding to Conflict-Related Sexual Violence (United Nations, 2020)

385

ibid

395

Handbook for United Nations Field Mission on Preventing and Responding to Conflict-Related Sexual Violence (United Nations, 2020)

386

A Human Rights-Based Approach to Programming: Practical Implementation Manual and Training Materials (UNFPA, 2010)

396

Inter-Agency Gender-Based Violence Case Management Guidelines (GBVIMS Steering Committee, 2017)

387

Handbook for United Nations Field Mission on Preventing and Responding to Conflict-Related Sexual Violence (United Nations, 2020)

397

Handbook for United Nations Field Mission on Preventing and Responding to Conflict-Related Sexual Violence (United Nations, 2020)

388

Inter-Agency Gender-Based Violence Case Management Guidelines (GBVIMS Steering Committee, 2017)

398

Core Humanitarian Standard on Quality and Accountability (Joint Standards Initiative, 2014)

389

Core Humanitarian Standard on Quality and Accountability (Joint Standards Initiative, 2014)

399

ibid (380 – 381)

390

Inter-Agency Gender-Based Violence Case Management Guidelines (GBVIMS Steering Committee, 2017)

400

Handbook for United Nations Field Mission on Preventing and Responding to Conflict-Related Sexual Violence (United Nations, 2020)

391

Inter-Agency Gender-Based Violence Case Management Guidelines (GBVIMS Steering Committee, 2017)

401

Inter-Agency Gender-Based Violence Case Management Guidelines (GBVIMS Steering Committee, 2017)

GUIDING PRINCIPLES IN INVESTIGATING ALLEGATIONS OF SGBV  
AMONG OTHERS INCLUDE:

- **A victim-centred approach**<sup>402</sup>. Victims should be provided with timely and quality essential services, including assistance in provide medical, counselling and support services, risk assessment and provision of protection. Keeping the victim updated about the process of the investigation, and particularly informing them if the perpetrator is arrested or released/bailed, is essential.
- **Equality and non-discrimination**<sup>403</sup>. In responding to and investigating SGBV, police should never discriminate against anyone on the basis of sex, gender, age, race, ethnicity, tribe, disability, religion, social or economic standing, or political opinion.
- **Dignity and respect**<sup>404</sup>. Police should respect the right and uphold the dignity of victims and witnesses, including providing them with adequate information, responding to their concerns and respecting their choices.
- **Gender responsiveness**<sup>405</sup>. Police should take into account the specific needs and realities for women and girls, including allowing victims to be interviewed and supported by officers of the same gender.
- **Privacy**<sup>406</sup>. Victims of sexual violence must be provided with enough privacy and comfort while being interviewed to give their testimony. Rape survivors should be given the requisite time and privacy to relate the crimes committed against them to investigators. Police should not disclose any information about a victim or case to any third party who is not required by law to receive the information.
- **Conducive environment**<sup>407 408</sup>. Investigative methodology and procedures must be conducive to elicit testimony from SGBV victims. Investigators should be provided with a model questionnaire and a model witness statement to help ensure that sexual violence evidence is properly gathered and documented.
- **Cultural considerations**<sup>409</sup>. Special considerations for the cultural aspects of the region and victims being handled is necessary if the investigators are to elicit accurate information from the victims and witnesses. Investigators will need to understand how issues/topics of rape/body parts, especially genitalia and gender, are handled in order to be able to approach the victims well and to understand what any euphemisms used might mean.
- **Trained investigators/prosecutors**<sup>410</sup>. Investigations of sexual assault should be conducted by teams that include trained prosecution counsel, investigators and interpreters (preferably women) that are skilled in interviewing women survivors. Such an early involvement of prosecution counsel would also enable them to gain the trust and confidence of the witnesses involved. It is believed that in this way, the necessary evidence could be properly elicited from these witnesses in order to prosecute the crimes and support a conviction.
- **Prosecution led investigations**<sup>411</sup>. The prosecutor/counsel and investigators should work closely together to analyse the strength of a case and of the evidence to ensure that victims are not unnecessarily dragged through the process and asked to recount very painful experiences unless there is a reasonable chance of obtaining a conviction for those crimes. This would require a thorough understanding of the law on sexual violence and the elements of the crimes that would need to be proved. For instance, for rape in international law, the prosecutors would not need to prove non-consent

on the part of the victim but could instead establish the existence of coercive circumstances surrounding the rapes under which meaningful consent is not possible. Court is free to infer non-consent from the background circumstances, such as an on-going genocide campaign or the detention of the victim. In this way the witness would not have to be questioned about any consent issues further traumatizing them.

- **Corroboration of evidence**<sup>412</sup>: Sexual violence evidence should be collected from a broad array of sources including eyewitnesses have powerful testimony that can be used in the courtroom. Questions should routinely be asked of all witnesses about their knowledge of sexual assaults. Collaboration and early consultation with relevant experts and other duty-bearers is crucial in ensuring efficient and thorough investigation and evidence gathering for the purposes of delivering justice, supporting the victim and protecting the community.
- **Coordination**<sup>413</sup>. Multiple agencies have responsibilities and a role to play in the investigation of GBV cases, including Local Council, Probation and Social Welfare Officers/Community Development Officers, the Child and Family Protection Unity and the Directorate of Criminal Investigations within the UPF, medical practitioners, psychosocial support and shelters, forensic and technical experts, and prosecutors. Coordination between these entities will increase the effectiveness and speed of investigation, as well as reduce duplication. Increased coordination also improves the experience for the victim, who is less likely to suffer from re-traumatisation<sup>414</sup>.

Police and investigators are often the main link between all these entities, and so they have a key role to play in coordination. It is important to know what each of these entities are and who their local staff are<sup>415</sup>. When a case of GBV is reported, meetings should be held with the relevant people as early as possible. With the guidance of the prosecutor, police should oversee the referral of the victim to, or requests for information from, other entities.

Coordination and collaboration should continue from the outset of the investigation until final legal resolution, so that all relevant parties are kept informed and able to assist with developments in the case. While initial investigation is the most active stage for police, assisting with witness protection and testifying in court, as well as providing additional evidence needed to support sentencing submissions, are also important responsibilities<sup>416</sup>.

402	A Human Rights-Based Approach to Programming: Practical Implementation Manual and Training Materials (UNFPA, 2010)	410	Inter-Agency Gender-Based Violence Case Management Guidelines (GBVIMS Steering Committee, 2017)
403	ibid	411	ibid
404	ibid	412	ibid
405	Integrating a Gender Perspective into Human Rights Investigation: Guidance and Practice (United Nations Human Rights Office of the High Commissioner, 2018)	413	Handbook for Coordinating Gender-Based Violence Interventions in Emergencies (GBV AoR, 2019)
406	A Human Rights-Based Approach to Programming: Practical Implementation Manual and Training Materials (UNFPA, 2010)	414	How to support Survivors of Gender-Based Violence when a GBV Actor is not Available in your Area: Step-by-Step Pocket Guide for Humanitarian Practitioners (IASC, 2015)
407	A Human Rights-Based Approach to Programming: Practical Implementation Manual and Training Materials (UNFPA, 2010)	415	From Victims to Survivors: Achieving Universal Access to Quality Holistic Care (Mukwege Foundation, 2019)
408	Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action: Reducing Risk, Promoting Resilience and Aiding Recovery (IASC, 2015)	416	Inter-Agency Gender-Based Violence Case Management Guidelines (GBVIMS Steering Committee, 2017)
409	Conflict-Related Sexual Violence (UN, 2020)		

II. The Use of police dogs in investigations of SGBV cases

A police dog is that specifically trained to assist the police and other law-enforcement personnel<sup>417 418</sup>.

The Police dogs must be trained to remember several verbal cues and hand gestures.

For corroboration of evidence, the canine officer should be able to record a statement regarding the interpretation of the actions of the dog<sup>420</sup>. The actions taken by a dog should be accompanied by other corroborative evidence like recovery of exhibits, witnesses and suspects and the dog must be used as a lead<sup>421</sup>.

THE POLICE DOG’S ROLES  
AMONG OTHERS INCLUDE<sup>419</sup>:

- 1 | Searching for evidence, such as drugs and explosives
- 2 | Locating missing people
- 3 | Finding crime scene evidence
- 4 | Defending the police against attacks

FACILITATOR NOTES

Time needed: 3 hours

The facilitator makes use of interactive discussion on the roles of an investigator in SGBV cases. The participants are free to mention all the roles investigators play. Then the facilitator calls upon the participants to discuss the basic principles in investigating SGBV cases putting emphasis on: Confidentiality, a victim/survivor centred approach, prosecution-led investigations and the need for corroboration of evidence. The facilitator takes the participants through the investigations and documentation process using power-point presentation.

Key Takeaways:

For victims of GBV, reporting to the police can be difficult due to cost, location and time, as well as fear and shame. Victims may fear they will be ridiculed, disbelieved, and exposed to further violence if their disclosure is discovered. The police are often the first face of the public justice system that victims encounter, and the response of police can either encourage ongoing cooperating and engagement or lead to further victimisation, re-traumatisation and withdrawal. Thus, it is of fundamental importance the officers treat victims with respect, dignity and sensitivity.

Suggested tools:

- Flipchart
- Sticky notes (coloured)
- PowerPoint or other visual presentation

417

Enhancing the Selection and Performance of Working Dogs (Bray et. al., 2021)

419

ibid

418

Effects of Community Policing in Addressing Sexual and Gender Based Violence in Kenya: A Case Study of Kibera Slum in Nairobi (Adhiambo, 2017)

420

Enhancing the Selection and Performance of Working Dogs (Bray et. al., 2021)

421

ibid

Documentation of evidence in SGBV cases

I. Documenting digital and open-source evidence

eDigital evidence is any evidence (such as information or data) that is stored on, received or transmitted by an electronic device. It may be gathered from a mobile phone or computer where it has been seized, or from open sources available on the internet<sup>422</sup>. Where evidence is obtained from a computer or phone, these should be preserved as physical evidence. The technological or digital expert who extracted the information will generally have to testify to it in court.

Digital evidence may be found on a device (such as a mobile phone, computer, USB drive), on the internet, in the digital cloud, or on a private resource such as an internet service provider or telecommunications company’s storage facility, server or logs. A warrant will be required to obtain such evidence.

Forensic digital experts are often required to collect, store and analyse digital evidence<sup>423</sup>. Investigators who are not trained should be extremely careful in opening or accessing digital information, as its data can be easily altered or lost. Even just clicking to open a page or file will change the ‘last accessed date’ or may alert a website owner of police interest.

Such evidence is increasingly essential, particularly in online sexual exploitation and trafficking, pornography and child exploitative material is shared on the internet, often on the dark web, live ‘sex shows’ streamed via a secure skype or Facebook live, trafficking victims may be found via dating websites or online personal adds<sup>424</sup>. Such crimes are often cross-border, with perpetrators and victims in different jurisdictions, and so they require international collaboration. There are increasing tools available for assistance in such investigations, such as Photo DNA by Microsoft and Spotlight by Thorn. Social media companies and some software companies, such as Facebook, Twitter, Google, Microsoft and Adobe, have departments to respond to and work with investigators in removing abusive content and tracking users<sup>425</sup>.

Digital evidence must be kept securely, protected from attack or corruption, with backup<sup>426</sup>.

422

Helpdesk Report: Documentation of Survivors of Gender-Based Violence (GBV) (Idris, 2021)

423

Helpdesk Report: Documentation of Survivors of Gender-Based Violence (GBV) (Idris, 2021)

424

Use of Technology in Human Trafficking Networks and Sexual Exploitation: A Cross-Sectional Multi-Country Study (Sakar, 2015)

425

ibid

426

Core Humanitarian Standard on Quality and Accountability (Joint Standards Initiative, 2014)

II. Chain of custody issues

Chain of custody is a paper trail documenting the collection, custody and transfer of evidence in order to demonstrate its integrity from collection to court so that the investigative officer can honestly testify that the evidence tendered is the same evidence as originally connected and is in the same condition<sup>427 428</sup>. The court must be able to see, through a clear paper trail, who collected it, when and how possession of the item has moved between individuals and organisations, and who has had access to it.

IN ORDER TO MAINTAIN CHAIN OF CUSTODY, THE FOLLOWING STEPS MUST BE TAKEN<sup>429</sup>.

- 1

When collected, label appropriately and make notes on single sheet of paper:

  - Case identifier/criminal record number.
  - Description of evidence
  - Identification number of evidence items.
  - Date, time and location of collection, and from whom/what it was collected.
  - Name and role of person who collected it (i.e. doctor, investigator)
  - Notes about any security or preservation measures taken
- 2

Place item in evidence bag, envelope or box (as appropriate), that is sealed and signed over seal by the person who collected it.
- 3

Attach the notes to the bag/box/envelope and keep a copy on the police file.
- 4

Keep a chain of custody transfer log that includes:

  - Case identifier/number
  - Evidence identifying number
  - Type of evidence and description.
  - Date of transfer of possession or access
  - Reason for transfer or access
  - Name, force number, contact details and signature of both transferor and transferee
  - Security conditions for transfer

- 5

Laboratory must also have a register for evidence that needs to be analysed. Register should include dates of collection and arrival of evidence, criminal and laboratory case/identifying numbers, details of person sample comes from, investigations done, results, and place for anyone who takes the specimen for testing to sign.
- 6

Special care needs to be taken when identity information is stored with other evidence.

If information or evidence is part of a set, ensure each item identified as such and indicate what makes up set.

FACILITATOR NOTES

Time needed: 1 hours

Documentary evidence may include reports analysing physical evidence—such as toxicology reports, medical test results, or handwriting analysis reports—reports from police, local leaders or the Local Council Court, or other legal or financial documents.

Original and authenticated documents should be collected, rather than copies, where possible. Complete documents, even where very long, should be collected to demonstrate that the evidence has not been tampered with or edited to suit the case. Likewise, photos should not be cropped or edited for any reason.

When, where, how and from whom the document was obtained and should be recorded in the file and in the chain of custody log. Documents must be stored in sealed paper envelopes away from heat, damp or light.

Key Takeaways:

Even if evidence gets lost, keep exhibit documentation and chain of custody log, as this can still be used in court to explain any gaps in the evidence

Suggested tools:

- Flipchart
- Medical form

427 Inter-Agency Gender-Based Violence Case Management Guidelines (GBVIMS Steering Committee, 2017)  
428 Chain of Custody and Life Cycle of Digital Evidence (Čosić and Čosić, 2012)  
429 ibid

# Interview Techniques

Any investigation of SGBV offenses requires interviewing and recording statements that will help in piecing together the facts and gathering important details for the investigations<sup>430-431</sup>.



## Persons to interview

Generally, investigators should interview the victim, witnesses, suspect, and any first responders who were involved. If the victim disclosed the violence to another person immediately after the incident, such as to a parent or friend, this evidence is of particular importance as it is an exception to the hearsay rule and is of more weight in court than other disclosure evidence. In such cases, information about the victim's emotional and physical state is of particular significance<sup>432</sup>.

Any local authority/person in authority (can be political, religious or cultural leader) is often an important witness<sup>433</sup>. They may be the first responder and, even if not, are often able to provide background information on the victim, suspect, family or community context<sup>434</sup>. This information can also be important in demonstrating the impact of the crime on the victim and the community. Statements from Local Council members carry authority and are often persuasive in court, so it is important that they are recorded. They may also be able to assist in tracing other witnesses, evidence or the suspect<sup>435</sup>.

Police may require any person they believe has knowledge that may assist in the investigation to attend at the police station and take their statement<sup>436</sup>.



## Who Conducts the Interview?

For evidentiary purposes, the interview must be conducted by at least two Police Officers plus one Probation Officer/Social Worker of the same sex of the victim (unless the victim decides otherwise)<sup>437</sup>. Ideally, one officer should ask the questions while the other should take notes of the answers. The Probation Officer/Social Worker can be replaced by a trained police officer, if need be.



## Interview location

An interview should take place in private and where the victim or witness is able to speak comfortably. If there is no private interview room available or no other options are available, any safe space at a police station or grounds (such as under a tree, away from other people), can be used<sup>438</sup>. A witness or victim should never be interviewed in the presence of a suspect. If the victim wants a support person present, that should be allowed. However, always ensure that if victim does not want a person to be present or a family member, then that person should not be present more especially if the allegations involve family members<sup>440</sup>.

### Note: The interview location should :

- Not be in a cell or other custodial environment/facility.
- Not at the scene of crime.
- Not be being used for other purposes during the interview.
- No one should be let into the interview room, apart from one relative, if the victim wants



## Conducting the interview<sup>441-442</sup>

A good interview is planned in advance. An interview is a key method of discovering what happened, and it is important to be open to new discoveries. However, it is also essential to identify key subject areas for the interview such as elements necessary to establish the possible offences, linkage elements (to the suspect, or to support intent or knowledge by the suspect) and impact of the crime. Without planning and care, it may be necessary to re-interview the witness to obtain additional information later, which is time consuming and causes the witness needless stress.

**In order to elicit full, accurate and reliable information, best practice is to take a “funnel approach” to the interview<sup>443</sup>:**

1. Start with a free narrative: Ask the victim or witness to tell you what happened and let them talk. Do not interrupt. If they pause, ask, ‘Then what happened?’
2. Ask open questions: Once the narrative has been given, draw the victim back to certain areas using open questions (questions that do not include an assumed answer) such as: ‘Tell me about...’, ‘Explain to me’, ‘Describe to me...’ (These are called “TED questions”).
3. Add precision and clarification to the basic narrative by asking specific questions to obtain missing details: “What colour was the shirt?”, “Who helped you get up?” “When did you leave the room?”, “Where did they take you?”, “How did you know he was drunk?”

This allows for thorough and accurate information to be obtained while reducing the risk that the investigator may impact the narrative. Remember to keep questions “open” if possible<sup>444</sup>. Interruptions, suggestions or questions that assume an answer can negatively affect memory and unintentionally direct or influence the evidence<sup>445</sup>.

### NOTA BENE

An interpreter may be necessary to ensure that the witness can give their evidence in a language that they can speak easily and comfortably.



430	Inter-Agency Gender-Based Violence Case Management Guidelines (GBVIMS Steering Committee, 2017)	438	Minimum Standards for Prevention and Response to Gender-Based Violence in Emergencies (UNFPA, 2015)
431	Core Humanitarian Standard on Quality and Accountability (Joint Standards Initiative, 2014)	439	From Victims to Survivors: Achieving Universal Access to Quality Holistic Care (Mukwege Foundation, 2019)
432	Minimum Standards for Prevention and Response to Gender-Based Violence in Emergencies (UNFPA, 2015)	440	Core Humanitarian Standard on Quality and Accountability (Joint Standards Initiative, 2014)
433	How to support Survivors of Gender-Based Violence when a GBV Actor is not Available in your Area: Step-by-Step Pocket Guide for Humanitarian Practitioners (IASC, 2015)	441	Handbook for United Nations Field Mission on Preventing and Responding to Conflict-Related Sexual Violence (United Nations, 2020).
434	Handbook for United Nations Field Mission on Preventing and Responding to Conflict-Related Sexual Violence (United Nations, 2020).	442	Inter-Agency Gender-Based Violence Case Management Guidelines (GBVIMS Steering Committee, 2017)
435	Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action: Reducing Risk, Promoting Resilience and Aiding Recovery (IASC, 2015)	443	Applied Qualitative Research Designs: A Total Quality Approach (Roller and Lavrakas, 2015)
436	Inter-Agency Gender-Based Violence Case Management Guidelines (GBVIMS Steering Committee, 2017)	444	Inter-Agency Gender-Based Violence Case Management Guidelines (GBVIMS Steering Committee, 2017)
437	ibid	445	A Human Rights-Based Approach to Programming: Practical Implementation Manual and Training Materials (UNFPA, 2010)



### Whom to interview

Generally, investigators should interview the victim, witnesses, suspect, and any first responders who were involved. If the victim disclosed the violence to another person immediately after the incident, such as to a parent or friend, this evidence is of particular importance as it is an exception to the hearsay rule and is of more weight in court than other disclosure evidence. In such cases, information about the victim's emotional and physical state is of particular significance.

The Local Chairperson or Secretary of Women's Affairs is often an important witness. They may be the first responder and, even if not, are often able to provide background information on the victim, suspect, family or community context. This information can also be important in demonstrating the impact of the crime on the victim and the community. Statements from Local Council members carry authority and are often persuasive in court, so it is important that they are recorded. They may also be able to assist in tracing other witnesses, evidence or the suspect.

Police may require any person they believe has knowledge that may assist in the investigation to attend at the police station and take their statement <sup>446</sup>.



### How to conduct the interview

A good interview is planned in advance. An interview is a key method of discovering what happened, and it is important to be open to new discoveries. However, it is also essential to identify key subject areas for the interview such as elements necessary to establish the possible offences, linkage elements (to the suspect, or to support intent or knowledge by the suspect) and impact of the crime. Without planning and care, it may be necessary to re-interview the witness to obtain additional information later, which is time consuming and causes the witness needless stress.

Interviewing victims of GBV requires sensitivity and patience. Victims may be reluctant or embarrassed to give full details of the violence be quick to withdraw or become uncooperative if they feel judged or disbelieved. Listening without judgment, without making assumptions or becoming impatient is necessary to obtain accurate information and avoid deterring the victim or causing further trauma<sup>447</sup>. Where a victim is traumatised or emotional, it may be difficult for them to provide concise and chronological information<sup>448</sup>. The victim may need to stop or pause in order to manage their emotions. Being understanding and patient is vital.

In order to elicit full, accurate and reliable information, best practice is to take a “funnel approach” to the interview:

1. Start with a free narrative: Ask the victim or witness to tell you what happened and let them talk. Do not interrupt. If they pause, ask, ‘Then what happened?’
2. Ask open questions: Once the narrative has been given, draw the victim back to certain areas using open questions (questions that do not include an assumed answer) such as: ‘Tell me about...’, ‘Explain to me’, ‘Describe to me...’ (These are called “TED questions”).
3. Add precision and clarification to the basic narrative by asking specific questions to obtain missing details: “What colour was the shirt?”, “Who helped you get up?” “When did you leave the room?”, “Where did they take you?”, “How did you know he was drunk?”

This allows for thorough and accurate information to be obtained while reducing the risk that the investigator may impact the narrative. Remember to keep questions “open” if possible. Interruptions, suggestions or questions that assume an answer can negatively affect memory and unintentionally direct or influence the evidence.

An interpreter may be necessary to ensure that the witness can give their evidence in a language that they can speak easily and comfortably.

When concluding an interview, the interviewer should ask the victim what action she or he wants taken, or whether he/she has any safety concerns or other needs. The victim may want the violence to stop but may fear the ramifications of reporting to the police or may not wish the perpetrator to be arrested (particularly where the victim is economically dependent on the perpetrator). It is important to listen carefully to the victim's concerns and interests and give advice based on professional expertise.



### While interviewing

- Keep calm and do not portray emotions
- Ask open simple questions
- Use clear language
- Be patient and understanding and take breaks where appropriate

446 Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action: Reducing Risk, Promoting Resilience and Aiding Recovery (IASC, 2015)  
447 Sexual and Gender-Based Violence (SGBV) Prevention, Risk Mitigation and Response (UNHCR, 2019)  
448 Inter-Agency Gender-Based Violence Case Management Guidelines (GBVIMS Steering Committee, 2017)



### What to record in a statement?

When recording the interview, or taking the witness’s statement, it must be captured in the witness’s own words. Too often, officers use relatively standard language or phrases that reflect their own understanding or to make the process easier for them<sup>449 450</sup>. This detracts from the credibility of a statement. For instance, a child might not say ‘on the night of the 20th’ or ‘the accused defiled me without my consent’, yet such statements have been seen, and rejected, by courts.

#### As accurately as possible<sup>451 452</sup>

- Date, time and location of incident
- Detailed description of the incident, as experienced by victim or witnessed
- Relevant actions by victim, witness or perpetrator before, during and after incident.
- Identification evidence of the perpetrator
  - Was the perpetrator known to the victim?
  - Was the lighting sufficient to identify the victim? If not, how else is the victim identifiable?
  - What did the perpetrator look like, sound like or smell like?
- Description of any other people around.
- Information about context and background (as relevant)
- Description of harm and consequences of the violence, including physical, emotional, social and financial.

It is important to focus on relevant information and record particulars relevant to possible charges. For example, three pages of information on the background conflict and then the line ‘he beat me, and I was scared’, is not sufficient to establish assault. Details about exactly how the beating took place, how the victim felt and what the resulting injuries were, are what is necessary to establish the offence of assault.



### Interviewing Children

The facilitator guides participants on the notable principles to observe while interviewing children, emphasising *Do No Harm*<sup>453 454</sup>. PowerPoint presentation is followed with discussion. The facilitator further draws attention of the participants to resolving cases among children who can’t talk, children that deny abuse, caseworker discomfort, and issues relating to breaking relationships



### In general

Interviewing victims of GBV requires sensitivity and patience. Victims may be reluctant or embarrassed to give full details of the violence be quick to withdraw or become uncooperative if they feel judged or disbelieved<sup>455 456</sup>. Listening without judgment, without making assumptions or becoming impatient is necessary to obtain accurate information and avoid deterring the victim or causing further trauma. Where a victim is traumatised or emotional, it may be difficult for them to provide concise and chronological information. The victim may need to stop or pause in order to manage their emotions. Being understanding and patient is vital.

FACILITATOR NOTES	Time needed: 1-1.5 hours
<p>The facilitator can make use of practical/role play where 2 participants are called upon to take others in a practical interview session after which a plenary discussion can take place, on who interviews, where to interview and the purpose of the interview in SGBV cases. This session is interactive. The facilitator emphasizes the issue of environment which is very key for the victims to open up. The also preparedness of the interviewee. Sometimes victims need to heal and so need to be given time.</p>	
<p><b>Key Takeaways:</b></p> <p>Conducting an interview requires certain skills and certain key principles. Knowledge about when, how, with whom and where to conduct an interview are important for every practitioner involved in the reporting and documentation of SGBV.</p>	<p><b>Suggested tools:</b></p> <ul style="list-style-type: none"><li>• PowerPoint</li><li>• Roleplay</li><li>• Sticky notes (coloured)</li><li>• Chairs</li><li>• Other interactive teaching tools</li></ul>

449	Core Humanitarian Standard on Quality and Accountability (Joint Standards Initiative, 2014)	453	Emergency Handbook – Humanitarian Principles (UNHCR)
450	A Human Rights-Based Approach to Programming: Practical Implementation Manual and Training Materials (UNFPA, 2010)	454	Core Commitments for Children in Humanitarian Action (UNICEF, 2020)
451	Inter-Agency Gender-Based Violence Case Management Guidelines (GBVIMS Steering Committee, 2017)	455	Handbook for United Nations Field Mission on Preventing and Responding to Conflict-Related Sexual Violence (United Nations, 2020).
452	Minimum Standards for Prevention and Response to Gender-Based Violence in Emergencies. (United Nation Population Fund, 2015)	456	Minimum Standards for Prevention and Response to Gender-Based Violence in Emergencies (UNFPA, 2015)

I. Forensic photography

Forensic photography, also referred to as crime scene photography, is an activity that records the initial appearance of the crime scene and physical evidence, in order to provide a permanent record for the evidence in court. Crime scene photography differs from other variations of photography because crime scene photographers usually have a very specific purpose for capturing each image.

Crime scenes can be major sources of physical evidence that is used to associate or link suspects to scenes, victims to scenes, and suspects to victims. According to Locard's exchange principle. It is the basic purpose to why crime scenes should be investigated. Anything found at a crime scene can be physical evidence. In scientific crime scene investigation, the first activities at the crime scene are essential for the successful preservation of the physical evidence. The first responder and ultimately the crime scene investigator have the obligation to make the scene secure and ensure that any further activities at the scene do not change the evidence. Precautions are taken for transient and conditional evidence during the crime scene Survey.

Crime scene photography is used to help prosecute a crime because the photography can capture things such as evidence that can't physically be collected. Photos are also useful to capture evidence that possesses time restraints. For example, the shape of a bloodstain will often change over time.

Forensic photography also allows investigators to see the placement of objects in relation to one other, and the placement of the objects around the room to be captured.

There are many things that a forensic photographer can photograph. A few examples include the body of the victim, shell casings, or broken glass. A forensic photographer might also be asked to photograph injuries on a victim who is alive and was attacked.

All forensic photography must consider three elements at a crime scene: the subject, the scale, and a reference object. Also, the overall forensic photographs must be shown a neutral and accurate representation.

NOTA BENE

A crime scene can be defined as a location where a crime took place or a location or person where evidence from a criminal act may exist.

- Physical location: house, building, car, park, truck, etc.
- Person: victim, indirect victim, witness, accomplice, suspect, police, emergency responders, etc

A crime scene is thus any location where evidence of a crime may be found. It is not necessarily where the crime was committed. Indeed, there are primary, secondary and often tertiary crime scenes. For instance, the police may use a warrant to search a suspect's home. Even though the suspect did not commit the crime at that location, evidence of the crime may be found there.

In another instance, an offender might kidnap at one location (primary crime scene), transport the victim (the car being a secondary crime scene), and dies of injuries received during the kidnap in a third location; and then dispose of the body at a fourth location.

Crime scene analysis is the first step toward determining and apprehending the criminal. Investigators must be methodical in the way they secure evidence to ensure that proper procedure is followed leading to catching the suspect and justice is done for crime victim of SGBV, taking the following steps:

- Crime Scene Recognition
  - Documentation
  - Finding Evidence
- Evidence Collection
  - Reconstructing a Crime Scene
  - Sketch/Drawing
- Photographs
  - Video or film the scene



Features of crime scene photography

For people who were at the original crime scene, forensic photos will help refresh their memory as time goes by. People who could not be present at the original crime scene, it provides them with the opportunity to see the crime scene and the evidence within the crime scene.

Furthermore, the forensic photos can be utilized as evidence in court by law enforcement officers when a case goes to trial. Judge, jury, attorney and witnesses can re-use and utilize forensic photos for lawful evidence or references. Sometimes, forensic photos can be the only way to collect lawful evidence; therefore, two key points are important.

- Documentation of the crime scene and the evidence within the crime scene.
- Collection of evidence. These images can then be later used as examination-quality photographs by experts/analysts from the forensic laboratory.



Evidence that can be photographed

Crime scenes are the source of the physical evidence that is used to associate or link suspects to scenes, victims to scenes, and suspects to victims. Any item found at a crime scene can be physical evidence; it can be labelled as the debris of criminal activity. Provide for investigative leads for detectives – the use of the physical evidence to give information to detectives that will assist them in locating victims and suspects. This evidence Includes:

- Trace Evidence-[Gun shot - casings & residue, paint residue, glass pieces]
- Body fluids-[Blood, Semen, Saliva, Vomit]
- Hair and Fibres
- Fingerprints

457 Forensic Photography: Prospect through the Lens (Gouse, Karnam, Girish and Murgod, 2018)

458 Inter-Agency Gender-Based Violence Case Management Guidelines (GBVIMS Steering Committee, 2017)

459 Shooting Incident Reconstruction in Exchange Principle (Moran, 2011)

460 Forensic observations and recommendations on sexual and gender-based violence in Kenya (Shako and Kaisi, 2019)

461 Inter-Agency Gender-Based Violence Case Management Guidelines (GBVIMS Steering Committee, 2017)

462 Forensic Photography: Prospect through the Lens (Gouse, Karnam, Girish and Murgod, 2018)

463 Forensic Photography: Prospect through the Lens (Gouse, Karnam, Girish and Murgod, 2018)

464 Forensic observations and recommendations on sexual and gender-based violence in Kenya (Shako and Kaisi, 2019)

465 ibid (450 – 451)

466 Forensic observations and recommendations on sexual and gender-based violence in Kenya (Shako and Kaisi, 2019)

467 A Human Rights-Based Approach to Programming: Practical Implementation Manual and Training Materials (UNFPA, 2010)

468 Forensic observations and recommendations on sexual and gender-based violence in Kenya (Shako and Kaisi, 2019)

469 ibid

470 Minimum Standards for Prevention and Response to Gender-Based Violence in Emergencies (UNFPA, 2015)

471 Inter-Agency Gender-Based Violence Case Management Guidelines (GBVIMS Steering Committee, 2017)

FACILITATOR NOTES

Time needed: 30-45 mins

Key Takeaways:

A forensic photographer must be methodical and thorough in their line of work. They must know their equipment, the lighting needed and how to interpret and present well the scale of objects, in ways that will not be misleading

Suggested tools:

- Practical exercises and case studies
- PowerPoint
- Flipchart

II. Search and seizure

Searches and Seizures are applied while gathering physical evidence<sup>472</sup>. Evidence is a matter of fact that is be produced before a court of law, to prove or disprove a fact or a point in a case. Evidence can be the oral testimony of a person gathered through interviews, medical report, or similar expert witness, or it can be made of physical things (i.e. stained towels or underwear, a weapon used to carry out the offence, documents, etc.). There are three areas from which most of the physical evidence in sexual assault and abuse cases can be found, i.e. on the victim, suspect and at the scene of the crime.

1

Searching a victim<sup>473</sup>

Victims should be encouraged not to wash or to change clothes before going to the hospital, since they might have evidence (blood, semen, etc.) on their body or clothes that can be gathered by health professionals.

- Clothes, including underwear, of the victim shall be taken by the Police and stored in a safe place to be used in Court.
- The Police can also take pictures (or make body maps if a camera is not available) of the victim’s injuries.
- Photos of genital areas must be taken only by medical practitioners/health professionals.

2

Searching a suspect<sup>474</sup>

- If the suspect is arrested immediately after the abuse, the Police must search him/her in order to gather evidence (i.e. clothes).
- If the suspect is not willing to hand over to the Police evidence in his/her possession, investigators must obtain a search warrant.

3

The scene of crime<sup>475</sup>

- Investigators should visit the scene of crime as soon as possible (after obtaining a search warrant if need be). The Police should take pictures or make sketches (when a camera is not available) of the scene of crime because the scene can change over time.

4

Search Warrant<sup>476</sup>

During investigations, investigators need to search the suspect’s or another person’s residence or properties (building, vehicle, vessel, place, etc.) in order to gather evidence relevant to the crime. You MUST obtain a search warrant to have a successful investigation.

a. Procedure<sup>477</sup>

Warrants are issued by the Magistrate in whose jurisdiction the place to search is located. Warrant is granted when the Police have reasonable grounds to believe that they can find some evidence of an offence in the place to be searched.

b. Execution<sup>478</sup>

A search warrant will ordinarily be executed between 6 a.m. and 6pm (unless the Magistrate states that it can be executed at any other time).

Investigators should knock, announce their presence and provide a copy of the warrant if requested. If entry is not allowed, the officer executing the search warrant may enter using force or break into the building or place.

Investigators executing the warrant should search every person found in the place and restrict those persons (family members, friends, neighbours) obstructing the search. No strangers should be allowed in during the search.

Investigators should gather all evidence relevant to the crime (e.g. objects/weapons used to commit the crime, stained or torn towels and clothes, objects lost by the victim or the suspect, etc.). If possible, gloves should be used to conduct the search.

Relevant evidence shall be seized and placed in exhibit bags labelled with the description of the object, date and place it was collected.

An inventory shall be taken of the place searched at the presence of the owner of the premises.

c. Endorsement of Warrant<sup>479 480</sup>

After a search warrant has been executed, it must be endorsed along with the inventory of things found and seized at the presence of the person searched. A warrant is endorsed with the signatures of the police officer executing the search and as well as of the person against whom the warrant is executed. The endorsed warrant shall be kept by Police officers in order to be produced in Court proceedings.

NOTA BENE

In the absence of a Magistrate to issue the warrant, the search can still be executed in the presence of community elders/local authorities acting as guarantors.

472

Minimum Standards for Prevention and Response to Gender-Based Violence in Emergencies (UNFPA, 2015)

473

Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action: Reducing Risk, Promoting Resilience and Aiding Recovery (IASC, 2015)

474

Ibid (459 – 450)

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ibid

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ibid

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ibid

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ibid

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ibid

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Glossary on Sexual Exploitation and Abuse (UN, 2017)

FACILITATOR NOTES		Time needed: 1-1.5 hours
The facilitator introduces the topic and allows participants to come up with various explanations on what they understand by the term search in management of SGBV cases on sticky notes. There after they are taken through a practical exercise on search and collection and preservation of evidence in SGBV cases followed by a PowerPoint presentation		
Key Takeaways:	Suggested tools:	
Searches are a key part of the investigative process and those responsible must be able to understand fully the required steps, the authorisations needed, and how to appropriately conduct them in practice.	• Flipchart • PowerPoint • JamBoard etc..	

III. Community policing

Community policing is a philosophy as well as an organizational strategy which emphasizes close participation of community in policing work<sup>481 482 483</sup>. This strategy supports the systematic use of partnerships and problem-solving techniques, to proactively address the immediate conditions that give rise to public safety issues such as crime, social disorder, and fear of crime. The philosophy of community policing emphasises a proactive approach in which members of the affected community work together with the police in solving the problem of SGBV.

Community policing is therefore a proactive approach to policing in which the police build partnerships with other governmental departments (particularly, the local government), NGOs, and the community, generally, with the objectives of detecting SGBV and perpetrators (real and potential), and addressing the roots causes of SGBV, as well as the fear of SGBV. Therefore, addressing SGBV should not be viewed as a police task but a joint effort of both police and the rest of the community<sup>484</sup>. Communities have an obligation to work together with the police to solve these problems. Today, there is increasing recognition that partnerships with different groups is an effective way of controlling all forms of crime, including SGBV.

SGBV Problem Solving

The process of engaging in the proactive and systematic examination of identified problems associated with SGBV to develop and rigorously evaluate effective responses<sup>485</sup>. This is a problem- oriented policing (POP) approach for addressing SGBV<sup>486</sup>. Rather than responding to the crime only after it occurs, community policing encourages agencies to proactively develop solutions to the immediate underlying conditions contributing to public safety problems<sup>487</sup>. Problem solving must be infused into all police operations and guide decision-making efforts. Agencies are encouraged to think innovatively about their responses and view making arrests as only one of a wide array of potential responses<sup>488</sup>.

A major conceptual vehicle for helping officers to think about problem solving in a structured and disciplined way is the **SARA (Scanning, Analysis, Response and Assessment)** problem solving model<sup>489</sup>.



Scanning<sup>490</sup>:

Identifying and prioritizing problems. The objectives of scanning are to identify a basic SGBV problem, determine the nature of that problem, determine the scope of seriousness of the problem, and establish baseline measures. An inclusive list of stakeholders for the selected problem is typically identified in this phase. A problem can be thought of as two or more incidents similar in one or more ways and that is of concern to the police and the community. Problems can be a type of behaviour, a place, a person or persons, a special event or time, or a combination of any of these. The police, with input from the community, should identify and prioritize concerns.



Analysis<sup>491</sup>:

Researching what is known about the problem. Analysis is the heart of the problem-solving process. The objectives of analysis are to develop an understanding of the dynamics of the SGBV problem, develop an understanding of the limits of current responses, establish correlation, and develop an understanding of cause and effect. As part of the analysis phase, it is important to find out as much as possible about answers to Who?, What?, When?, Where?, How?, Why?, and Why Not? About the victim, offender, and crime location.



Response<sup>492</sup>:

Developing solutions to bring about lasting reductions in the number and extent of problems. The response phase involves developing and implementing strategies to address an identified problem by searching for strategic responses that are both broad and uninhibited. The response should follow logically from the knowledge learned during the analysis and should be tailored to the specific problem. The goals of the response can range from eliminating the problem or substantially reducing the problem, reducing the amount of harm caused by the problem, or improving the quality of community cohesion.



Assessment<sup>493</sup>:

Evaluating the success of the responses. Assessment attempts to determine if the response strategies were successful by determining if the problem declined and if the response contributed to the decline. This information not only assists the current effort but also gathers data that build knowledge for the future. Strategies and programs can be assessed for process, outcomes, or both. If the responses implemented are not effective, the information gathered during analysis should be reviewed. New information may have to be collected before new solutions can be developed and tested. The entire process should be viewed as circular rather than linear.

481 The Handbook on Gender Response Police Services for Women and Girls Subject to Violence (UN Women, 2021)

482 Minimum Standards for Prevention and Response to Gender-Based Violence in Emergencies (UNFPA, 2015)

483 Declaration for Gender Responsive Standards and Standards Development (UNECE, 2018)

484 ibid (468-470)

485 Minimum Standards for Prevention and Response to Gender-Based Violence in Emergencies (UNFPA, 2015)

486 Problem-Oriented Policing (College of Policing, 2017)

487 ibid

488 Handbook for Coordinating Gender-Based Violence Interventions in Emergencies (GBV AoR, 2019)

489 Enhancing SARA: A New Approach in an Increasingly Complex World (Burton and McGregor, 2018)

490 ibid

491 ibid

492 ibid

493 ibid

Using a Problem Analysis Triangle

A problem analysis triangle (sometimes also called crime triangle) is employed by the police to focus on immediate conditions (victim/offender/ location)<sup>494</sup>.

To understand a problem, it is useful to visualize links among the victim, offender, and location (the crime triangle) and those aspects that could have an impact on them, for example, capable guardians for SGBV victims, handlers for offenders, and

managers for locations. Rather than focusing primarily on addressing the root causes of a problem, the police focus on the factors that are within their reach, such as limiting criminal opportunities and access to SGBV victims, increasing guardianship, and associating risk with unwanted behaviour.



FACILITATOR NOTES

Time needed: 1 hours

Key Takeaways:

Community policing is a strategy that exploits the community member’s role in partnership with the police to address the concerns of a given community. Community policing is believed to increase community cohesion and partnership geared towards addressing the community’s SGBV concerns. A problem-oriented policing (POP) approach, in which problem solvers employ SARA model and its subsequent problem analysis triangle, is believed to be an effective means to address SGBV in respective communities.

Suggested tools:

- PowerPoint
- Flipchart

Value of forensic evidence in investigation and prosecution of criminal of SGBV cases

WHAT IS FORENSIC EVIDENCE?

“Forensic” refers to relating or related to the law. Various fields of study have found applications to questions which are of interest to the legal system<sup>495</sup>. With advances in science and technology many fields of knowledge are applied in legal matters, allowing particular understanding to be used in relation to the law, thus aiding investigation, prosecution and decision making in the legal system. Forensic evidence therefore refers to the application of scientific evidence in the administration of justice, i.e. investigations and prosecution of suspects<sup>496</sup>.

EXAMPLES OF SOURCES OF FORENSIC EVIDENCE<sup>497</sup>

Some of the sources of forensic evidence, not limited to, include:

- Forensic anthropology
- Forensic document analysis
- Forensic Odontology
- Forensic toxicology
- Forensic DNA profiling
- Forensic Pathology
- Ballistic science

WHY CAN FORENSIC EVIDENCE BE BETTER THAN ORAL EVIDENCE IN CRIMINAL INVESTIGATION AND PROSECUTION?

- It is objective evidence
- It is unbiased
- It is verifiable
- It is demonstrable

THE NEED FOR FORENSIC EVIDENCE IN MODERN CRIMINAL INVESTIGATION AND PROSECUTION

Forensic evidence plays an increasing role in modern and developing police institutions for the following reasons<sup>498</sup>:

- The shift from rural to urban societies has led to greater concentration of people in search of opportunities. This has also led to an increase in the sophistication of crime whose investigation and prosecution calls for forensic evidence.
- Modern criminals routinely use scientific techniques to commit crimes. This can only be countered by employing scientific techniques, hence forensic evidence to successfully prosecute them.
- The international nature of some crimes like terrorism, drug trafficking and money laundering have taken a new twist that calls for forensic evidence for their successful investigation and prosecution.

495 Legal Aspects of Forensics (Siniša, 2018)  
496 ibid

497 ibid  
498 The Pop Decade: An Analysis of the Problem-Oriented Policing Approach (Rogers, 2010)

494 The Pop Decade: An Analysis of the Problem-Oriented Policing Approach (Rogers, 2010)

THE NATURE OF FORENSIC EVIDENCE IN CRIMINAL INVESTIGATIONAND PROSECUTION

In criminal investigations and prosecutions, forensic evidence concerns itself with three things:<sup>499</sup>

INDIVIDUALS:

The investigating officer is the start of any scientific investigation and prosecution, and he or she can determine the success or failure of applying science to the investigation. His prime responsibility is:

- Collecting the relevant evidence.
- Avoiding contamination of the evidence.

MATERIALS:

Material are analysed using the processes of Forensic Science and help in establishing the presence of a link between the crime, the victim and the place.

PLACES AND TIME:

The place and time frame in which the crime was committed can also be established through the use of forensic evidence. In addition, forensic evidence can also establish whether the crime scene is genuine or fake, e.g., if no genuine evidence is found then the scene is fake.

THE FUNCTION OF FORENSIC EVIDENCE IN CRIMINAL INVESTIGATION AND PROSECUTION<sup>500</sup>

A. Forensic evidence helps in providing answers to the following questions:

- Has a crime been committed?
- How was the crime committed?
- When was the crime committed?
- Who committed the crime?

B. Forensic evidence helps the criminal justice system in the following ways:

- It provides leads to be followed by crime investigators.
- It establishes whether the crime scene is real or fake.
- It locates correct clues and hidden clues.
- It locates and stores evidence samples.
- It establishes the sequence of events.
- It verifies the prosecution version, the defence version and finds the correct version of events.

THE PRINCIPLES ON WHICH FORENSIC EVIDENCE IS BASED

Forensic evidence is based on the laws of nature which can be summarized in the following principles



The Law of Individuality<sup>501</sup>.

This states that every object nature or manmade has individuality which is not duplicated in any object. Thus, everything involved in a crime scene has individuality.

The culprit is unique, the modus operandi of the criminal is unique, the weapon of offence is unique, the scene of crime is unique, and the evidence is unique. By identifying the uniqueness, Forensic evidence can link the crime to the criminal



The Law of Exchange.

This states that whenever two entities come into contact, there is a mutual exchange of traces, therefore;

A criminal and his instruments will leave traces on the victim or objects at the scene of crime. The victim or the object at the scene of crime will leave traces on the criminal.

The role of Forensic science is therefore to identify these two acts of trace and link them to the criminal



The Law of Progressive Change<sup>502</sup>.

This states that everything changes with time. The longer the delay in processing a crime scene, the greater will be the changes, and the less value will be left in the forensic evidence that will be adduced



The Principle of Comparison<sup>503</sup>.

This states that when comparing examples only related samples should be compared. For example, if a bullet from a body is determined to be from a rifle, do not send a pistol for comparison as the murder weapon.



The Principle of Analysis<sup>504</sup>.

This emphasizes the necessity of correct sampling and correct packing to avoid contamination. If contamination occurs, analysis will give wrong results and hence lead to wrong conclusion



The Law of Probability<sup>505</sup>.

All identifications either consciously or unconsciously are done on the basis of probability.

NOTA BENE

- Minimising the time lag is of crucial importance as evidence can be destroyed either intentionally or through natural deteriorations.
- Authenticity or evidential clues must be provided beyond reasonable doubt otherwise the evaluation of the evidence becomes meaningless.
- Investigators generally have very little knowledge of science or the scientific method and deliberate efforts have to be undertaken to train them to appreciate scientific methods and the importance of proper collection and presentation of evidence.



499 The Role and Impact of Forensic Evidence in the Criminal Justice Process (Peterson, Sommers, Baskin, and Johnson, 2010)  
500 ibid  
501 Law and Individuality (Strauss, 2007)  
502 The Role and Impact of Forensic Evidence in the Criminal Justice Process

(Peterson, Sommers, Baskin and Johnson, 2010)  
503 ibid  
504 Elements and Principles of Data Analysis (Hicks and Peng, 2019)  
505 The Role and Impact of Forensic Evidence in the Criminal Justice Process (Peterson, Sommers, Baskin and Johnson, 2010)

THE VALUE OF FORENSIC EVIDENCE IN CRIME INVESTIGATION AND PROSECUTION

In the context of the value of Forensic evidence, it involves thorough scientific investigations of crime and adducing the relevant evidence for successful prosecution of the culprits<sup>506</sup>. The pieces of forensic evidence as adduced by Forensic scientists have played a role in successful prosecution as outlined below<sup>507</sup>.

- A

**Cyber Crime**<sup>508</sup>

Forensic evidence is gaining value in crime prosecution especially in areas where sophisticated use of modern technology is utilized by thoroughly investigating cyber-crimes and having the culprits successfully prosecuted. In liaison with Interpol officers in the region, several criminals and wanted persons have been traced and arrested at border points before they can enter other countries to continue with their crime committing spree
- B

**Forensic Examination of Documents**<sup>509</sup>:

Through forensic examination of documents in case of forgeries, many suspects have been netted. Their successful prosecution by use of forensic evidence has kept them behind bars for long.
- C

**Fingerprints**<sup>510</sup>

Fingerprints have played a very important role in investigations and prosecution of criminals. Besides identifying criminals for prosecution, it has maintained a data of criminal records.

Recourse has been made to these records whenever there is need to ascertain your previous criminal records.

Many suspects have been traced and Courts of Law furnished with the necessary information. In this way, many criminals have been given longer sentences, hence safeguarding society from their criminal wrath.
- D

**DNA Data**<sup>511</sup>:

The use of DNA information has facilitated easy monitoring and Identification of criminals especially in cases of SGBV. A suspect can be identified by use of any material of the body. The forensic evidence adduced through analysis of DNA samples of suspects have proved valuable in the investigations and prosecution of suspects
- E

**Ballistics**<sup>512</sup>:

Many suspects do not know that the cartridges and gun powder can be linked to a particular firearm that emitted the bullet. By forensic analysis of the firearm, linkages can be established between the suspect and the weapon, leading to successful prosecution.

- F

**Reliability**<sup>513</sup>

Both forensic science and criminal intelligence give reliable information about the commission of an offence. For example, prison officers inform the forensic service department of the release of hard-core criminals whose criminal record is with the forensic department. This information is relayed to crime intelligence so that freed persons are monitored in their areas of abode.
- G

**Timeliness**<sup>514</sup>

Intelligence provides timely information about recent/fresh crime scenes for immediate response by scenes of crime officers. This ensures that vital materials of evidential value are not lost.
- H

**Readiness**<sup>515</sup>

Forensic service has ready information (criminal records) for use by criminal intelligence officers. If availed to the CIO's, it provides vital leads in surveillance.

FACILITATOR NOTES

Time needed: 1-1.5 hours

Key Takeaways:

Suggested tools:

Criminal intelligence relies on information. The source of information must be authentic. Forensic service provides authentic source of information that can be used by criminal intelligence officers to foster intelligence led policing.

- PowerPoint
- Flipchart
- Handouts

506	The Role and Impact of Forensic Evidence in the Criminal Justice Process (Peterson, Sommers, Baskin and Johnson, 2010)	511	ibid
507	Cyber Crime Definition (Aghatise, 2006)	512	Understanding Ballistics: A Premier for Courts (The Royal Society of Edinburgh, 2021)
508	The Role and Impact of Forensic Evidence in the Criminal Justice Process (Peterson, Sommers, Baskin and Johnson, 2010)	513	The Role and Impact of Forensic Evidence in the Criminal Justice Process (Peterson, Sommers, Baskin and Johnson, 2010)
509	ibid	514	ibid
510	ibid	515	ibid



## MODULE 5

# SOCIO-ECONOMIC PILLAR

### Objectives

At the end of this chapter, the user should be able to:



- Define socio-economic assistance as a component of a holistic and multisectoral response to SGBV.
- Explain key concepts related to socio-economic reinsertion/reintegration.
- Define and explain the MUSO approach to socio-economic assistance.
- Define and explain the VSLA approach to socio-economic assistance.

## Socio-economic assistance as part of holistic care

Sexual violence in conflict often has devastating socio-economic consequences for survivors. Furthermore, conflict and displacement may exacerbate socio-economic vulnerabilities, which may increase women and girls' in particular, risks for sexual violence and dependence on potential perpetrators.

Socio-economic support may take different forms, ranging from emergency grants, vocational training, job placement or access to micro-finance programmes<sup>516 517 518</sup>. Socio-economic support is among the key factors in ensuring survivors' reintegration into their communities. Strengthening a survivor's socio-economic capacities is also crucial to their healing and resilience. This forms a key component of a holistic and multi-sectoral survivor-centred approach to SGBV prevention and response<sup>519</sup>.

## Key Concepts related to socio-economic reintegration and reinsertion

**Reintegration** is an action aimed at reintegrating an individual into his former family, social and professional environment. This is particularly the case for former patients whose psychological or other problems have necessitated a more or less long exclusion from their usual living environment<sup>520</sup>. Their socio-professional reintegration will be the result of the success, where possible, of their rehabilitation.

**Social or society.** Relating to a group of individuals (human beings) considered as a whole (society), and to the relationships between these individuals<sup>521</sup>.

**Social relations.** In a broad definition of the notion of "social", it can be understood as the expression of the existence of relations and communication between living beings<sup>522</sup>.

The "social" is, alongside the environment and the economy, one of the three pillars of sustainable development, as defined at the Earth Summit in Rio de Janeiro in 1992<sup>523</sup>. Indeed, in order for development to be "sustainable", i.e. to meet the needs of the present without compromising the ability of future generations

to meet their own needs, the leaders meeting in Rio considered that it should take into account not only environmental protection and economic profitability objectives, but also social objectives<sup>524</sup>.

**Economy.** A human activity consisting of the production, distribution, exchange and consumption of goods and services. Different economic systems can be distinguished among which: the gift economy, the market economy or the barter economy<sup>525</sup>.

**Reinsertion and reintegration.** In the implementation of community-based recovery programmes that draw on United Nations "early recovery" approaches or the European Union's "Linking Relief, Rehabilitation and Development" (LRRD)<sup>526</sup>, it is common to conflate reinsertion with reintegration<sup>527</sup>. However, studies conducted in Guinea and lessons learned from socio-economic reintegration/reintegration programmes show that temporary employment creation interventions through the High Labour Intensity Approach (HIMO)<sup>528</sup> alone do not contribute to sustainable reintegration of participants.

516 Handbook for United Nations Field Mission on Preventing and Responding to Conflict-Related Sexual Violence (United Nations, 2020).  
517 Conflict-Related Sexual Violence (UN, 2020)  
518 Conflict-Related Sexual Violence – Report of the United Nations Secretary General (WHO, 2018)  
519 Holistic Care for Survivors of Sexual Violence in Conflict (Mukwege Foundation, 2019)  
520 Handbook: Holistic Care for Survivors of Sexual Violence in Humanitarian Settings (Mukwege Foundation, 2019).  
521 ibid  
522 ibid

523 Minimum Standards for Prevention and Response to Gender-Based Violence in Emergencies (UNFPA, 2015)  
524 Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action: Reducing Risk, Promoting Resilience and Aiding Recovery (IASC, 2015)  
525 Declaration for Gender Responsive Standards and Standards Development (UNECE, 2018)  
526 Linking Relief, Rehabilitation and Development: Towards more effective Aid (Rament, 2012)  
527 Declaration for Gender Responsive Standards and Standards Development (UNECE, 2018)  
528 High Labor Intensive (HIMO) Public Works in Madagascar: Issues and Policy Options (Milazzo, 2012)

**Socioeconomic reinsertion.** This is transitional assistance given to vulnerable populations and/or those at risk of social exclusion, which consists of support that will help beneficiaries cover their basic needs and those of their families<sup>529 530</sup>.

Reinsertion is an emergency assistance to meet the basic needs of populations in difficult situations and is characterised by a short-term intervention, limited in time and without continuation, and therefore lacking in sustainability<sup>531</sup>.

The different modalities of reinsertion involve immediate assistance such as: a) the distribution of food items or kits (food, clothing, household kits, hygiene items, support for transport to their communities, information and awareness raising) and b) temporary employment in labour-intensive activities (“cash for works” or “food for work”) which will be provided by a network of partners consisting of government institutions, national and international NGOs and United Nations Agencies.

**Socio-economic reintegration.** This is a process that applies to vulnerable populations and/or those at risk of social exclusion, with the objective of creating sustainable livelihoods to end vulnerability in a sustainable way that allows participants to achieve a social status similar to other members of the community<sup>532 533 534</sup>.

The reintegration process is an operational strategy characterized by a long-term intervention implemented by a project or programme aimed at creating employment through the development of income-generating activities<sup>535</sup>.

The classical reintegration programmes still in force are characterized by a “distributionist” approach (kits, vocational guidance, IGA, etc.) which generally do not consider the absorption capacity of markets, existing employment opportunities or the skills and/or training of the participants and is characterized by an absence of a consolidation component or survivor-centred approach. The latest generation reintegration programmes, are characterised by a sequential community approach, focused on individual, collective and institutional ownership and with a strong consolidation component aimed at sustainability<sup>536</sup>.

FACILITATOR NOTES	Time needed: 30–45 mins
<p><b>Key Takeaways:</b></p> <p>Socio-economic reinsertion and reintegration have similar but separate meanings. It is important to understand key concepts related to society and the economy and basic economic principles in order to implement socio-economic assistance as part of a multi-sectoral approach to SGBV response.</p>	<p><b>Suggested tools:</b></p> <ul style="list-style-type: none"><li>• PowerPoint or other visual presentation</li><li>• Flipchart</li><li>• Roleplay</li></ul>

529 From Victims to Survivors: Achieving Universal Access to Quality Holistic Care (Mukwege Foundation, 2019)

530 Declaration for Gender Responsive Standards and Standards Development (UNECE, 2018)

531 Achieving Sustainable Development and Promoting Development Cooperation: Dialogues at Economic and Social Council (United Nations Department of Economic and Social Affairs, 2008)

532 Handbook: Holistic Care for Survivors of Sexual Violence in Humanitarian Settings (Mukwege Foundation, 2019).

533 Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action: Reducing Risk, Promoting Resilience and Aiding Recovery (IASC, 2015)

534 Minimum Standards for Prevention and Response to Gender-Based Violence in Emergencies (UNFPA, 2015)

535 ibid (519 – 521)

536 Achieving Sustainable Development and Promoting Development Cooperation: Dialogues at Economic and Social Council (United Nations Department of Economic and Social Affairs, 2008)

## MUSO Approach

A MUSO (mutuelle de solidarité in French) is a group of people from the same background, who know each other, who face socio-economic challenges, who agree to unite in solidarity and who pool their efforts and financial resources in order to find consequent solutions to their problems<sup>537</sup>.

Thus, a MUSO must have an overall objective that is part of the fight against the problem facing its members, such as problems with housing, education, insurance, SGBV etc<sup>538</sup>. These funds form a group of 20 to 25 men and women who are in line with the objective of the particular MUSO.

### I. MUSO Objectives

- 1 | Manage money autonomously, without having to deal with external actors
- 2 | Improve members' living conditions by pooling their efforts
- 3 | Ensure the security of their savings
- 4 | Promote solidarity in their community
- 5 | Learn from shared experiences

537 Experts Report on Reparation (Presented to Trail Chamber VI, International Criminal Court: Situation in the Democratic Republic of Congo in the Case of The Prosecutor v. Bosco Ntaganda, (Bonneau, Malolo and Wühler, 2020)

538 ibid

II. How does a MUSO work?

A MUSO IS ORGANISED AROUND THREE SAFES, THE GREEN, RED AND BLUE SAFES.



is a type of pension insurance fund. The members contribute a uniform and regular amount determined at the MUSO's General Assembly (GA). The money contributed is then distributed equitably in credits among the members who have requested it. The members repay their loans with a contribution to costs (PAF), so that the group can benefit from the profits of the income-generating activity (AGR) carried out thanks to the loan. Thus, the resources of the green fund are constantly increasing. The interest of the green fund for members is twofold: to have funds in savings while they work, and then to withdraw them in old age, so that they do not have to depend solely on their families. The contribution to this fund is therefore recoverable, for this purpose, each contribution paid by a member is noted in his individual contribution book.

has been nicknamed by MUSO members in the Democratic Republic of Congo, as the "red-eyed box", which can express great happiness as well as great unhappiness. The red box is the solidarity box. Members contribute uniformly and regularly an amount determined at the general meeting. The money contributed is then used to help or rescue (provide urgent assistance) to one or more members in the event of a serious or joyful event. It is up to the members to determine the cases in which they wish to express their solidarity through symbolic financial assistance. The contribution to the red fund is not recoverable, which is why we advise the MUSOs to start working with the green fund before setting up the red fund, in order to avoid individuals who, seek only to benefit from the spirit of solidarity of a group.

is the external relations fund. Thanks to this safe, members have the possibility to receive external financing or to deposit money in order to make a group purchase. It allows members to transfer money that is not their own, from outside to the green safe, or money that they have pooled together to the outside. These funds can be used for a purpose to be determined by its members.

III. How to organise a MUSO?

5 KEY PRINCIPLES TO ORGANISING A MUSO INCLUDE<sup>539</sup>:

- |   |                                   |   |   |   |                                   |
|---|-----------------------------------|---|---|---|-----------------------------------|
| 1 | Uniform and regular contributions | 3 | Collective and autonomous decisions taken at the General Assembly | 5 | Resources in constant progression |
| 2 | Keys and separate cash registers  | 4 | Personalization of the rules of the MUSO by its members           |   |                                   |

KEY NOMINATIONS TO BE MADE BY MEMBERS<sup>540</sup>:

- The Chairperson convenes members to the General Assembly and speaks on behalf of all members, if necessary. He/she represents the MUSO and is a privileged external interlocutor. His/her role is also to ensure the democratic functioning of the MUSO.
- The Treasurer handles the money that comes in or goes out of the cash registers. If he or she is literate, he or she also carries forward the amounts calculated in the fund management books and fills in the individual contribution books.
- The Secretary draws up the minutes of the General Assemblies. The information contained in these minutes must be able to be used at any time to inform the facilitator or any member of the group, on the progress of all GA held by the group. The minutes are the group's collective memory.
- The Comptroller assists the treasurer in calculating the inflow and outflow of money from the cash registers and in filling out the management and individual contribution books. This role was created to ensure greater security in the management of funds in groups where the majority of members are illiterate and cannot check the accounts kept by the treasurer or the facilitator themselves.
- The Counsellor is often a person from outside of the MUSO. They can play several roles within the MUSO: that of mediator in the event of conflict, that of trainer on topics of interest to the members, that of "external critical eye" recommending to the group of good practices to ensure its good functioning and its durability.

<b>FACILITATOR NOTES</b>	<b>Time needed: 30-45 mins</b>
<b>Key Takeaways:</b>  MUSOs are one method of ensuring the socio-economic reinsertion of victims and survivors of SGBV. It strengthens solidarity among like-minded community members, often with similar backgrounds.	<b>Suggested tools:</b> <ul style="list-style-type: none"><li>• PowerPoint or other visual presentation</li><li>• Flipchart</li><li>• Roleplay</li></ul>

539 Experts Report on Reparation (Presented to Trial Chamber VI, International Criminal Court: Situation in the Democratic Republic of Congo in the Case of The Prosecutor v. Bosco Ntaganda, (Bonneau, Malolo and Wühler, 2020)

540 ibid

# Village Savings and Loans Associations (VSLA)

A Village Savings and Loan Association (VSLA) is a group of 15 to 25 people who save together and make small loans from these savings<sup>541 542 543</sup>. VSLA activities operate in "cycles"<sup>544</sup> of about one year, at the end of which the accumulated savings and loan profits are distributed among the members in proportion to the amount they have saved.

VSLAs are managed by their members.

Programme teams and field agents train the members, **but** they **never** manage the VSLAs, **never** write in the account books and **never** touch the money belonging to the members<sup>545</sup>. The VSLAs are trained by *field agents* who may be paid programme staff or by *village agents* who may receive fees from the VLSA for training<sup>546</sup>. Village agents may be members of VSLAs who have been recognized as having the skills to train other groups<sup>547</sup>.

## I. Role of the Village Agent

THE ROLE OF VILLAGE AGENTS IS TO<sup>548 549 550 551</sup>:

- 1

Assist the VSLAs they have trained when they want assistance between cycles (related to distribution of funds, changes in membership, revision of the constitution, elections),
- 2

Deliver additional training when needed,
- 3

Assist in conflict resolution

The first cycle of a VSLA is a training and supervision cycle of 36 weeks or more<sup>552</sup>. During this first cycle, the Associations meet weekly<sup>553</sup>. During subsequent cycles, the Association may change the frequency of meetings as it wishes.

Members can buy between 1 and 5 shares at each meeting<sup>554</sup>. The value of a share is decided by the VSLA at the beginning of each cycle<sup>555</sup>. The price of a share is fixed at the beginning of each annual cycle and cannot be changed during the cycle<sup>556</sup>. Members may also decide to have a Solidarity Fund which is used to provide small grants when members are in distress<sup>557</sup>. This fund is obligatory during the first cycle but optional in subsequent cycles. The Credit Fund comprises the money from the shares and the profits from the loans (from service charges). Members have the right to borrow up to a maximum of 3 times the value of their savings<sup>558</sup>.

Loans are recorded in the second part of the book.

The balances of the Solidarity Fund and the Credit Fund are recorded by the Secretary in a notebook and noted by all members at each meeting<sup>559</sup>.

The account books are locked in a safe between meetings. This measure is very important as it prevents the falsification of the records of the shares purchased by the members as well as their loan registers<sup>560</sup>. The Association has a Management Committee composed of five people elected for one cycle.

At the end of each annual cycle, all outstanding credits are recovered, and the Credit Fund is distributed<sup>561</sup>.

The Credit Fund (which includes profits from loans) is divided by the total number of units purchased by members during the cycle to calculate the value of a unit<sup>562</sup>. Each member then receives their portion of the fund based on the number of units they have purchased.

VSLAS ARE TRAINED BY FIELD AGENTS OVER A PERIOD OF 36 WEEKS OR MORE, ACCORDING TO THE STEPS BELOW<sup>563 564</sup>:

### Preparatory phase:

- Obtain permission from traditional leaders and local authorities to work in an intervention area and gain their support in organizing a public meeting to describe how the programme is working.
- Describe at a public meeting how the programme works and how interested individuals can obtain more information.
- Provide a detailed description of the methodology to potential or newly formed associations; how interested individuals can participate and the role and responsibilities of the field agent

### Intensive phase:

- This phase starts with 4 visits during the first week and continues with 6 visits during the following 10 weeks.
- This phase consists of several visits to see how the trained members implement the planned activities.

### Development and maturity phase:

- The Field agent should plan a visit to be attended by their Supervisor at the end of the Intensive Phase, who will assess the performance of the group and, based on this, approve their progress to the next phase or, if necessary, recommend further training.
- Once the Supervisor has visited the VSLA and approved its move to the Development Phase, the Field agent will make 3 visits in this second phase, one for each credit meeting. The Field agent plays a different role in the Development Phase. The agent should only intervene if and only if the Committee makes mistakes or rules are broken.
- The Field agent should plan a second visit of the Supervisor at the end of the Development Phase. The Supervisor will assess the performance of the group and, based on this, approve its progress to the next phase or, if necessary, recommend

FACILITATOR NOTES	Time needed: 30-45 mins
<p><b>Key Takeaways:</b></p> <p><b>VSLAs are just one method of ensuring the socio-economic reinsertion of victims and survivors of SGBV. It is a structured approach requiring the accompaniment of a field agent who trains and supports members and leaders. 36 weeks of training minimum are required.</b></p>	<p><b>Suggested tools:</b></p> <ul style="list-style-type: none"><li>• PowerPoint or other visual presentation</li><li>• Flipchart</li><li>• Roleplay</li><li>• Practical case studies</li></ul>

541	CARE Uganda VSLA: Village Saving and Loans Association (CARE Uganda, 2020)	553	Sexual and Gender-Based Violence (SGBV) Prevention, Risk Mitigation and Response (UNHCR, 2019)
542	The Impact of Village Savings and Loan Association on the Lives of Rural Women (Oxfam International, 2021)	554	CARE Uganda VSLA: Village Saving and Loans Association (CARE Uganda, 2020)
543	Sexual and Gender-Based Violence (SGBV) Prevention, Risk Mitigation and Response (UNHCR, 2019)	555	ibid
544	CARE Uganda VSLA: Village Saving and Loans Association (CARE Uganda, 2020)	556	ibid
545	ibid	557	ibid
546	ibid	558	CARE Uganda VSLA: Village Saving and Loans Association (CARE Uganda, 2020)
547	ibid	559	ibid
548	Village Savings and Loan Association: Field Officer Training Guide (Allen and Staehle, 2011)	560	Facilitators Guide: Village Savings and Loans Association (International Rescue Committee, 2012)
549	The Impact of Village Savings and Loan Association on the Lives of Rural Women (Oxfam International, 2021)	561	ibid
550	Sexual and Gender-Based Violence (SGBV) Prevention, Risk Mitigation and Response (UNHCR, 2019)	562	Facilitators Guide: Village Savings and Loans Association (International Rescue Committee, 2012)
551	Facilitators Guide: Village Savings and Loans Association (International Rescue Committee, 2012)	563	Sexual and Gender-Based Violence (SGBV) Prevention, Risk Mitigation and Response (UNHCR, 2019)
552	CARE Uganda VSLA: Village Saving and Loans Association (CARE Uganda, 2020)	564	Facilitators Guide: Village Savings and Loans Association (International Rescue Committee, 2012)



6

MODULE 6

PREVENTION  
AND SENSITISATION

Objectives

At the end of this chapter, the user should be able to:

- Identify example prevention activities based on different strategies.
- Discuss a positive masculinities approach.
- Explain the importance of community mobilisation in prevention.



Prevention strategies in general

Anyone can become a victim of SGBV: women, men, girls and boys<sup>565 566</sup>. It is a crime which takes place in times of peace and also during conflict and is deeply embedded in social norms and attitudes about gender<sup>567 568 569 570</sup>. Discriminatory attitudes within societies and institutions may condone or even promote sexual harassment and abuse<sup>571 572</sup>.

Individual and community risks to SGBV are exacerbated during times of conflict, especially for women and girls. Indigenous and other minority ethnic or religious groups, LGBTQI individuals or others may also be particularly vulnerable in some contexts<sup>573 574</sup>. During times of conflict, displacement, food insecurity and forced recruitment may also contribute to increasing risks of sexual violence<sup>575</sup>. Women and girls living in camps or who are recruited into armed groups face significant additional risks of violence and abuse<sup>576</sup>.

Fears of stigmatisation and distrust in public, especially justice-related institutions may hinder victims from coming forward and reporting SGBV. Adolescents (or children), ethno-religious minorities and others may face particular risks of stigmatisation at police-stations or hospitals when they try to report violence. Men and boys may feel particularly disinclined to report violence<sup>577</sup>, fearing reactions of doubt, stigma and shame from the public or from service-providers<sup>578</sup>.

When victims of SGBV do not have access to the quality multisectoral assistance that they need and have the right to, they or their children/family-members cannot escape cycles of violence and risk repeated victimisation.

565	Minimum Standards for Prevention and Response to Gender-Based Violence in Emergencies (UNFPA, 2015)	572	Inter-Agency Gender-Based Violence Case Management Guidelines (GBVIMS Steering Committee, 2017)
566	Self-Learning Booklet: Understanding Masculinities and Violence against women and girls (UN Women, 2016)	573	Declaration For Gender Responsive Standards and Development (UNECE, 2019)
567	Conflict-Related Sexual Violence: Report of the United Nations Secretary General (Office of the UN Secretary General, 2019)	574	Minimum Standards for Prevention and Response to Gender-Based Violence in Emergencies (UNFPA, 2015)
568	Minimum Standards for Prevention and Response to Gender-Based Violence in Emergencies (UNFPA, 2015)	575	Conflict-Related Sexual Violence (UN, 2020)
569	Conflict-Related Sexual Violence (UN, 2020)	576	Sexual and Gender-Based Violence against Refugees, Returnees, and Internally Displaced Persons: Guidelines for Prevention and Response (UNHCR, 2003)
570	Holistic Care for Survivors of Sexual Violence in Conflict (Mukwege Foundation, 2019)	577	Inter-Agency Gender-Based Violence Case Management Guidelines (GBVIMS Steering Committee, 2017)
571	Minimum Standards for Prevention and Response to Gender-Based Violence in Emergencies (UNFPA, 2015)	578	Inter-Agency Gender-Based Violence Case Management Guidelines (GBVIMS Steering Committee, 2017)

SGBV prevention therefore includes<sup>579</sup>

- Activities or strategies targeting norms, attitudes and practices related to gender (behaviour change, sensitisation, intersectional debates etc). These should promote gender equality and dismantle discriminatory attitudes.
- Work related to institutional capacity-building and reform, especially targeting impunity. Ensuring justice responds to the needs of victims and survivors can help build collective trust in these institutions.
- Protection activities mitigating risks for at-risk or vulnerable groups. These can take place for example in schools, displacement camps, communities, marketplaces, and even on roads.
- Ensuring access to quality, dignified multisectoral assistance which strengthens victims and survivors’ resilience, reducing their risk or exposure to exploitation or abuse.

There are multiple existing international frameworks for the prevention of SGBV and Violence Against Women and Girls. Some of these include for example, the SASA! Method, developed by Raising Voices in Uganda<sup>580</sup> and other models developed by organisations such as the World Health Organisation and the UN High Comission for Refugees.

The socio-ecological model (SEM) for violence prevention, mentioned throughout this integrated SGBV model, identifies prevention activities on four levels: the individual, relationships, community and societal. The model encourages practitioners to develop programmes which reduce risk and enhance protection at each level of the SEM framework.

FACILITATOR NOTES	Time needed: 30-45 mins
Facilitators can prepare an exercise for participants with a flipchart and sticky notes. Reflecting on the socio-ecological model, participants can come up with their own ideas for prevention activities and place them below one of the above 4 types of prevention activities. Participants are encouraged to think about individuals and institutions on each of the levels of the socio-ecological model who can be engaged in prevention activities.	<b>Suggested tools:</b> <ul style="list-style-type: none"><li>• PowerPoint</li><li>• Flipchart</li><li>• Sticky notes (coloured)</li><li>• Roleplay</li></ul>

579 Minimum Standards for Prevention and Response to Gender-Based Violence in Emergencies (UNFPA, 2015)  
580 The SASA! Story (Raising Voices Uganda)

Positive Masculinities:  
a community dialogue approach

The response to GBV has long been focused on women, so men have often lacked the information to make informed decisions about healthy behaviours to emulate and the roles they could play in promoting gender within their communities<sup>581 582 582 584 585 586</sup>.

OBJECTIVES OF THE POSITIVE  
MASCULINITIES APPROACH<sup>587</sup>

- Determine the levers of and address power dynamics,
- Dismantle power structures and fight against discriminatory attitudes,
- Question socio-cultural norms, standards and attitudes,
- Address gender inequality,
- Develop strategies to address SGBV.

Equality of men and women means equal access to resources, opportunities, services, and more, regardless of gender<sup>589 590 591 592</sup>.

*Inequality*  
Inequality is a difference in access to resources, opportunities, services, possibilities and more in specific areas<sup>593 594</sup>.

LEVELS OF EQUALITY:

**Participation**  
Equal/equitable involvement of women and men in needs assessment, project design, implementation and evaluation<sup>595 596</sup>.

**Access**  
This is achieved through the principle of equality of opportunity, which entails the reform of laws, administrative and customary practices to eliminate all forms of discrimination<sup>597 598 599</sup>.

**Control**  
This is the strength of balance so that neither women nor men are put in a position of domination or subordination<sup>600 601</sup>.

Why positive masculinity?

"All human beings are born free and equal in dignity and rights. They are endowed with reason and conscience and must act towards one another in a spirit of brotherhood"<sup>588</sup>

"Health is defined as a complete state of physical, mental and social well-being and not merely the absence of disease or infirmity, it is a fundamental human right"<sup>602</sup>.

581 Transforming Masculinities: A Training Manual for Gender Champions (Deepan, 2017)  
582 Preventing GBV through Positive Masculinities: Father's Clubs – A Grassroots Bottom-Up Approach (Plan International, 2021)  
583 Self-Learning Booklet: Understanding Masculinities and Violence against women and girls (UN Women, 2016)  
584 Minimum Standards for Prevention and Response to Gender-Based Violence in Emergencies (UNFPA, 2015)  
585 Inter-Agency Gender-Based Violence Case Management Guidelines (GBVIMS Steering Committee, 2017)  
586 Strengthening Governance and Survivor/Victim Centred Approaches to Eliminating Gender-Based Violence (OECD, 2021)  
587 Ibid (165 – 170)  
588 Universal Declaration of Human Rights (UN, 1948)  
589 Minimum Standards for Prevention and Response to Gender-Based Violence in Emergencies (UNFPA, 2015)  
590 Inter-Agency Gender-Based Violence Case Management Guidelines (GBVIMS Steering Committee, 2017)  
591 Strengthening Governance and Survivor/Victim Centred Approaches to Eliminating Gender-Based Violence (OECD, 2021)  
592 From Victims to Survivors: Achieving Universal Access to Quality Holistic Care (Mukwege Foundation, 2019)  
593 Concepts of Inequality: Development Issues No. 1 (UN, 2015)  
594 Minimum Standards for Prevention and Response to Gender-Based Violence in Emergencies (UNFPA, 2015)  
595 ibid  
596 Inter-Agency Gender-Based Violence Case Management Guidelines (GBVIMS Steering Committee, 2017)  
597 Minimum Standards for Prevention and Response to Gender-Based Violence in Emergencies (UNFPA, 2015)  
598 Inter-Agency Gender-Based Violence Case Management Guidelines (GBVIMS Steering Committee, 2017)  
599 Concepts of Inequality: Development Issues No. 1 (UN, 2015)  
600 Strengthening Governance and Survivor/Victim Centred Approaches to Eliminating Gender-Based Violence (OECD, 2021)  
601 Minimum Standards for Prevention and Response to Gender-Based Violence in Emergencies (UNFPA, 2015)  
602 Constitution of the World Health Organization (WHO, 1946)

I. 6 Dimensions Of Wellbeing

**Giving meaning to life**<sup>603</sup>. Feeling that one's life is worthwhile, having positive beliefs and optimistic goals.

**Personal development**<sup>604</sup>.This means being continuously open to new experiences in order to get to know oneself better and improve one's efficiency. Realise your potential.

**Positive relationships with others**<sup>605</sup>. This is to be warm, confident, to know how to create links, to be close and to have empathy towards others, to show altruism and to know how to give and receive.

**Autonomy**<sup>606</sup>. Demonstrate independence, resist external pressures, judge things according to one's own values and trust oneself.

**Control of the environment**. It is about controlling the complexity of life, seizing or creating opportunities and making choices. Creating an environment that is in line with one's own needs and values.

**Self-acceptance**. Having a positive attitude towards oneself, appreciating oneself, accepting all aspects of oneself and having a positive view of one's past. Knowing one's strengths and limitations.

II. Obstacles To Wellbeing

Lack of basic needs such as food security and nutrition, housing, school fees and transportation,

Unequal power relations, resulting in unequal access to and control over resources that enable women and men to freely enjoy all their rights,

Fear of violence and the violence already suffered,

The internalized stigma attached to the status of women,

Lack of information on rights (do you know your rights?).

FACILITATOR NOTES	Time needed: 45-60 mins
Engaging men and women is a key part of SGBV prevention. Positive masculinity approaches seek to address negative or violent perceptions or attitudes about masculinity, address inequal power dynamics between men and women, boys and girls, and engage men and boys in the fight against SGBV.	<b>Suggested tools:</b> <ul style="list-style-type: none"><li>• Flip chart</li><li>• Roleplay</li></ul>

603 The Six Dimensions of Wellness Model (National Wellness Institute, 2020)  
604 ibid

605 ibid  
606 ibid

Community mobilisation and engagement

Engagement with communities is a key component in any SGBV prevention strategy<sup>607 608 609 610 611</sup>. This engagement can take the form of sensitisation and community awareness-raising, solidarity and cohesion activities, community mobilisation and participation in protection and prevention activities and measures and informing as well as engaging community members in ensuring victims and survivors can report violence and have access to the assistance they need<sup>612</sup>.

Community knowledge<sup>613</sup> about the wide range of services available for victims of sexual violence may be limited, which can be a barrier to accessing care<sup>614 615 616</sup>. It is therefore important to raise awareness<sup>617 618</sup> in the wider community about the services that are available in their communities<sup>619</sup>. According to the Panzi holistic model<sup>620 621</sup>, ideally multi-sectoral (medical, psychosocial, legal and socio-economic) services<sup>622</sup> would be available in a One Stop Centre<sup>623 624</sup>.

Other outreach activities could include meetings with community leaders, radio programmes, collaborations with NGOs and other institutions such as local authorities, police,

and inter-agency working groups<sup>625 626</sup>. Survivors who have received treatment and feel strong enough and inclined to do so, can also raise awareness in their communities, which helps to break the silence on sexual violence<sup>627 628</sup>. Survivor-led advocacy and sensitisation efforts are very important and contribute to realising objectives for survivor participation in the public sphere<sup>629 630</sup>.

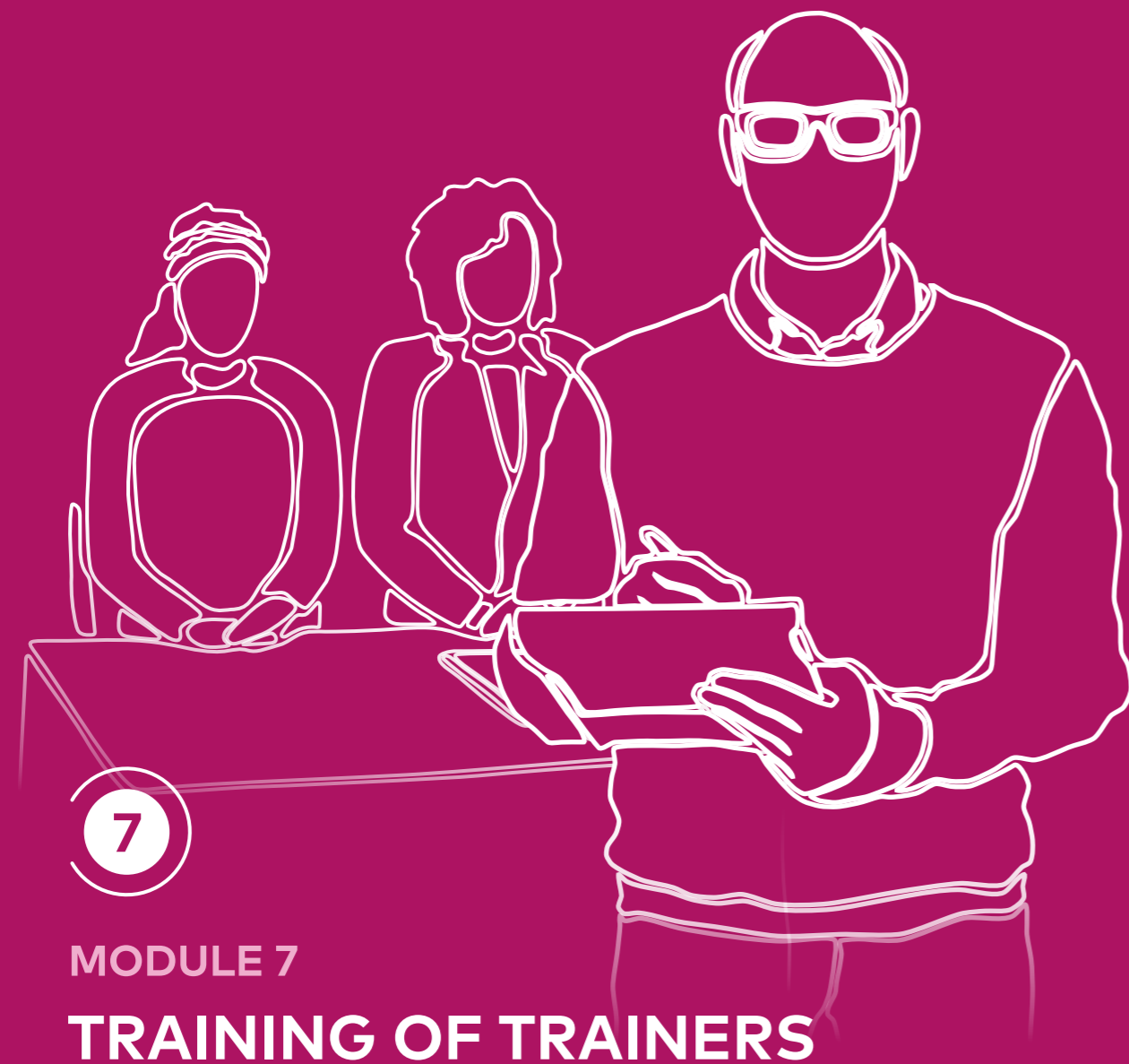
Community actors can be actors for prevention and response, or they may present obstacles to survivors and to women and girls in general. Some key actors in communities that can be engaged with, may include<sup>631</sup>:

- Traditional or administrative leaders and institutions
- Faith and/or other religious leaders
- Women-leaders and women-led groups or women human rights defence organisations
- Teachers and other education actors
- Community health workers or other community agents
- Health centre staff
- Police or military actors in communities

FACILITATOR NOTES	Time needed: 20-30 mins
<b>Key Takeaways:</b> Community mobilisation and engagement is a key part of SGBV prevention work. Ensuring that community actors like leaders and faith-based actors are engaged will help promote gender equality and can ensure that victims feel safe to report and can access assistance.	<b>Suggested tools:</b> <ul style="list-style-type: none"><li>• PowerPoint or other visual</li><li>• Games or roleplay</li></ul>

607 Minimum Standards for Prevention and Response to Gender-Based Violence in Emergencies (UNFPA, 2015)  
608 Guidelines for Integrating Gender-Based Violence Intervention in Humanitarian Action: Reducing Risk, Promoting Resilience and Aiding Recovery (IASC, 2015)  
609 Handbook for United Nations Field Missions on Preventing and Responding to Conflict-Related Sexual Violence (UN, 2020)  
610 Emergency Handbook: Sexual and Gender-Based Violence (SGBV) Prevention and Response (UNHCR)  
611 Strengthening Governance and Survivor/Victim Centred Approaches to Eliminating Gender-Based Violence (OECD, 2021)  
612 Ibid (165-169)  
613 Minimum Standards for Prevention and Response to Gender-Based Violence in Emergencies (UNFPA, 2015)  
614 Inter-Agency Gender-Based Violence Case Management Guidelines (GBVIMS Steering Committee, 2017)  
615 Strengthening Governance and Survivor/Victim Centred Approaches to Eliminating Gender-Based Violence (OECD, 2021)  
616 Emergency Handbook: Sexual and Gender Based Violence (SGBV) Prevention and Response (UNHCR)  
617 From Victims to Survivors – Achieving Universal Access to Quality Holistic Care (Mukwege Foundation, 2019)  
618 Strengthening Governance and Survivor/Victim Centred Approaches to Eliminating Gender-Based Violence (OECD, 2021)

619 Strengthening Governance and Survivor/Victim Centred Approaches to Eliminating Gender-Based Violence (OECD, 2021)  
620 A Holistic, Person-Centered Care Model for Victims of Sexual Violence in Democratic republic of Congo: The Panzi Hospital One-Stop Center Model of Care (Mukwege and Berg, 2019)  
621 Handbook: Holistic Care for Survivors of Sexual Violence in Humanitarian Settings (Mukwege Foundation, 2019).  
622 Inter-Agency Gender-Based Violence Case Management Guidelines (GBVIMS Steering Committee, 2017)  
623 ibid  
624 A Holistic, Person-Centered Care Model for Victims of Sexual Violence in Democratic republic of Congo: The Panzi Hospital One-Stop Center Model of Care (Mukwege and Berg, 2019)  
625 Inter-Agency Gender-Based Violence Case Management Guidelines (GBVIMS Steering Committee, 2017)  
626 Inter-Agency Gender-Based Violence Case Management Guidelines (GBVIMS Steering Committee, 2017)  
627 ibid  
628 Handbook for United Nations Field Missions on Preventing and Responding to Conflict-Related Sexual Violence (UN, 2020)  
629 Guidelines for Integrating Gender-Based Violence Intervention in Humanitarian Action: Reducing Risk, Promoting Resilience and Aiding Recovery (IASC, 2015)  
630 ibid  
631 ibid



## MODULE 7

# TRAINING OF TRAINERS

### Objectives

At the end of this chapter, the user should be able to:



- Describe the roles and characteristics of a good trainer.
- Describe and differentiate commonly used pedagogical approaches;
- Develop an action plan to implement acquired knowledge from training sessions.
- Develop and implement a curriculum for national professionals.

## Role and characteristics of a good trainer

### WHO IS A TRAINER?

In adult learning environment, there are two stakeholders' i. e. the trainer and trainee. A trainer is the stakeholder who sets a safe learning environment so that the learning process is successfully accomplished. In order to achieve this, the trainer must perform certain roles and exhibit special characteristics.

### I. Role of a trainer

**Leadership.** Training involves leadership skills because most trainees are persons who are mentally, emotionally and physically mature.

**Team/ group manager.** Since leadership requires management skills, a trainer is a manager. Adult learning is interactive learning, which requires a good manager, interpersonal skills, counsellor.

**Planner.** Training adults requires careful analysis is of the levels of understanding of different trainees. It also involves determining appropriate training needs of trainees. This therefore demands for the trainer to be a planner in the training process.

**Subject expert.** Since training involves determining the needs of trainees and ensuring that they are appropriately achieved, the trainer ought to be knowledgeable about the subject matter. The more you know and communicate the knowledge, the more your credibility increases.

**Method expert.** He also needs to apply appropriate training methodology to enable trainees grasp the ideas. You should judge which method is appropriate to your trainees.

**Motivator.** A lot of energy is required in the learning process. A good trainer does not discourage his/her trainees but builds on the trainee's knowledge and motivates them.

**Persuader.** Sometimes adults are reluctant to learn new things. In other cases, they are emotional and defensive. This again requires a trainer to be persuasive in order to allow adult learners assimilate new ideas.

**Diffuser.** In most cases adult learners have some mixed ideas about what the trainer wants them to learn. These mixed ideas if not diffused are so misleading in a learning process. This therefore requires the trainer to play the role of diffuser in the learning process.

**Role model.** Since adult learning is interactive learning, it goes by principle that the trainer should read the attitude of his trainees and show a good example. This means that the trainer is a role model of trainees in a learning processes.

**Salesman.** A learning process is synonymous to a business in which products must be receptive and marketed. The trainer is the owner of products in the learning business and therefore should endeavour to market his ideas.

**Evaluator.** The training or learning process involves constant assessment of successes or failures at every level. It is of this essence that the trainer should play the role of an evaluator in the learning process.

There are many other roles played by the trainers, including:

- Learner
- Coach
- Listener

- Innovator
- Presenter
- Driver

- Guide
- Shaper
- Instructor

- and most importantly of all
- A Counsellor

II. Characteristics of a trainer

In order for the trainer to be successful in his endeavours, there are various fundamental principles which are so necessary which should be exhibited by a trainer.

● **Patience**

Successful learning is determined by retention of new ideas by learners. Some people can learn more slowly than others and this therefore requires trainers to exhibit qualities of patience.

● **Eloquent**

A trainer should use language and/or words that are clear to his/her audience. This enables trainees to assimilate ideas

● **Knowledgeable**

Although adult learning is student centred learning, much of the success is derived from the know-how of the key players (trainer) in the learning process. Learning process can easily be inhibited by lack of essential knowledge by the trainer.

● **Enthusiasm**

Since a trainer is a role model in the learning process, trainees will take the learning process seriously only if the trainer is enthusiastic.

● **Admission of facts**

As it is said in legal interpretations that “a good lawyer is not the one who knows the law but the one who knows where to find it”, not every trainer knows everything. sometimes it is essential and wise for a trainer to tell his audience that he needs time to find appropriate answers to questions he cannot answer promptly.

● **Sincere**

Other characteristics are that the trainer should appear to be sincere to his audience and exhibit the ability of a salesman of his ideas.

● **Empathic**

Adult learners are in most cases emotional and vary in levels of reasoning and understanding. A trainer therefore should not talk down to his class but should appraise even those who seem to be behind others.

Pedagogical approaches

I. Curriculum development

WHAT IS A CURRICULUM?

The term curriculum refers to the lessons and academic content taught in a school or in a specific course or program. In dictionaries, curriculum is often defined as the courses offered by a school, but it is rarely used in such a general sense in schools. Depending on how broadly educators define or employ the term, curriculum typically refers to the knowledge and skills students are expected to learn, which includes the learning standards or learning objectives they are expected to meet; the units and lessons that teachers teach; the assignments and projects given to students; the books, materials, videos, presentations, and readings used in a course; and the tests, assessments, and other methods used to evaluate student learning<sup>632</sup>. It is this typical meaning of curriculum that is adopted in this integrated training model.

HOW TO DEVELOP A CURRICULUM?

Traditionally, curricula were developed by experts in education who could base on national educational policies to unpack them as guided by policy objectives for every educational level without direct or indirect participation of the learners. With the current leaners-centred approaches their involvement at every stage of education process remains key. Thus, a curriculum developed in a way that informs active participation of leaners should reflect their needs not only in terms of contents but also in terms of the way facilitation is organized. This has to do with contextualization of the curriculum. The following are key steps that must be covered to develop a curriculum that responds to the needs of participants.

STEP 01

Needs assessment/statement or Formative research

The needs assessment helps us answer 'Why'? In the case of curriculum development, the answer may be quite broad and should point to the distinction between the current teaching strategy surrounding a learning need and what should be changed about it. At the start, it is wise to consider whose needs are the priority. This may start with a learner's needs (either attitudinal and knowledge-based needs, readiness to learn or timing), but likely extends to the patients and communities for whom the learner will be caring. When justifying time or funding, an articulation of how this curriculum might meet regulatory or board requirements can be useful.

The mechanics of a needs assessment includes readily available information and the collection of new information. The acquisition of new information can be structured (e.g. : from relevant documents such as surveys, implementation reports, etc.), semi-structured (series of discussions or a call to action based on recommendations from different partners' meetings, etc), research/data driven (data on learners' performance) or based on regulatory requirements.

632 <https://www.edglossary.org/curriculum/>

STEP  
02

Determining and prioritising content

This is the first step in beginning to articulate what is going to be included, a general description of the content, along with a prioritisation of that content. In some cases, there will not be expert knowledge or milestones to work from, and in these cases, original research might be needed, such as surveys of experts in the field, or analysis of conversation around a difficult topic needing to be addressed.

STEP  
03

Writing goals and objectives

Although goals and objectives are often thought of as similar, there is a nuanced difference to them that should be considered. A goal is a general statement of the knowledge, skill or attitude to be attained by the learner and is often a description of the important content as determined in your earlier steps. In contrast, an objective is a specific measurable skill or attitude that the learner will be able to demonstrate at the end of the educational activity. While goals are helpful in defining the overall strategy, the objectives are necessary in order to measure if your curriculum is successful.

STEP  
04

Selecting teaching/educational strategies

Selecting the teaching or educational strategies to deliver new curriculum helps predict its success. One early alignment to consider is the congruence between the topics (knowledge, affective or psychomotor) and teaching method. When selecting a strategy, it is helpful to consider both the learner(s) and the teacher(s), as well as the material. If the relationship between teacher and learner is intended to be formative, or longitudinal, the strategy may favour the person teaching and likely incorporates some element of discussion. If the priority is garnering a basic level of skill/understanding of a stable topic and potentially assessing that knowledge, a web-based tool may be the right approach. When planning multiple sessions, it is helpful to consider overall structure to promote cohesiveness, but with variability between the sessions to meet the educational goals and objectives for that session.

The following are some of the possible learning strategies depending on the objectives of the lesson:

- *Lecture based information delivery:* this may apply especially when Learners have lower level basic understanding and limited time. However, this type of learning tool may not attract the attention of learners who are generally more interested in active learning.
- *Hands-on skill delivery:* Learners will apply the skill in real life and benefit directly from practice. Sometime the lack of adequate equipment/space may not favour a hands-on topic. The facilitator/teacher has to prepare accordingly.
- *Flipped classroom approach:* Learners can acquire knowledge via video or articles, then deepen understanding through discussion.
- *Case-based lectures:* More active learning, favours shared learning.

STEP  
05

Implementation

The implementation phase can be divided into several different steps starting with the identification of resources. Resources fall into four basic categories which include personnel, time, facilities and funding.

The next step is the design of the management plan, which details the actual step-by-step process of how the curriculum will be delivered. This should include the who, what, where and how for each component or teaching strategy. This is where anticipating any barriers that might arise during the role out of the curriculum may be anticipated in advance, with a plan to mitigate the barriers.

The last step in implementation is the actual role out. This is where all the work you have put in so far will pay off. Depending on availability of resources, it is important to pilot sections of the curriculum to enthusiastic stakeholders initially to both gain more support and also to identify and rectify any barriers to implementation so that the odds of success are increased. This pilot can be followed by a phasing-in, where new portions are added until the full curriculum is implemented.

STEP  
06

Evaluation

Evaluation is a process of determining the merit, value or worth of a programme. Evaluation is often considered the final phase of curriculum development, but it should span the entire process and is often cyclical and iterative. Two major types of educational evaluation included here are formative and summative. Formative evaluation is conducted early on, or at key points, during a programme in order to inform changes and identify opportunities for improvement. Summative evaluation, however, is an evaluation of outcomes that occurs in a more final phase of implementation. Summative evaluations are useful to make a judgement about whether a curriculum was successful, and for whom, in order to report back to stakeholders.

For the different training sessions in this integrated module, the above kind of evaluation will not apply. However, the facilitator is advised to use pre-test and post-test evaluation to be able to assess the change or impact made by the training organized. Depending on the length or duration of the program/project a summative evaluation of a given training can be done sometime (e.g.: 6 months or a year) after the training was done.

## II. Facilitation methods and skills

### WHAT IS FACILITATION ?

Facilitation is the process of helping groups or individuals to learn, find solutions, or reach a consensus, without forcing or dictating a specific outcome. The following are the most commonly used facilitation approaches :



#### Active Learning

- Giving input (presenting, lecturing, reading, case study, role play)
- Engage in a structured activity (Feeling – thinking – doing)
- Sharing the experience (reflecting, discussing and describing)
- Analysing the data (critically working out options for a solution)
- Planning the solution (deciding on a solution, looking what is needed to apply the solution)
- Plenary discussion (presenting, discussing, recommendations)



#### Experiential learning

- Asking Questions
- Non-verbal communication
- Tone of voice: speak in a low, calm, open, enthusiastic and clear tone
- Facial expression: eye contact ; smile once in a while ; laugh ; have fun ; also be serious ; when someone is speaking, visibly give attention
- Body language: open, not close your arms, look around, make eye contact, be flexible



#### Giving Feedback

- Describe the actions, not the individual
- Be specific: what can be improved
- Be timely: feedback as close as possible to the time the behaviour occurred
- Describe what you have seen, not what others have told you
- Respect person's privacy (some things you may not want to say in public)
- Never vent your frustration
- Give an OSCAR: Observation – Situation – Consequences – Alternative – Result



#### Receiving Feedback

- Listen attentively, accept information (don't argue)
- Confirm the relationship (I appreciate your opinion because....)
- Ask for more explanation if you need
- Thank him/her
- Remember, this is the subjective point of your colleague, it is not 'the truth'. Evaluate if the feedback is helpful for you. Can it help you to improve your skills? If yes, do. If not, you can leave it.

### MOSTLY USED TRAINING TECHNIQUES OR METHODS

These training techniques were adapted from; OHCHR's "Human Rights Training" and "Share, learn, innovate!" as well as EQUITAS' "Training of Trainers: Designing and Delivering Effective HRE".

A

#### Brainstorming

- Learners quickly generate ideas in response to a question or challenge.
- These are captured by the facilitator on a flip chart or board and can then be discussed.

B

#### Storytelling

- A "storyteller" (usually a resource person) tells a relevant and powerful personal story narrating his or her experiences.
- This is followed by a dialogue with the learners.

C

#### Presentation

- One resource person presents information or his/her point of view on an issue, possibly with visual aids (flipcharts, computer slides, etc)

D

#### Panel Presentation

- A panel of resource persons present different aspects of a common topic, a particularly effective technique when the resource persons have expertise in different aspects of a topic.

E

#### Dramatic Presentation

- A prepared play or skit performed by actors (not the learners) on the topic to be addressed.

F

#### Q&A or Forum Discussion

- Free and open question/discussion period immediately following a presentation.

G

#### Case Study

- Presentation of a problem or case- with a credible and realistic scenario that is not too complex, focusing on a few issues- for a group to analyse and solve.

H

#### Demonstration

- The facilitator verbally explains and performs an act, procedure, or process.

I

#### Debate

- Learners are assigned to uphold conflicting views around a topic and argue their points.

J

#### Practical exercises/simulation

- Learners practice skills in a setting that simulates as realistically as possible the real setting where skills are required. For instance, a trainer is asked to deliver a training session.

K

#### Circle response

- A question is posed to members of a group seated in a circle, each person in turn expressing a **response**.

L

#### Field trips

- Viewing or experiencing situations or locations firsthand for observation and study.

M

#### Reading

- This can be pre-course assignment or a required task during the course.

N

#### Working Groups

- Mutual exchange of ideas and opinions by members of small groups (up to 6) on a problem or an issue of common concern.
- A facilitator when necessary may be assigned to each group. The course is then reconvened and the result of the deliberations of each group is presented in plenary.

O

#### Role Playing

- Impromptu dramatization of a problem or situation through the performance of different roles by the learners, followed by discussion.
- During the role playing, learners are not allowed to leave their assigned roles.

- P

**Carousel**
  - 3-4 flipcharts are set up around the room, each one with different questions for discussion.
  - Participants are split into groups that rotate from one flip chart to the next every 10-15 minutes.
  - During each rotation, the groups try to add new answers and comments to the question on the flip chart.
- Q

**World café**
  - Group discussion during which open and creative dialogue is encourage through an informal environment.
  - Groups rotate from one table/topic to the other, while a host at each table facilitates discussions on one facet of the topic being addressed.
  - Each round of table rotation allows participants to share collective knowledge around the chosen subject matter.
- R

**Fishbowl**
  - A group of 3-4 individuals (the fish) sit in a small inner circle to enact a situation or to discuss a series of questions or issues.
  - The “fish” are surrounded by a larger group of observers sitting in an outer circle.
- S

**Knowledge fair**
  - A face to face event in which participants set up displays to share their undertakings. They are free flowing, open, flexible, and non-hierarchical.
  - People can see what is happening, can interact with each other, and can see what others are doing.
  - Knowledge fairs bring different levels and types of people in a variety of interaction.
- T

**Open space**
  - A method of convening groups around a specific questions or task of importance and giving them responsibility for creating both their own agenda and experience.
  - It is best used when at least one half or two full days are available.
  - The facilitators key task is to identify the question that brings people together, propose the simple process then stand back and let participants do the work.

- U

**Metaprocess**
  - A useful method to reach consensus or make decisions. Learners on an individual basis are asked to select a certain number of criteria on a given topic.
  - Learners then get into a group and are asked as a group to select the top criteria among all the ones they have chosen on an individual basis.
  - Finally, answers from all groups are merged in plenary, leading to a final selection of criteria.
- P

**Peer learning discussion**
  - An open group discussion whereby peers interact with each other with the objective of sharing their experience and learning from each other.
- W

**Jigsaw**
  - The jigsaw is a cooperative learning strategy that encourages people to develop their own understanding and then share knowledge with the group.
  - Working groups are each assigned a particular part of a problem or puzzle piece and the tools to develop knowledge on that specific component.
  - The pieces are then put together using visual materials and facilitation techniques.

- X

**Quiz**
  - Participants are given a series of short questions on a particular topic.
  - Quizzes can be used for a variety of purposes including measuring participants knowledge on a subject or prompting self-reflection.

### III. Development of action plans

At the end of the training sessions or workshop, participants need to design an action plan that will facilitate them translate the knowledge and skills acquired from training into action. This is a simple tool (generally a table or template) reflecting four major items including the gap or challenge to be bridged, recommendations in terms of proposed actions or interventions to implement in order to address identified challenges, responsible part and the time (month/year) for implementation of the designed action. The table below illustrates a template of an action plan.

S/N	Gaps/Challenges	Recommendations or actions to address identified challenges	Responsible Party	Year/Month for implementation
1				
2				
3				
4				

#### NOTA BENE

The above template is used by sector professionals to facilitate smooth use of acquired knowledge and skills back to their respective sectors. Gaps or challenges are identified in line with the way the sector is addressing SGBV. In other words, the gaps/challenges are areas for improvements.

## Pedagogical Tools

There are many types of tools that a teacher/facilitator can use to ensure active delivery. The tools are selected depending on the nature and objectives of the lesson or training session to facilitate. The following are just a few among the basics:

**Curriculum** In this context, the curriculum means a corpus of knowledge and skills that the learners need to acquire. They me be compiled in one or several documents that the facilitator may need to use.

**Pre-test.** A pre-test is a test given to training participants before the instruction is presented or received. A pre-test can be used to weed out participants who may not succeed in a class, to determine class content, or to set prerequisite skills.

**Module.** A training module is one structured section of a course. The content within a training module should be designed, and created, to support the learner's intake and retention of the information it contains.

**Post-test.** A test taken after a programme, course, etc., and designed to measure its value or effectiveness (usually by comparing the results with those of a test taken before such training).

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