

# Gender-based violence & psychosocial support

## IRISH CONSORTIUM ON GENDER-BASED VIOLENCE LEARNING PAPER

December 2019

*This Learning Paper gives a brief snapshot of psychosocial support (PSS) and gender-based violence (GBV), including the types of PSS and PSS best practice. It also highlights the new Inter-Agency Minimum Standards on Gender-based Violence in Emergencies Programming, showing why PSS is an essential component of GBV response and why PSS interventions should take a survivor-centred approach.*

*Case studies from Concern Worldwide Lebanon, Trócaire and World Vision offer concrete examples of the current work and challenges related to working in GBV response and PSS.*

***The following key messages came out of this paper:***

- *Learnings from the field point to the ongoing need for GBV response which includes PSS;*
- *Protection staff do not need to be GBV experts to provide certain forms of PSS; they can receive training on the survivor-centred approach and on making safe referrals;*
- *Working in PSS and/or GBV response is emotionally difficult, and ongoing staff care for humanitarians and development practitioners is vital for sustainability of programmes;*
- *The Inter-Agency Minimum Standards on GBViE should be used for strengthening GBV prevention and response.*

# What is psychosocial support?

Mental health and psychosocial support (MHPSS) is located between the protection and health sectors and describes support that seeks to protect or promote psychosocial well-being and mental health.

The word 'psychosocial' captures how psychological well-being is directly linked to one's social surroundings, including community, family and cultural networks. MHPSS includes four layers of service provision that become more specialised as they progress (Figure 1, page 4).

**Layer 1: Basic services and security** - includes psychological first aid (See box on page 3) and integrating psychological and social considerations into the rollout of any basic services necessary in a humanitarian setting.

**Layer 2: Community and family supports** - includes any activities or programmes aiming to maintain and/or strengthen community and family links, including family tracing/reunification, parenting programmes and social networks.

**Layer 3: Focused, non-specialised supports** - includes case management and more specific and structured supports at the family, group, or individual level.

**Layer 4: Specialised services** - includes a continuation of case management of individuals needing clinical mental supports.

It is important to note that the number of people needing to avail of services typically declines as the layers progress, although it is best practice for all services to be implemented and available simultaneously so that there are not gaps in service.

PSS is especially important in humanitarian settings, for all members of the population, women, children and men, but it is also important in development settings. This Learning Paper looks specifically at PSS as a key component of GBV response and prevention.

## PSS best practice

There are five empirically sound intervention principles that guide PSS programmes across humanitarian contexts globally:

1. Promote sense of safety;
2. Promote calming;
3. Promote sense of self- and collective-efficacy;
4. Promote connectedness;
5. Promote hope.

# What is the link between GBV and PSS?

## Highlighting the Inter-Agency Minimum Standards for GBV in Emergencies Programming

In many contexts, there is a culture of stigma around GBV, and there are inadequate GBV response services available. As a result of this, PSS is an essential aspect of GBV response and prevention; equally, it is vital that PSS interventions take a survivor-centred approach toward GBV.

The Inter-Agency Minimum Standards for GBV in Emergencies Programming outlines the MHPSS Intervention Pyramid through a GBV/gender lens in Standard 5, offering concrete examples of how each layer intersects with the needs of potential GBV survivors (Figure 1, page 4).

**Layer 1: Basic services and security** should be survivor-centred and should not increase the risk of sexual exploitation and abuse. In humanitarian response, there is a particular gap as regards healthcare for survivors of rape and intimate partner violence. At this layer, there are ideally referral services available to link survivors to other types of support discussed below, depending on their unique needs.

**Layer 2: Community and family supports** focus on increasing awareness of GBV and reducing stigma at the community and family levels. This can be promoted through women's and girls' safe spaces (WGSS) (see box on page 5) and educational and/or livelihood activities. It is important to note that GBV survivors should not be targeted directly for participation in these PSS activities. However, it is likely that beneficiaries may disclose incidents of GBV in WGSS, making it essential that referral pathways to more focussed, non-specialised or even specialised services are available.

## Overview of Psychological First Aid (PFA)

Psychological first aid describes a basic, supportive response to anyone who may be in need following a traumatic event. It can be provided by non-specialists, including humanitarians and the community.

### PFA is:

- Listening to someone non-judgmentally
- Assessing basic needs and referring to more specialised support if it is available
- Providing comfort
- Protecting from further harm

### PFA is not:

- Forcing someone to speak about their traumatic experiences
- Specialised, clinical intervention

### Key resources on PFA

- How to support survivors of gender-based violence when a GBV actor is not in your area (available in Arabic, English, French and Spanish [here](#))
- WHO Psychological first aid: Guide for field workers (available in 30 languages [here](#))

**Layer 3: Focussed, non-specialised support** are conducted through case management. These supports are typically for GBV survivors who have come forward seeking additional supports, although it is important to note that such types of support should not be reserved exclusively for GBV survivors. These focussed, non-specialised supports could include group-based culturally appropriate PSS sessions or counselling seeking to promote calmness and relaxation, interconnectedness and peer relationships, as well as additional livelihood and educational reintegration interventions.

**Key concept:** The majority of GBV-specific programmes are concentrated in Layer 2 and Layer 3, community and family supports and focussed non-specialised supports. GBV specialists, however, are vital in training humanitarian staff working in Layer 1, basic services.

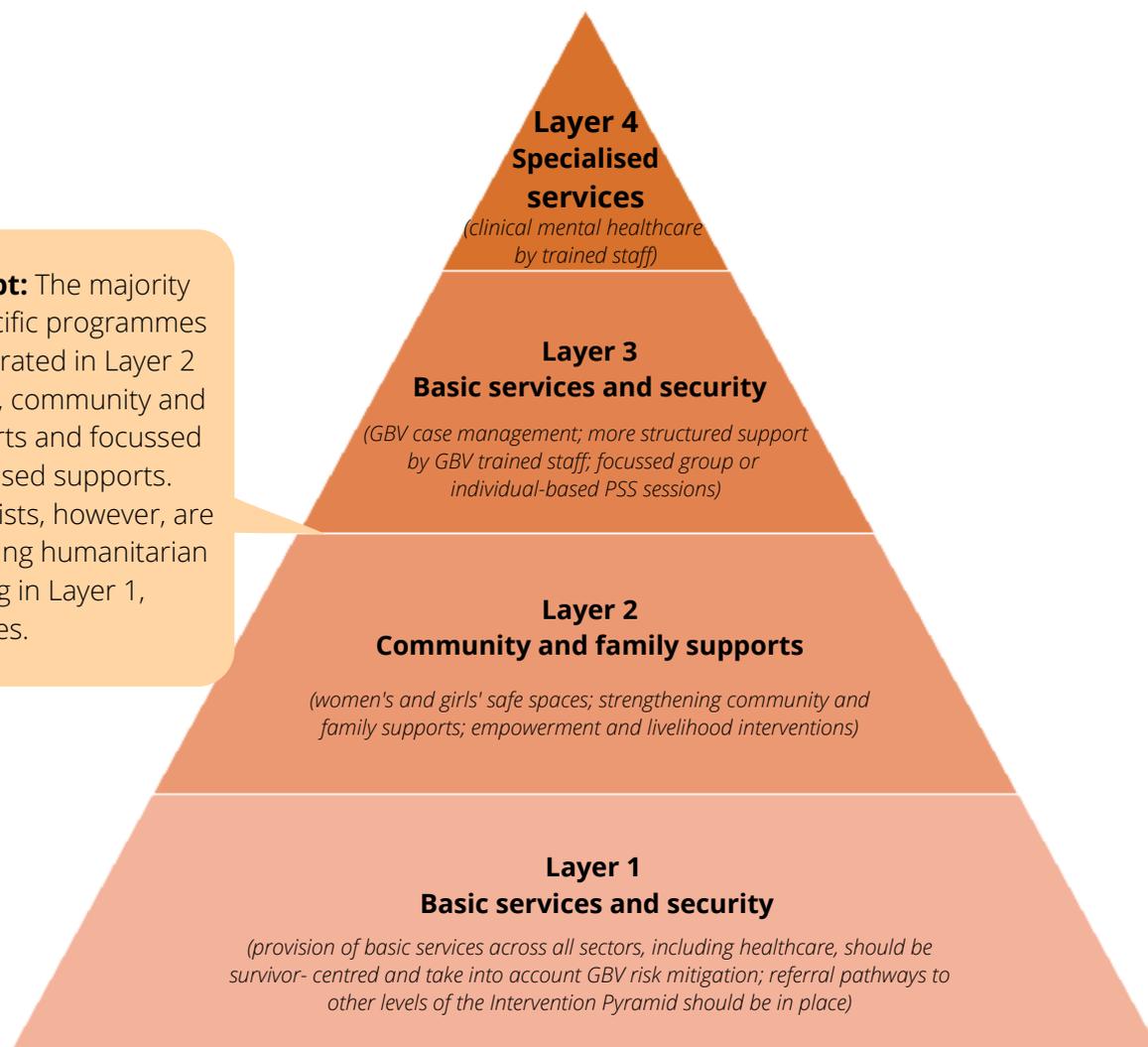


Figure 1 - MHPSS Pyramid through a GBV/gender lens (Source: Inter-Agency Minimum Standards on GBViE)

**Layer 4: Specialised services** are at the top of the MHPSS intervention pyramid and include psychological evaluations by trained professionals. The fewest number of GBV survivors will need to access these types of services, compared to services at lower levels of the pyramid. However, it is important to note that survivors at this level should retain access to PSS activities at lower levels, including WGSS and reintegration activities.

It is important to note that all survivors of GBV are different and will have varying needs, depending on a number of intersecting variables such as the level of individual and community supports, socio-economic status, type of violence experienced and relationship to the perpetrator.

# Learnings from the field

## A conversation with a GBV Case Manager and Case Worker from Concern Worldwide Lebanon

*ICGBV: Could you tell us about Concern Worldwide Lebanon's PSS work and where GBV case management falls within that?*

Concern Worldwide Lebanon's protection programme includes case management and a PSS programme called Engaging Men, which takes a 'whole family' approach, targeting women, men and children of the same households. All PSS sessions take place in community centres. We are part of the Lebanon Inter-Agency Working Groups on SGBV and Child Protection. In general, our beneficiaries are refugees facing various hardships, including poverty and lack of residency or working permits. Additionally, many women are from female-headed households, which makes them more vulnerable to experiencing GBV outside of the home. Regarding services, there are not enough safe shelters for GBV survivors in Lebanon, so this is a challenging context.

*ICGBV: Understanding that case management is a new area for Concern Worldwide, could you tell us about what is necessary to begin working in this space?*

The case management team at Concern Worldwide Lebanon has worked hard to strengthen the protection team's understanding of GBV case management and its key principles. We have conducted internal trainings with our WASH, shelter and education teams on PSS activities. These trainings covered topics like how to handle GBV disclosure—for example, the importance of talking with the survivor individually and after (rather than during) a PSS session to inform them of referral possibilities and not asking them

### What is a women's and girls' safe space?

A Women's and girls' safe space (WGSS) is a structured place where women's and girls' emotional and physical safety is respected and where women and girls feel empowered to express themselves freely, openly and without judgement.

#### The four most common WGSS programmes are:

- 1) Service delivery, including referrals;
- 2) Psychosocial support and recreational activities;
- 3) Skills development and livelihood activities;
- 4) Information and awareness raising

The five guiding principles of WGSS: empowerment, solidarity, accountability, inclusion, partnerships.

#### Key resources on WGSS:

- IRC and IMC Women's and Girls' Safe Spaces: A Toolkit for Advancing Women's and Girl's Empowerment in Humanitarian Settings, forthcoming.
- The Inter-Agency Minimum Standards for Gender-based Violence in Emergencies Programming, 2019, see Standard 8 (Available in English and French [here](#); Arabic and Spanish in 2020).

them to go deeper into the incident disclosed.

Since these trainings, the GBV Case Management team has seen an increase in referrals. This indicates that there is greater awareness of protection mainstreaming across Concern Lebanon departments and that teams are more alert to GBV cases in the field and more confident in making referrals.

**'Women come to talk and to feel free. I am here just to hear her and assist her in her needs.'** - Siba Bizri, Concern Worldwide Lebanon

**ICGBV:** *What are some of the challenges experienced while working in GBV case management?*

One of the challenges of working in PSS and case management is the need for additional supports for caseworkers, who work directly with the community and hear their struggles and traumas on a day-to-day basis. Previously we saw that GBV caseworkers went to their GBV Case Manager to express their emotional difficulties with the work, or they organised social

outings on their own in order to decompress. However, it was acknowledged by the team that this would not be sustainable in the long-run. One suggestion moving forward could be having a counsellor do group sessions with caseworkers once a month, with the possibility of referring GBV caseworkers to additional supports if/when necessary.

*- This excerpt was developed by the ICGBV based on a conversation with Walid Farghawi (Case Manager) and Siba Bizri (Case Worker), Concern Worldwide Lebanon*

## **Trócaire works across the MHPSS intervention pyramid: A spotlight on strengthening community and family supports and specialised supports**

Trócaire places a specific focus on the protection of women and girls in emergencies, including specialised GBViE programming. Working in a range of humanitarian responses—including Somalia, South Sudan, DRC, Myanmar, Lebanon, Uganda and Ethiopia—we partner with local organisations to deliver GBV response and protection services grounded in survivor-centred psychosocial support. While Trócaire delivers GBV response across the entire MHPSS intervention pyramid, this paper shines a spotlight on community and family supports and specialised supports.

### **Strengthening community and family supports**

This work includes WGSS in Myanmar with Karuna Mission Social Solidarity (KMSS) and community based psychosocial support to women's groups in Ethiopia (with the Oromia Pastoralist Association), South Sudan (with TOCH) and Lebanon (with Women Now, Basmeh & Zeitooneh and

Sawa). Psychosocial activities at this level include socio-culturally appropriate and participatory recreational activities, life skills sessions and low-intensity psychosocial groups focused on promoting a sense of safety, calming, self-efficacy and community efficacy, connectedness and hope. In each setting, we work closely with local partners to recruit, train and support female, same-language staff from the affected communities to facilitate groups, provide survivor-centred basic emotional support and safely refer to more specialised services where needed.

These community level services are a safe, acceptable entry point for women and girls, including GBV survivors, to access focussed support, including GBV case management, individual focussed psychosocial support and group focussed psychosocial support.

## Key concept

The survivor-centred approach puts the survivor first, meaning that the survivor's wishes and rights are upheld, that they are treated with dignity and respect and that their safety is ensured.

### Specialised supports

Following community and family supports or even focussed supports, in a small percentage of cases, specialised support from clinical staff is required. Partner clinical psychologists and/or clinical social workers have provided this service through either static or mobile women's centre models (e.g. with Basmeh & Zeitooneh and Women Now in Lebanon and previously with Pak Rural Development Program in Pakistan) and health centre based models (e.g. with Sofepadi in DRC). In our experience, the provision of specialised psychosocial support to survivors of GBV is most effective when clinicians are grounded in a survivor-centred service model.

A best practice model we use in DRC for the provision of specialised support to survivors of GBV is the 'one-stop shop', whereby a range of specialised supports for survivors of sexual violence are embedded in a health facility. All patients who attend the facility are offered a range of health services including a consultation with a female doctor trained in survivor-centred principles, clinical management of rape and forensic evidence gathering.

If a survivor discloses sexual violence to their doctor, they are offered in-house referrals to specialised clinical psychologists, lawyers and confidential family and socio-economic supports. This process ensures access to multiple services without having to repeatedly disclose her experience of sexual violence to different service providers. All services are delivered based on individual needs and choices, whereby the survivor is the primary actor.

The Trócaire Humanitarian Technical Unit, which leads on the protection of women and girls in emergencies work, are currently developing a GBV and PSS toolkit, GBV and PSS guide for frontline staff and accompanying training package, drawing together tools and resources developed for specific country programmes into a global-level resource.

- This excerpt was provided by Dr. Fiona Shanahan, Trócaire

## World Vision International's Syria Response implements PM+ and GBV Case Management in North-West Syria

World Vision International is responding to the Syria crisis from Jordan. Their response to GBV survivors in North-West Syria includes case management and Problem Management Plus (PM+). PM+ is an intervention that helps people improve their management of practical and common mental health problems (e.g. depression, anxiety, stress or grief). Strategies include approaches for managing stress and problems as well as strengthening social supports. Additional strategies include psycho-education, motivational interviewing to encourage clients to engage with PM+, and relapse prevention.

### Trainings on GBV core principles for all protection staff

Using the GBV sub-cluster and WHO resources, World Vision trained its local implementing partner on PM+ and case management, including GBV core concepts, disclosure and safe referrals. In order to increase capacity across the board, World Vision targeted both specialised and non-specialised protection staff working on the front line with local communities. Importantly, the trainings were not only about acquiring technical skills but also about learning the essential skills and traits to work with GBV survivors, such as building trust, normalising the client's reaction, eliminating judgement, confidentiality, compassionate, active listening and openness.

The trainings resonated with many participants, especially women staff members who were personally aware of GBV seen in their communities in Syria, before and after the war. In fact, many women shared stories of family and domestic violence, underlying the importance of creating a safe space in trainings. The staff in the training engaged in breathing exercises and grounding techniques, and individual staff case sessions and ongoing follow-up were provided.

### Seeing positive results

After a first trial of implementation of PM+ and case management in the field, results have shown positive improvements for GBV survivors. One 40-year-old woman was experiencing difficulty with her children at home and was attending PM+ sessions. She said, "I can feel the changes in my life, I started to laugh again, I have found friends. My family can notice that I have changed, I became calm and positive."

However, North-West Syria remains a challenging space. Overall, there is a lack of psychosocial support and protection services, including shelters for GBV survivors and legal services, as well as ongoing complex displacement. From an organisational perspective, remote supervision and management of programmes in Syria from Jordan has posed challenges for World Vision International. It is difficult to create a standardised modality to support teams remotely, provide training and supervision, as well as support the needs and coordination of the partners and the staff in the field.

***'I can feel the changes in my life, I started to laugh again, I found friends. My family can notice that I have changed, I became calm and positive.'***

World Vision  
beneficiary

# Key messages on GBV & PSS

- ▶ Learnings from the field point to complex humanitarian and development contexts, where essential GBV services—including safe shelters for GBV survivors, health and legal services—are lacking. This illustrates that there is an ongoing need for GBV response which includes PSS interventions.
- ▶ Protection staff do not need to be GBV experts, particularly to work in PSS interventions at Layer 1 and Layer 2 of the MHPSS intervention pyramid, which includes psychological first aid and community and family supports. Rather, it is important for an understanding of GBV core principles to be mainstreamed across PSS interventions. This can include training protection and health staff in understanding the survivor-centred approach and making safe and confidential referrals.
- ▶ Working in PSS and/or in GBV response is emotionally challenging for staff. Ongoing staff care for humanitarians and development practitioners is essential in providing sustainable interventions.
- ▶ The Inter-Agency Minimum Standards on GBViE Programming include guidance notes, indicators and examples of key actions for each of the 16 Standards. This resource should be used for developing a common understanding of the minimum requirements for GBV prevention and response in emergencies.

# Key resources on GBV & PSS

- IRC and IMC Women’s and Girls’ Safe Spaces: A Toolkit for Advancing Women’s and Girl’s Empowerment in Humanitarian Settings, forthcoming.
- The Inter-Agency Minimum Standards for Gender-based Violence in Emergencies Programming, 2019. (For Health Care for GBV Survivors, see Standard 4; Psychosocial Support, Standard 5; Women’s and Girls’ Safe Spaces, Standard 8. Available in English and French [here](#); Arabic and Spanish in 2020).
- GBV AoR Handbook for Coordinating Gender-based Violence in Emergencies, 2019. (Available in English and Arabic [here](#)).
- UNFPA Minimum Standards for Prevention and Response to GBV in Emergencies, 2015. (Available in Arabic, English, French, Spanish and Russian [here](#)).
- Inter-Agency Standing Committee Guidelines for Integrating Gender-based Violence Interventions in Humanitarian Action: Reducing risk, promoting resilience and aiding recovery, 2015. (Available in English [here](#)).
- IASC Guidelines on Mental Health and Psychological Support in Emergency Settings, 2007. (Available in English [here](#)).
- GBV Guidelines Reference Group and GBV AoR How to support survivors of gender-based violence when a GBV actor is not in your area. (Available in Arabic, English, French and Spanish [here](#)).

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