



Integrating GBV Response and Handling Disclosures During Toose Sessions

A Guide for Facilitators



Acknowledgements

This Guide was supported by the UK Foreign, Commonwealth and Development Office (FCDO) through the Stopping Abuse and Female Exploitation (SAFE) Programme implemented in two rural and one urban district of Zimbabwe.

The SAFE programme was led by Ecorys with technical direction from Social Development Direct (SDDirect). Research and evaluation was supported by the Evaluation and Learning Unit (ELU) led by TetraTech with The World Food Program (WFP) leading implementation in the forth cohort. The program' implementing partners were Plan International Zimbabwe, Musasa, Caritas Harare, and Mwenezi Development Training Centre (MDTC).

Special acknowledgement for this Guide goes to Musasa, a Zimbabwean women's rights organisation (WRO) with over 30 years' experience working to end violence against women and girls. Musasa was the SAFE Programme's primary response partner and they developed and led the essential and complimentary response services for Toose in all three initial implementation districts in Zimbabwe. This Guide was directly informed by Musasa's work on the programme.

We extend our gratitude to all the women, men and families who participated in the SAFE Programme and research that informed the different sessions in this Guide.

Contents

1	Introduction	2
	Background on SAFE	2
	Background on Toose	2
2	The Guide	3
	What is the Toose Response Facilitator's Guide	3
	What do we mean by GBV Response?	3
	How does this fit with the Toose Social and Economic Empowerment Facilitator's Guides and the Community Conversation Guides?	4
	Who else is involved in the response component of Toose	5
3	My role on response as a facilitator of the economic and social empowerment sessions	6
	The importance of the facilitator's role	6
4	Disclosures	7
	Referral pathways	7
	How to handle disclosures of violence	8
	Key considerations for GBV response interventions	8
5	Integrating response into your regular sessions	12
	Preparation before session	12
	During session	13
	After the session	15
	Seek support for yourself	16

Acronyms

1

Introduction

WORKING
TOGETHER

Background on SAFE

Stopping Abuse and Female Exploitation (SAFE) is a four-year programme funded by the UK government in Zimbabwe to prevent and respond to gender-based violence (GBV) with a particular focus on intimate partner violence. Framed as a family wellbeing programme, SAFE adopts an economic and social empowerment approach to GBV prevention, and works at individual, relationship, and community levels to achieve its objectives

Background on Toose

Toose (derived from the Shona word 'Tose' meaning together) was developed and tested in Zimbabwe under the SAFE Programme through four cohorts or iterations between 2019 and 2024.

Toose seeks to prevent intimate partner violence (IPV) through a combination of social empowerment, economic empowerment, community diffusion and gender-based violence (GBV) response programming. In Zimbabwe, SAFE worked with Musasa as the GBV response partner. Musasa is a Women's Rights Organisation (WRO) with over 30 years' experience providing specialist support and services to survivors of violence in Zimbabwe.¹ During the design and implementation of Toose in Zimbabwe, they provided essential response services through their specialised services like shelters, mobile one stop centres and locally based and trained community cadres code named Gender Community Based Clubs (GCBCs) Members of the GCBCs received training from Musasa so that they could act as the first port of call for survivors and help them to access services. They also played a role in raising awareness about GBV issues in the community, such as child marriage, and advocating for improvements to the services available.



¹ Musasa was set up in 1988 and works to prevent and respond to GBV in Zimbabwe. They provide specialist support and services to survivors, including a 24-hour toll free line, counselling, legal support and shelters. Musasa also advocates for better laws and policies, and has a strong focus on monitoring, evaluation, accountability and learning. For further information visit <https://musasa.co.zw/>

2

The Guide



What is the Toose Response Facilitator's Guide

This Guide is for Toose facilitators who are delivering the social and economic components of Toose and the Toose community conversations as well as the GCBCs who have a critical role of accompanying TISAL and Toose sessions. It has no standalone sessions but is designed to work as an accompaniment to the other three Facilitator's Guides (Toose Economic Empowerment Facilitator Guide, Toose Social Empowerment Facilitator Guide, Toose Community Conversations Guide for Facilitators). It is written to help the facilitators and GCBCs have a better understanding of what is required to handle disclosures of violence and provide initial support to group members experiencing GBV in a survivor centred way. As such this guide should be shared with facilitators and GCBCs along with the accompanying facilitator guides that make up the Toose facilitator's package. Alongside being a useful guiding document for facilitators themselves, it is also advised that this guide is used to inform and design the training of any facilitators who are leading the Economic and Social Empowerment sessions, as well as the Community Conversations. In addition, this guide should be used by GCBCs who facilitate community dialogues and safe spaces. This is, to ensure the key concepts and considerations for response are effectively mainstreamed in all Toose community level interventions.

Whilst this Guide is informed by the wider Toose response approach, this guide does not provide details for implementing the Toose Response Model from Zimbabwe and does not go into detail on the community approach to response that was used. For implementors interested in those details, please see the accompanying Toose Implementation Guide for all components of Toose, including information on the overall Toose response package implemented in Zimbabwe with WRO Musasa).

What do we mean by GBV Response?

Simply put, GBV response means helping those who have already experienced GBV to access services they may need. As highlighted by the World Health Organisation, globally almost 1 in 3 women will experience sexual or physical violence in their lifetime. This high prevalence means that it is likely that the participants in the sessions you run as well as other community level interventions like community dialogues will include people who are currently or have previously experienced some form of GBV. The word that we are using to describe someone who is currently or has previously experienced violence in this guide is 'survivor'.

Some of the topics that you will cover when you are facilitating the Toose Social Empowerment sessions (particularly sessions 8 and 9) do involve providing information about GBV and facilitating discussions on power and IPV that can sometimes result in increased violence in the home or prompt those already experiencing violence to seek help and support from GBV services. In addition, the information that is shared about GBV within the Toose Facilitator's Social Empowerment Guide may be the first time that survivors realise they are experiencing GBV or know that they can get help and/or where to get help. This means they may ask you, as the facilitator or GCBC accompanying the sessions for more information or for support to get the help they need.

Whilst Toose should be delivered alongside a robust GBV response approach that ensures survivors can be supported to access services they may need, as facilitators of the different Toose sessions or as GCBCs accompanying sessions, it is important that you are equipped to respond appropriately if someone discloses to you that they or someone they know are experiencing violence or asks for help. This Guide is designed to help you do this.

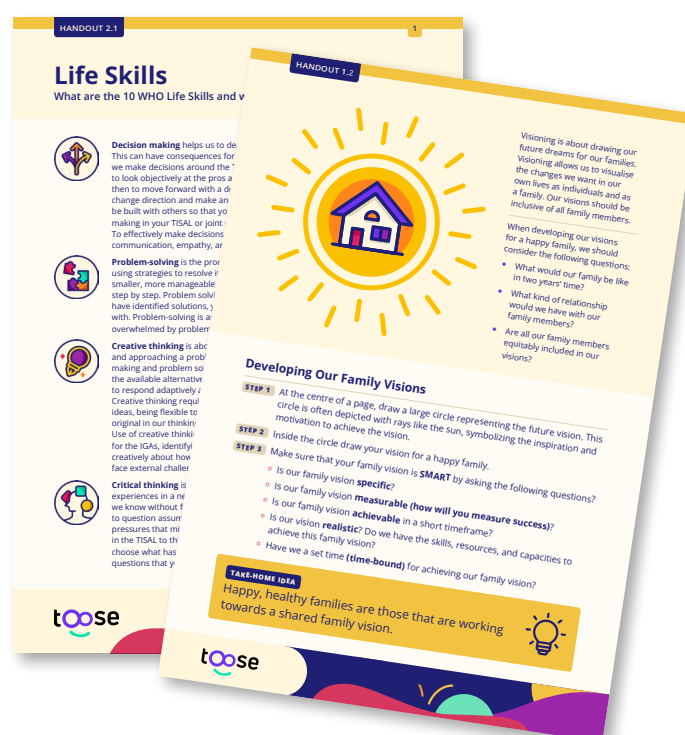
Overall, any response element of a prevention intervention aims to ensure that every person who asks for help can be supported to reach the right services for them. **This does not mean that as a facilitator you need to provide care to the survivor yourself.** GBV response is a specialised area, and you should be careful not to do anything that could cause harm to survivor or yourself. This Guide will help you navigate how to help survivors access the support they need, including referring and linking them to trained GCBCs and specialists counsellors who can provide this support.

How does this fit with the Toose Social and Economic Empowerment Facilitator's Guides and the Community Conversation Guides?

As response is a cross-cutting component of the Toose model and to date has been delivered via a response partner and community level GCBCs (rather than the facilitators directly), there is not a separate set of sessions focused on response for group facilitators, nor is there. , specific lesson plans or handouts in this guide. Instead, this guide provides help and advice for you as the facilitator to:

- Understand the underlying principles of how to respond to survivors as part of your regular sessions.
- Identify the skills needed to do so within the Toose sessions you facilitate.
- Understand how to work with other response partners and indeed the GCBCs that may be part of your specific Toose intervention.

Toose social and economic empowerment sessions are for participants over the age of 18. Therefore, this Guide is designed to support facilitators of these sessions engage with adults. Separate guidance and protocols would be needed for engagement with children.



Who else is involved in the response component of Toose

The organisation implementing Toose prevention package will have relationships with organisations providing services to survivors. In Zimbabwe, this was Musasa, a women's rights organisation who had trained staff, shelters and a community approach to response championed by trained community members known as GCBCs. Whilst your response partner may be different, what is important is that they will have experience providing response to survivors of GBV and can also provide you with information about other health, legal, one stop services so that you can share them with people who attend your Toose sessions. In addition, the response partner should identify, train and work side by side with GCBCs who maybe available throughout the roll out of sessions.

These services are likely to include some or all of the following:

- › Case management services that can support survivors to access services and provide psychosocial support.
- › Women and girls' safe spaces or equivalent community spaces with activities focused on building support networks and enhancing women's empowerment.
- › Legal support with a specialist in GBV and navigating reporting incidents and supporting clients with cases relating to their experience as well as other related work such as divorce and child custody.
- › A shelter or safe house where survivors especially of intimate partner violence can be housed temporarily.
- › A healthcare service that can provide clinical management of rape (CMR) services, including emergency contraception, PEP, wound care and treatment of STIs.
- › Mental health support such as counselling, where staff have specific training in supporting survivors of GBV.
- › Safe spaces for women where they can access GBV and SRHR rights and services through local level service providers, In addition safe spaces provide space for recreation and fun for women.
- › Community dialogues where open and dialogues between communities and duty bearers like traditional leaders and local GBV service provides are held.

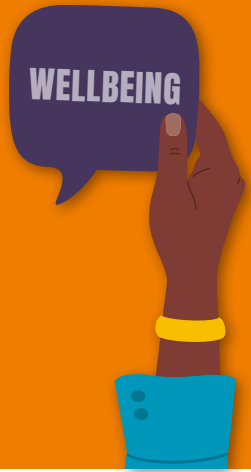
These services should be run by a response partner directly or through GCBCs within the Toose programme.



Remember, the services can also include more informal support. When Toose was implemented in Zimbabwe the response partner Musasa set up the GCBCs to have community members with training act as the first port of call for survivors and create a referral pathway between facilitators, the response partner, and other available services (health, legal etc). If the area you work in has similar community groups, these should also be part of the services you can talk to survivors about. If the overall programme you are part of is interested in setting up GCBCs, they should refer to the Toose Implementation Guide for more details on how to do this.

3

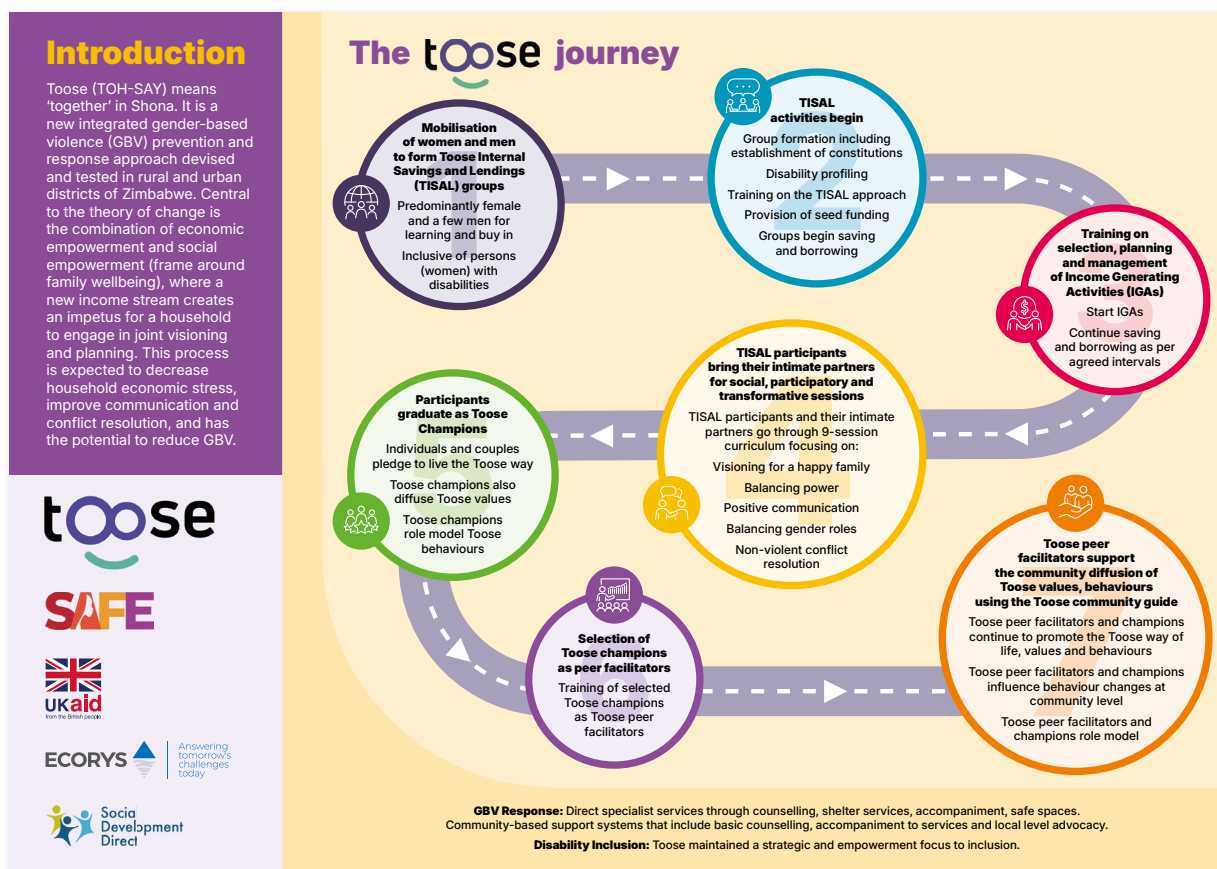
My role on response as a facilitator of the economic and social empowerment sessions



The importance of the facilitator's role

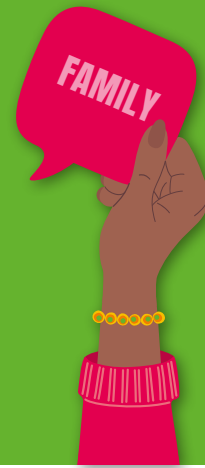
The facilitator plays a critical role in supporting participants throughout their Toose journey. It is the role of the facilitator to create and manage the group dynamics during the economic and social empowerment sessions of Toose so that participants feel safe to share their thoughts and ideas. At times, some of the sessions (particularly the social empowerment sessions) and discussions may explore more challenging or sensitive subjects, and it is important that the facilitator is able to keep the discussions constructive and do not reinforce any harmful attitudes or behaviours.

The facilitator and GCBCs will often be the first point of contact for participants who may disclose violence happening to them or someone they know. As such, it is vital that facilitators understand how to handle these situations and disclosures in a way that is focused on the survivor's needs and does not cause any further harm.



4

Disclosures



Referral pathways

The Toose Response partner has as one of their responsibilities to develop a contextually relevant referral pathway and train the GCBCs on it. In turn the response partner together with GCBCs, should share this information about which services operate in your area and the contact details, where they are located, their opening hours, and how to contact them. Ideally, there will be a named person list, so the survivor knows who to ask for.

Referral pathways should be inclusive and include services that are safe and accessible for people with disabilities and any other population that your intervention is engaging, for example young people or LGBTQI+ people. Accessibility information should be provided for people with disabilities, including whether a ramp is available, whether sign language interpretation is available, and any other features that would make it easier for them to access response services

As a facilitator, you do not need to create your own referral pathway, your role is simply to pass on that information and support survivors to access it. In the absence of direct accompaniment by GCBCs, you should make sure you are aware of all the services in the referral pathway you receive, so that you can share the information with any of the participants in your sessions who need them. Where GCBCs and or the response partner are available, ensure that space is created during sessions for them to share the referral pathway or any changes that may have happened along the Toose journey.



How to handle disclosures of violence

During sessions, disclosures of violence may occur. A facilitator should always be prepared that discussions during sessions may lead to people disclosing painful personal experiences of GBV that have happened to them or other members of the community. You need to be aware that when this happens, it can be difficult for everyone including other participants, those that are disclosing the incident and the facilitator. Where possible GCBCs should attend all TISAL or Toose sessions. For Toose sessions 8 and 9 of the Toose Social empowerment curriculum that are focused on GBV, counsellors or other trained GBV facilitators should attend as a matter of rule.

Survivors are more likely to feel safe asking you for help if they trust that you will believe them and treat them appropriately. You can remember some of the below guiding principles from the GBV Pocket Guide to help you:²

Respect: All actions you take are guided by respect for the survivor's choices, wishes, rights and dignity.

Safety: The safety of the survivor is the number one priority.

Confidentiality: People have the right to choose to whom they will or will not tell their story. Maintaining confidentiality means not sharing any information to anyone.

Non-discrimination: Providing equal and fair treatment to anyone in need of support.

Key considerations for GBV response interventions

Informed consent

Informed consent is when someone agrees to something after they have been given all the information that might affect their choice. For example, if you are asking someone if you can take their photograph, you should include information about what the picture would be used for, who might see it, and how it will be stored.

Someone who has experienced GBV has had something happen to them without their consent and their power to say no was taken away from them.

Therefore, it is very important that facilitators and GCBCs respect the ability of survivors to decide what happens to them and who they want to tell their story to, including whether or not they report the violence or seek further help. Make sure you have their consent to share any details of what they tell you, including with other colleagues and service providers.

Determining the capacity to consent of people with disabilities can be more complex, however you should first assume capacity to consent, ensure consent is checked throughout the intervention (capacity to consent may differ for different decisions) and ensure that information is communicated to the person in a way they understand (as capacity to consent depends on understanding).

2 [GBV Pocket Guide - Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action](#)

Confidentiality

If the survivor doesn't want you to share her information with someone else, you should respect that. This means not talking about it or writing it down in a way that includes details that might identify the survivor, such as her name, the name of the perpetrator, any details about her family or community, or specific details about when and where the incident took place. This is to respect her right to consent, and to protect her from harm.

There are a very few exceptions to confidentiality. In your training you should have received information about the exceptions in the area you are working in.

Here are some key points:

- › **Children:** Some countries have laws that say that when you are aware of an act of GBV that involves a child, you must tell the authorities. If you are talking to someone who is under 18, you need to let them know about this rule so they can make an informed decision about what to tell you.
- › **Harm to the survivor:** If a survivor has said that they will harm themselves in some way, for example by attempting suicide, you will need to tell someone. You should always let the survivor know that you are going to do this if it is necessary.
- › **Harm to someone else:** If there is a credible threat to another person, for example if the survivor tells you that their relative seriously intends to kill the perpetrator, then you will need to tell someone. Talk to the Toose team implementing the programme to find out what the programme procedures are to do this. You should always let the survivor know that you are going to do this if it is necessary.

For all reporting, refer to GCBCs but where appropriate to the GBV response partner to find out what the programme procedures are to do this. You should not have to decide who to talk to on your own.

Skills to handle disclosures

Only trained people should provide counselling or psychological first aid. In the case of Toose, only GCBCs who are trained or counsellors or other GBV specialists should provide counselling to participants who may require the support. If you are not trained, do not try to provide counselling or other specialised mental health support. However, even without specialist training facilitators can provide a safe listening ear, if they do so in a survivor-centred manner.

Note: All social empowerment sessions should be facilitated by a female and a male facilitator and male facilitators should not be alone with female participants as per general safeguarding practice. If a female participant is upset or needs to talk, it should be the female facilitator who responds to them.

It can feel worrying or overwhelming to receive a disclosure. The GBV Pocket Guide resource has three steps to follow to make it easier:

 Look	 Listen	 Link
Look for ways to create a supportive atmosphere for survivors to feel safe	Listen attentively and empathetically to what the survivor wants to say	Link survivors to specialist services (with their consent)

The below tips also come from the GBV pocket guide and can help facilitators and indeed GCBCs to know how to talk to survivors sensitively and safely.

Dos and Don'ts: Look	
DO allow the survivor to approach you. Listen to their needs.	DO NOT ignore someone who approaches you and shares that s/he has experienced something bad, something uncomfortable, something wrong and/or violence.
DO ask how you can support with any basic urgent needs first. Some survivors may need immediate medical care or clothing.	DO NOT force help on people by being intrusive or pushy.
DO ask the survivor if s/he feels comfortable talking to you in your current location. If a survivor is accompanied by someone, do not assume it is safe to talk to the survivor about their experience in front of that person.	DO NOT overreact. Stay calm.
DO provide practical support like offering water, a private place to sit, a tissue etc.	DO NOT pressure the survivor into sharing more information beyond what s/he feels comfortable sharing. The details of what happened and by whom are not important or relevant to your role in listening and providing information on available services.
DO , to the best of your ability, ask the survivor to choose someone s/he feels comfortable with to translate for and/or support them if needed.	DO NOT ask if someone has experienced GBV, has been raped, has been hit etc.



Dos and Don'ts: Listen	
DO treat any information shared with confidentiality. If you need to seek advice and guidance on how to best support a survivor, ask for the survivor's permission to talk to a specialist or colleague. Do so without revealing the personal identifiers of the survivor.	DO NOT write anything down, take photos of the survivor, record the conversation on your phone or other device, or inform others including the media.
DO manage any expectations on the limits of your confidentiality, if applicable in your context.	DO NOT ask questions about what happened. Instead, listen and ask what you can do to support.
DO manage expectations on your role.	DO NOT make comparisons between the person's experience and something that happened to another person. Do not communicate that the situation is "not a big deal" or unimportant. What matters is how the survivor feels about their experience.
DO listen more than you speak.	DO NOT doubt or contradict what someone tells you. Remember your role is to listen without judgment and to provide information on available services.
DO say some statements of comfort and support; reinforce that what happened to them was not their fault.	DO NOT touch the survivor.
Dos and Don'ts: Link	
DO respect the rights of the survivor to make their own decisions.	DO NOT exaggerate your skills, make false promises or provide false information.
DO share information on all services that may be available, even if not GBV specialized services.	DO NOT offer your own advice or opinion on the best course of action or what to do next.
DO tell the survivor that s/he does not have to make any decisions now, s/he can change their mind and access these services in the future.	DO NOT assume you know what someone wants or needs. Some actions may put someone at further risk of stigma, retaliation, or harm.
DO ask if there is someone, a friend, family member, caregiver or anyone else who the survivor trusts to go to for support.	DO NOT make assumptions about someone or their experiences, and do not discriminate for any reason including age, marital status, disability, religion, ethnicity, class, sexual orientation, gender identity, identity of the perpetrator(s) etc.
DO offer your phone or communication device, if you feel safe doing so, to the survivor to contact someone s/he trusts.	DO NOT try to make peace, reconcile or resolve the situation between someone who experienced GBV and anyone else (such as the perpetrator, or any third person such as a family member, community committee member, community leader etc).
DO ask for permission from the survivor before taking any action.	DO NOT share the details of the incident and personal identifiers of the survivor with anyone. This includes the survivor's family members, police/ security forces, community leaders, colleagues, supervisors, etc. Sharing this information can lead to more harm for the survivor.
DO DO end the conversation supportively.	DO NOT ask about or contact the survivor after you end the conversation.

5

Integrating response into your regular sessions



Preparation before session

1. Before each session

- › A survivor may be prompted to ask you for help at any time, but you can be aware of sessions that talk about GBV and available services as these may be particularly useful for survivors.
- › Think about the venue where you will be holding the session. If someone asks to speak to you privately, is there somewhere you or the GCBCs can go where other people would not hear your conversation? Make sure you discuss this with your co-facilitators before each session and identify somewhere safe you and participants can go. Make sure a male facilitator is not alone with a female participant at any time.

2. Ensure you have familiarised yourself with the reporting protocol and referral pathways

- › As part of your training as a facilitator or GCBCs you should have received information about the available services in your area, the referral pathway, and how to safely refer a survivor to services. Review this regularly and make a note of any updates you receive such as a change in opening hours or a different phone number. Ensure that you have information on disability-inclusive referral pathways which are accessible and inclusive for people with disabilities. It is also important to have safe and accessible pathways for other populations, including LGBTQI+ people and youth, if they are part of your intervention.
- › It is possible, and even likely, that disclosures may be made during these sessions. It is important that you know how to support the individuals involved and where to refer them to the appropriate service.
- › Sometimes disclosures may be historical (i.e. something that happened a while ago), and certain services may not be appropriate. It is important to discuss with the response partner what to do in these cases and be aware of how this might make you feel as a facilitator.
- › There will be limitations on the support you can provide (you can listen and refer), and it is important to establish boundaries around this from the outset. It is not your role to provide specialist services or be involved long term in a person's case.

3. Agree processes with your colleagues

- › If you are working in a mixed gender facilitation team, consider who would be best placed to respond to women or men.
- › If this is a session where a counsellor or other GBV worker will be attending, check with them about how they would like to handle any disclosures. They may want to offer a survivor a chance to speak privately during the session or prefer to wait until the end of the session.

During session

1. Be aware of group dynamics and set clear expectations

- › It is important that as a facilitator, one sets clear guidelines for respectful communication and confidentiality.
- › Toose facilitators and should foster an atmosphere of listening, trust, and responsibility where participants feel safe to share their experiences.
- › Remember to bring a survivor-centred attitude into your facilitation. If someone is saying something that is survivor-blaming, use your facilitation skills to redirect this.³
- › Introduce a counsellor or a GCBC who is at the session and explain why they are there.

2. If a participant brings up an incident of GBV that has happened to them

- › Acknowledge their experience and show that you believe them, and that what happened was not their fault. Where a GCBC or Counsellor is in attendance during the session, immediately inquire if the participant would be comfortable receiving support from them.
- › Ask them if they would like to speak privately about it and immediately refer to GCBCs or counsellor on site. This is particularly important if the person accused of perpetrating the violence is also in the room.
- › If they do not wish to speak privately respect their wishes. They may just want to mention it and not say anything further, or they may wish to talk for longer. Maintain a calm and composed demeanour to help the survivor feel more at ease. Demonstrate active listening skills for as long as the survivor wishes to speak.
- › Do not ask them for more details during the session. This is both to make sure they do not feel pressured to reveal more than they want, and to respect other participants' experiences (who may also have experienced violence).
- › If the conversation becomes harmful or leads to further risks for the person disclosing, then you may need to step in politely but firmly to move the conversation on or to stop the session to allow you to focus on the survivor.

3 Survivor- or victim-blaming is when people place blame, either in full or in part, on the survivor or victim for the abuse they have experienced, rather than placing blame on the perpetrator. For further information see <https://www.dvsn.org/october-2023-victim-blaming-what-is-it-and-why-does-it-happen/>

- › Once the participant has finished disclosing the incidence of violence, the Toose facilitators should:
 - Reiterate that violence is never okay or justifiable
 - Acknowledge that it takes courage to share sensitive information and validate the experiences of the survivor
 - Explain that the Toose programme helps those experiencing violence and let participants know where they can get more information.

3. If a participant brings up an incident of GBV that happened to someone else (for example saying “yes, this happens to my neighbour,” or describing an incident that happened to a relative)

- › Step in early and ask the speaker not to share the name or any identifying details of the person they are speaking about, because it is their story to share and might not want everyone in the session to know it.
- › If they can anonymise the story (not just changing names, but details as well – for example if everyone knows where the participant lives, saying “my neighbour” is identifying even if the name is changed) and it is relevant then they may wish to share a short version.
- › If they cannot anonymise the story then ask them to respect the survivor’s privacy but explain to everyone that they are welcome to share overall information about what happens in their community, such as “sometimes husbands hit their wives” “sometimes men harass women and girls at the market”.
- › If the conversation becomes harmful, shaming, heated or leads to further risks for the person disclosing or the person who they are speaking about, then you may need to step in politely but firmly to move the conversation on. For example stating, “this conversation is no longer appropriate for this setting, let’s move the discussion on and I will continue with (the name of the person disclosing) after the session. (Name of person disclosing) if you need some time and would like to step out for a while please do so”.
- › Once the participant has finished disclosing the incidence of violence that has happened to someone else, the Toose facilitators should highlight that:
 - Violence is never okay or justifiable.
 - Explain that the Toose intervention helps those experiencing violence and let participants know where they can get more information.

After the session

1. Follow up with anyone who shared about their own experience of GBV

- › If a counsellor or GCBC is at the session, ask them to provide this support. If you will be supporting the survivor after the session, follow the steps below:
 - Offer them a private conversation before they go home. If they do not want to talk, do not try to convince them. Instead, you can let them know you or a colleague would be happy to talk another time and remind them about the organisations that offer help.
 - If they would like to talk, find the place you have pre-identified to speak that is comfortable, private and cannot be overheard (for you and the participant). Do not make any written notes or record the conversation.
 - Say that you would like to share with them some information about the response partner or local GCBC that could help them, if they like. Explain about the services that are available in the area and ask if they would like help to contact any of them. Remember to ensure you have details of organisations that provide services which are safe and accessible for people with disabilities.
 - If they do not want to be referred to the response partner of GCBC, do not pressure them, but explain that the organisations will be happy to help if they change their mind later.
 - If the GBV experience involves a recent sexual assault, explain that if they do not receive medical attention within 72 hours, they may be unable to take actions to prevent pregnancy or STIs. However, it is still the individual's decision, and they should not be pressed to seek medical attention.
 - If they would like to be referred to the response partner or any other GBV service provider in your community, follow the agreed steps in the referral pathway for your area. Let the survivor know where the organisation is located, any access issues, times of operation and contact details.

2. Follow up with anyone who shares about someone else's experience of GBV

- › Ask them if they would like to speak privately (use the processes agreed with your colleagues before the training).
- › Do not ask them for more information about the survivor or the incident.
- › Explain that there are organisations available that may be able to help the person and offer to provide more information. Suggest that the participant shares this information with the survivor, if it is safe to do so.
- › The participant may ask you to follow up with the survivor (such as saying “this is where my sister lives, please go to talk to her”) or notify a GBV organisation that an incident has happened. Explain that it is everyone's right to confidentiality and privacy, and only the survivor can make that decision.

Seek support for yourself

- Receiving a disclosure of violence can be an emotional or upsetting experience. You should give yourself time to process the conversation and speak to the counsellor or GCBC accompanying the sessions.
- You should still not share details with colleagues if the survivor has not given you their permission to do so, but you can talk in general terms about the steps that you followed and give feedback on anything that was challenging or went well about the conversation.
- Consider speaking with the psychosocial support that is available to you.
- Referrals for psychosocial support for both the individuals involved and you as the facilitator can be an important follow-up through the response partner.





Contact details

Name:

Telephone:

Website: