



DO NOT

- DO NOT **pressure** the survivor into providing information or further details.
- DO NOT **force help** on people, be intrusive or pushy.
- DO NOT **ask** questions that make survivor **relive the experience**.
- DO NOT **doubt or contradict** the survivor.
- DO NOT **trivialize** or minimize the violence.
- DO NOT **provide counselling**. This is the role of a social worker/case manager.
- DO NOT offer advice or **judgements**.
- DO NOT **make false promises** or provide false information (or information you are not sure about).
- DO NOT **mediate** between the survivor and the perpetrator or a third person (e.g. family).
- DO NOT **share details of the incident** or personal identifiers unless the survivor says to do so (this includes family, police, community leaders, supervisors, etc).
- DO NOT **write down any details** of the incident or the survivor's personal details.
- DO NOT **assume you know what a survivor wants or needs**. Some actions may put the survivor at further risk of stigma, retaliation, or harm.
- Once a GBV referral has been made, DO NOT **ask for extra information or contact the survivor directly**.

DO

- **DO be prepared.** be informed about the services and location that are available in the location ahead of time.
- **DO address basic urgent needs.** some survivors may need urgent medical care or clothing.
- **DO make sure that both the survivor and you are safe from immediate danger.**
- **DO provide practical care and support** (e.g. offer water, somewhere to sit, etc.)
- **DO offer to contact a friend,** family or other that would make the survivor feel safe and supported.
- **DO treat the information with confidentiality** and listen to the disclosures in a safe, private place.
- **DO listen** to the person without asking questions.
- **DO behave appropriately by considering the person's customs, religion and gender.**
- **DO offer comfort** to help reduce anxiety. Reassure the survivor that this was not his /her fault.
- **DO be aware of and set aside your own judgements.**
- **DO respect the right of the survivors to make their own decision. Inform, do not give advice.**
- **DO limit the number of people informed** about the case (refer the case confidentially to appropriate GBV focal point, and only with the informed consent of the survivor).
- **DO know how to safely and confidentially refer or** link survivors with services where available.

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Location: _____

Available services and contacts:

In the absence of a localized referral pathway and GBV or Protection focal point, contact a provider of last resort (this may be a national GBV coordinating agency or agency specific Protection or GBV advisor, amongst others).

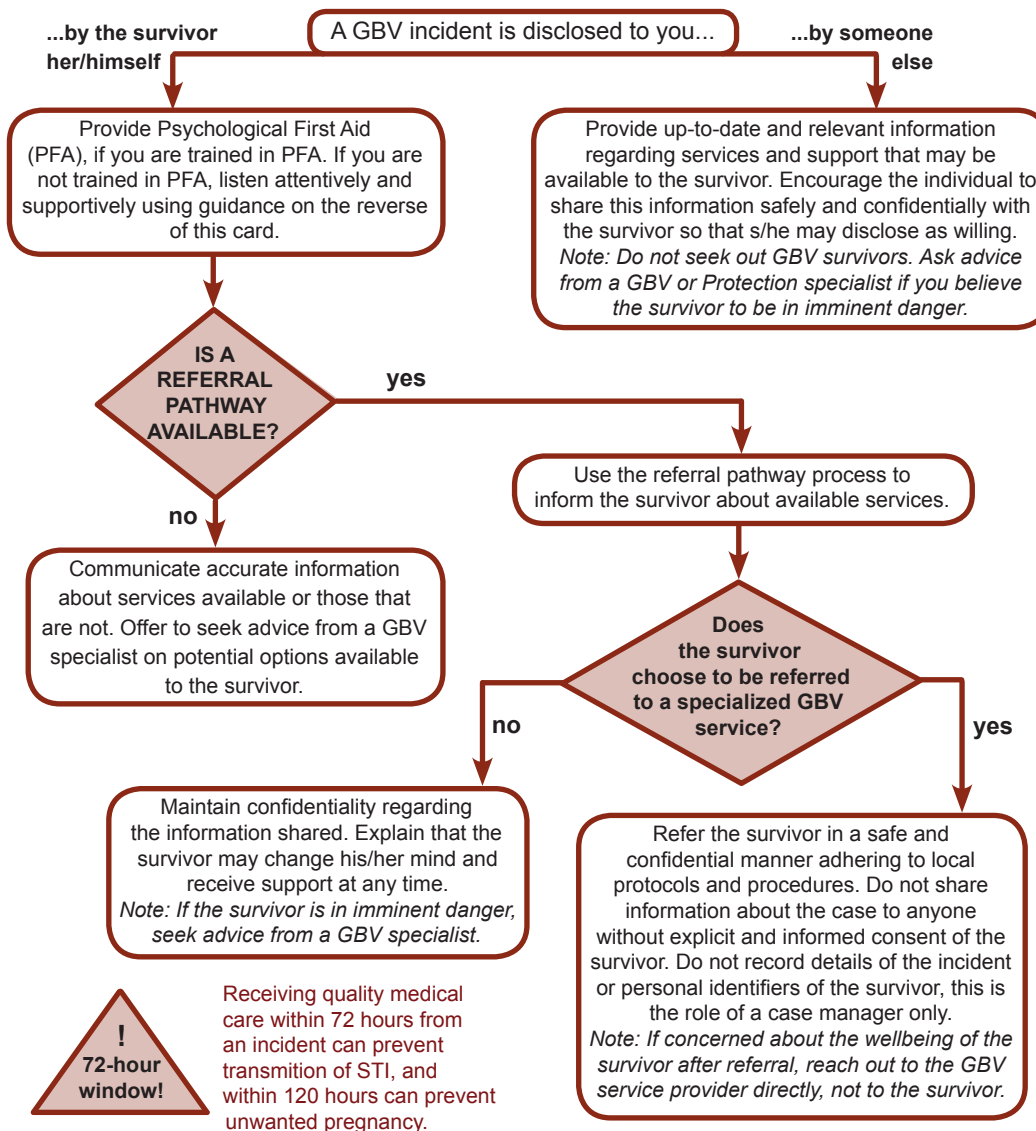
Contents of the fold-out:

This fold-out contains three basic tools for field practitioners to know what to do in case a GBV incident is disclosed to them.

- Do's and Dont's
- Responding to a GBV disclosure
- Location-specific available services

www.sheltercluster.org/gbv

SAFELY AND ETHICALLY RESPONDING TO A GBV DISCLOSURE



CHILD PROTECTION

A child's best interests, his or her physical and emotional wellbeing as well as safety, are central to how we respond to GBV incidents experienced by persons under the age of 18. Sharing information should happen only after obtaining permissions from the child/caregiver, unless reporting is mandatory. Depending on the level of maturity of the child and local laws, children aged 15-17 can generally provide their own permission (for example, when a perpetrator is a parent or caregiver). Where mandatory reporting procedures exist, communicate these to the child and their caregiver. It is always essential to understand that the risks to girls and boys may be different, and female staff should always be at the frontline of response for child survivors. Always seek advice from child protection/GBV specialists wherever possible.