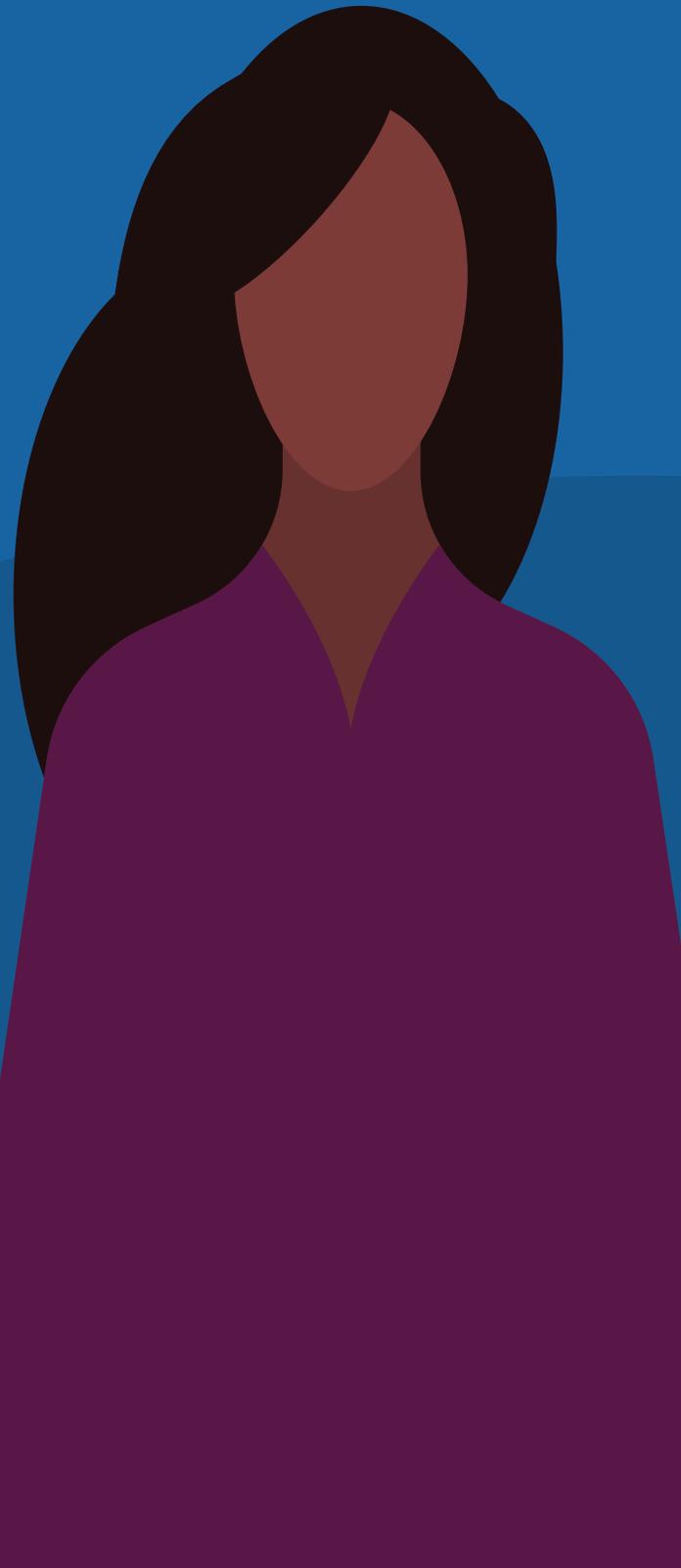


# GBV Core Concepts Training



# GBV Core Concepts

## Who is the Training for?

The GBV Core Concepts training modules in this manual are relevant for both GBV teams and community leaders. All GBV staff should receive training in GBV Core Concepts, and GBV teams should begin with GBV Core Concepts when organizing trainings for community leaders. GBV Core Concepts lay a foundation for further learning and community leader engagement, by establishing a common understanding of power and the root cause of GBV, the importance of a survivor-centered approach, and sharing essential information related to consequences of GBV and support available for survivors.

## How Does the Training Link to the Toolkit Guidance?

The content covered in the GBV Core Concepts training modules is most closely linked to the *Core Concepts and Approaches* chapter of **Toolkit Guidance**. Training modules also draw from *Tools and Resources* within the *GBV Response* chapter.

## Time and Resources Required

The training content can be covered in two full days, with time allowed for breaks and lunch. Training modules build on each other and are all essential for foundational learning, so GBV programs are recommended to organize continuous, two-day trainings with the proposed sequencing.

- A training module is also included to review GBV Core Concepts. GBV programs are recommended to review GBV Core Concepts at the start of subsequent trainings with community leaders after foundational training in GBV Core Concepts.

The training modules accommodate low-technology settings, requiring only the Toolkit Guidance, flipchart paper and markers, individual notebooks/paper and pens, and printed/ photocopied tools and handouts.

# GBV Core Concepts Training Outline

Intended Audience



GBV Teams



All Community Leaders

Module	Overview of Module	Estimated Time
<b>Day 1</b>		
<b>Why Focus on Women and Girls?</b>	This participatory exercise helps participants reflect on gender roles and gender discrimination. The exercise encourages participants to reflect on common or dominant attitudes within their community, rather than disclosing their own beliefs and practices, which allows for freer discussion of sensitive topics.	1 hour, 30 minutes
<b>Types of GBV</b>	Participants briefly discuss types of GBV and reflect on common forms of GBV within the community.	30 minutes
<b>Causes and Contributing Factors</b>	Participants explore concepts of root causes and contributing factors of GBV and consider how GBV manifests in their community.	2 hours
<b>Understanding Power</b>	Participants explore concepts of power and reflect on their own sources and exercise of power.	1 hour, 30 minutes
<b>Day 2</b>		
<b>Consequences of GBV</b>	Participants review physical, emotional, and social consequences of GBV, as well as the benefits of GBV response services.	2 hours
<b>Guiding Principles</b>	Participants discuss principles of a survivor-centered approach and consider how to apply the principles in support of survivors.	2 hours, 15 minutes
<b>Connecting Survivors with Support Services</b>	Participants receive information on available services and referral mechanisms, as well as advice on how to provide supportive referrals for survivors who disclose incidents of GBV. This session can be further reinforced with further training on GBV Response.	2 hours
<b>Review Session to Open Subsequent Trainings</b>		
<b>Review of GBV Core Concepts</b>	Designed as an opening session for training plans focused on different GBV topics, to briefly review GBV Core Concepts with participants who have already completed the two-day GBV Core Concepts training.	1 hour, 30 minutes

# Why Focus on Women and Girls?

## Summary

This participatory exercise helps participants reflect on gender roles and gender discrimination. The session is easy to adapt for different age groups, literacy levels, and training spaces, including outdoor venues. The exercise encourages participants to reflect on common or dominant attitudes within their community, rather than disclosing their own beliefs and practices, which allows for freer discussion of sensitive topics.

## Learning Objectives

Participants will:

- Reflect on gender differences in the community and challenges that women and girls face
- Understand that gender roles are socially ascribed, different between communities, and can change

Facilitators will:

- Better understand gender roles and expectations in the community
- Better understand group dynamics and participant perspectives to shape communication for subsequent sessions

## Materials and Preparation

1. Prepared statements with different true/not true statements for distribution (in low literacy environments, statements can instead be read aloud by a facilitator). Examples provided in [\*\*Handout: Scenarios for Roleplay Practice\*\*](#). (print/photocopy and cut select statements for distribution)
2. Scissors
3. Materials for drawing a line. Can use tape, markers, chalkboard, rope, or simply indicate two points outdoors such as two trees.

## Time

1 hour, 30 minutes

## Procedure

### Step 1: Participatory exercise (1 hour)

1. Introduce a large diagram on a board or wall, or designate areas of a room/ outdoor space. One end is designated as “very true” and the other “not at all true”.



2. Distribute prepared statements- at least one per participant. Explain that for each statement the group will have to decide whether the statement is *very true*, *not at all true*, or somewhere between the two... Each statement will be placed somewhere along the line, depending on how true it is.
3. Start with a sample question or two... such as “the sun is in the sky” (*very true*), or “goat is the most delicious meat” (*different opinions*). Ask how true is it?
4. Once participants understand the activity, ask for a first volunteer to read a statement aloud. Ask how true is it? The volunteer can offer an opinion and then the group can discuss. In the end, the volunteer holding the piece of paper gets final say over where the statement is placed along the line. (In low literacy settings, participants can indicate placement of statements read aloud with colored cards, stickers, tape, or simply by standing along a line.) Encourage discussion and friendly debate. Maintain good humor and cut discussion over individual statements to keep time. Call time and ask the participant holding the paper to make a final decision on where to place the statement along the line.
5. If time allows, invite participants to introduce additional statements for discussion and placement.

## Step 2: Group reflections (30 minutes)

1. After at least ten statements are placed, break the exercise and lead the group in reflection. Where did most statements fall—close to very true or not at all true? What does this mean for the community, and for women and girls? Do they have the same opportunities as men and boys? Are they equally valued?
2. Ask participants to reflect on how the situation for women and girls- as represented through the exercise- may be different in different places, or how it might change.
  - Discuss variance within communities, as highlighted through the exercise.
  - What would the results of the exercise look like in other communities? Are there differences between communities in the context, such as urban/rural, or refugee/ host community? What differences do we see across countries?
  - Discuss changes over time. Would results look the same if our parents/grandparents engaged in this exercise 30 years ago? Would the results have been more positive, or less positive for women and girls? Will the results look the same 30 years from now?
  - What changes are possible? Who will make these changes occur?
3. If possible, keep results of the exercise on display for reference during the remainder of the training.

## Key Discussion Points/Additional Facilitation Notes

- The exercise can serve as an icebreaker and set a good tone for participant-led learning. Show participants you are interested in their perspectives and in learning more about the community.
- Though you may be from, or very familiar with the community, resist the temptation to assert your opinions over others in this exercise. Opinions related to specific statements about women and girls are less significant than the overall results and reflections.

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# Handout: True/False Statements

Each participant will receive a statement for this exercise. Sample statements below can be selected and cut out for distribution. Facilitators are advised to select statements in consultation with staff familiar with the community context. Additional statements can be adapted or created. When creating new statements, be sure they are written so that a *true* statement might reflect higher status for women and girls, or greater gender equality. (*Statements such as “women are not allowed to own property” will not work with the activity.*)

Be sure to review each statement for relevance and appropriateness before distribution. Statements that are likely to be more sensitive are shaded at the bottom of the list.

-----  
Women are equally represented in government  
-----

-----  
Women are equally represented in community leadership structures  
-----

-----  
Girls have equal access to school as boys  
-----

-----  
Parents are as happy to have a girl baby as a boy baby  
-----

-----  
Girls play as much as boys  
-----

-----  
Men share responsibilities for raising children  
-----

-----  
Girls and women eat as much fish and meat as men and boys  
-----

-----  
Women choose who they marry  
-----

-----  
Women and men enjoy equal access to public spaces (markets, parks, cafes, centers, etc.)  
-----

-----  
Girls can talk openly about menstrual hygiene  
-----

-----  
Women and girls are supported (not blamed or shamed) if they experience rape  
-----

-----  
Women and men enjoy equal access to technology (phones, radio, computers, TV, etc.)  
-----

-----  
Women are able to vote  
-----

-----  
Women have the same rights to divorce as men  
-----

-----  
The community is not tolerant of men who beat their wives  
-----

-----  
Women are equally represented in professional positions  
-----

-----  
Girls are equally represented in secondary school  
-----

-----  
Women are equally represented in university  
-----

-----  
Men contribute to housework and cooking  
-----

-----  
Women fully participate in community decision-making  
-----

-----  
Girls do not marry (marriage is not expected until 18+)  
-----

-----  
Husbands and wives make big family decisions together  
-----

-----  
Women are allowed to move freely, without male escort  
-----

-----  
Women have property rights in inheritance  
-----

-----  
Both husbands and wives control family finances  
-----

**Statements highlighted below may be too sensitive for trainings in some contexts.**

-----  
Women feel free to purchase condoms  
-----

-----  
Women are expected to enjoy sex as much as men  
-----

-----  
Adolescent girls are free to access family planning services  
-----

-----  
Women can access family planning services without their husbands' permission  
-----

-----  
Women can negotiate condom use with their partners  
-----

# Types of GBV

## Summary

The module allows participants to briefly discuss types of GBV and reflect on common forms of GBV within the community.

## Learning Objectives

Participants will:

- Identify types of GBV
- Identify types of GBV common in community

Facilitators will:

- Better understand manifestations of GBV in the community.

## Materials and Preparation

1. Flipchart paper and markers

## Time

30 minutes

## Procedure

### Step 1: Brainstorm (10 minutes)

Ask participants what types of violence in the community most affect women and girls. Ask what if women or girls face challenges or risks related to their status in the community. Write down answers from brainstorm on flipchart.

### Step 2: Common types of GBV (20 minutes)

Ask participants about common types of GBV that may not have been mentioned.

Explain that most types of GBV fall within the four main categories of GBV. Discuss how types of GBV might fall within these categories:

- Sexual
- Physical
- Psychological
- Economic

## Key Discussion Points/Additional Facilitation Notes

- **Examples of sexual violence:** rape, attempted rape, unwanted sexual contact, sexual exploitation and abuse, forced prostitution, and sex trafficking.
- **Examples of physical violence:** hitting with open hand (slapping), hitting with closed hand (punching), kicking, biting, pulling hair, hitting with weapon (stick, bottle, etc.), cutting/stabbing, burning, choking, trafficking for forced labor, some harmful traditional practices.
- **Examples of psychological violence,** or emotional and social abuse: consistent harassment, insults, degrading treatment, consistent poor treatment in public, in front of family, friends, children, intentional humiliation, threats to harm or kill, threats to take away children, isolation from family/friends, confinement, or locking inside the house.
- **Examples of economic violence:** regularly denying access to food, money, clothing, medication, education, not allowing to work, forcing to work, taking all earnings, denial of property rights.

# Causes and Contributing Factors of GBV

## Summary

Participants explore concepts of root causes and contributing factors of GBV and consider how GBV manifests in their community.

## Learning Objectives

Participants will:

- Distinguish between root causes and contributing factors of GBV.
- Understand that every act of violence involves a choice to use violence.

Facilitators will:

- Learn about contributing factors of GBV in the community

## Materials and Preparation

1. Prepared flipchart paper with an outline of a tree: trunk and branches
2. Flipchart paper
3. Green, blue, brown, and black markers

## Time

2 hours

## Procedure

### Step 1: Identifying problems (10 minutes)

Introduce the “GBV tree” with an outline of a tree. Ask participants about the main types of GBV and forms of GBV common in the community. Use a green marker to write examples on the tree branches.

### Step 2: Causes (30 minutes)

Open a discussion about why these forms of violence happen in the community. What are the causes? Facilitate discussion to draw out different views among participants. Record ideas on flipchart paper.

Once ideas have been collected and discussed, explain that GBV, like a tree, has roots- or root causes. The root cause of GBV is gender discrimination/ inequality, where women’s and girls’ rights are not respected, and they occupy a lower status in the community relative to men and boys. Use a **black** marker to write root causes over the roots of the tree outline. Explain that the root cause of GBV is the same in all countries, and across all cultures. Where roots are strong- or discrimination against women and girls is widespread- the GBV tree will be bigger.

### Step 3: Contributing factors (10 minutes)

Next ask how we should understand other factors that the group identified as causes—such as drug abuse, frustrations, conflict, disaster like flood, drinking, poor lighting, etc.? These are “contributing factors” that may also influence the extent of GBV, or the likelihood that individuals experience GBV. Contributing factors are like water for a tree. Use a **blue** marker to highlight examples of contributing factors above the tree outline, illustrated as rain. Facilitate discussion about contributing factors in the community. Explain that contributing factors are different in each environment. Where roots are strong and rain is plentiful, the GBV tree can thrive.

### Step 4: Abuse of power (10 minutes)

Finally, suggest that something is missing from the tree, and our understanding of why GBV occurs. We know that even in an environment with a strong GBV tree, not every man who abuses his wife. Not everyone rapes. While we may have common influences, our decisions may be different and each act of GBV is the result of an individual’s decision to use violence. Use a **brown** marker to write “choice to use violence” or “abuse of power” on the trunk of the tree outline.

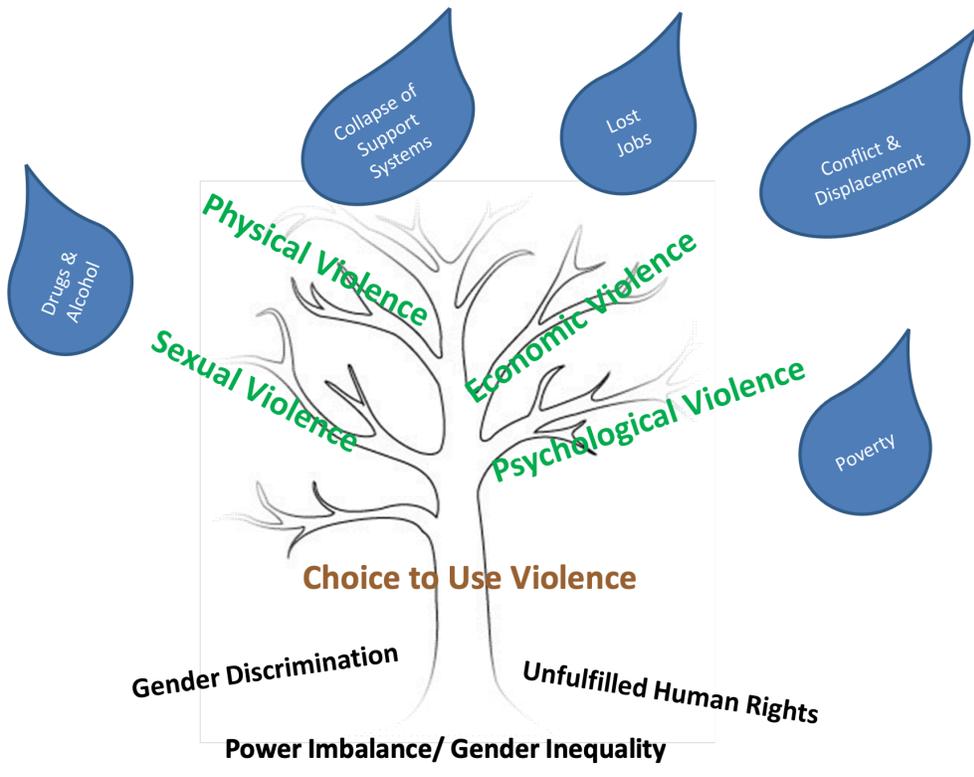
### Step 5: Risk factors (30 minutes)

As participants discuss the fact that every act of GBV is the result of an individual’s decision, someone will likely raise the idea that a survivor’s (rather than a perpetrator’s) action could be the direct cause of GBV. Open this idea for discussion-- What if a wife behaves badly? Is unfaithful? What if a young girl dresses badly? Walks alone at night? Acknowledge that it is common for survivors to be blamed for violence they experience.

Return to the image of the tree. All women and girls- everywhere in the world- face risks of GBV because of the root cause of gender discrimination. Women and girls who live in contexts with considerable discrimination and contributing factors (strong roots and a lot of rain) are more at risk. And even in these environments of high risk, some women and girls will be at higher risk than others. We can think about this as some women and girls living further from the tree, and some living very close to the tree. Many of the risk factors that make some women and girls highly vulnerable cannot be controlled (disabilities, age, refugee status, etc.), while others relate to choices (dress, use of alcohol, employment in male-dominated industries, school attendance). These choices- even if we disagree with them or judge them— are not choices to experience violence. A survivor never makes a choice to be a victim of violence; that choice is the perpetrator’s choice alone.

## Key Discussion Points/Additional Facilitation Notes

- This exercise can be completed quickly if the facilitator simply draws a tree and explains about causes and contributing factors. Time is built into the session to allow participants to explore the ideas, including common myths about causes of GBV that contribute to victim-blaming.
- Don’t be alarmed if participants express attitudes of victim-blaming. The training should provide a safe space to air ideas. This session provides an opportunity for participants to begin challenging their beliefs with an informed perspective on why GBV occurs, but a single training will not be sufficient to change beliefs and practices.
- GBV team members, particularly those involved with direct support to survivors, should believe that survivors are never to blame for the violence they experience, and they should be prepared to support survivors without judgement.



Example of tree

# Understanding Power

## Summary

Participants explore concepts of power and reflect on their own sources and exercise of power.

## Learning Objectives

Participants will:

- Understand how power imbalances, and abuses of power, relate to GBV
- Reflect on sources and exercise of power

Facilitators will:

- Increase understanding of sources of power, and power imbalances, within the community

## Materials and Preparation

1. Flipchart paper and markers
2. Toolkit Guidance available for review
3. Four chairs

## Time

1 hour, 30 minutes

## Procedure

### Step 1: Plenary discussion: Identifying sources of power (20 minutes)

On flipchart, write the word POWER. Ask for examples (without names) of people who have power in the world, in the community. Power is relative, which means that when we identify someone with power it is always in relation to someone with less power. Ask what gives someone power? What are their sources of power? Sources of power might be real or perceived, and include:

- Social (leader, teacher, parent)
- Economic (wealth, control of resources)
- Political
- Physical (strength, size, access to weapons)
- Age-related

### Step 2: Activity: Exploring power (20 minutes)<sup>1</sup>

1. Take four empty chairs and place them in any formation (e.g., column or a pyramid).

<sup>1</sup> Adapted from: Hunter, D., Chair Powe: *Three Types of Power* | *Training For Change*. Original source of chair exercise cited as Theatre of the Oppressed as used by Babu Ayindo and Daniel Hunter. [https://www.trainingforchange.org/training\\_tools/chair-power-three-types-of-power/](https://www.trainingforchange.org/training_tools/chair-power-three-types-of-power/)

2. Ask participants which chair is the most powerful. Allow for discussion and probe for different perspectives (e.g., with a pyramid formation, is the chair in front more powerful, because of its leadership position, or are chairs grouped together more powerful, because of their power as a group?).
3. Ask a volunteer to move one chair into a position that makes it more powerful than the others (e.g., stacked on top of another). Discuss with participants whether the chair is indeed more powerful.
4. Ask four volunteers to quickly sit in the chairs in such a way that they feel theirs is most powerful and then ask them to freeze. Ask participants: Whose chair is most powerful? How did they make it the most powerful? What expressions of power do you see?

### Step 3: Plenary discussion: Types of power (30 minutes)

Review types of power in the *Core Concepts and Approaches* chapter of the Toolkit Guidance.

Ask volunteers to summarize the four types of power in their own words:

- Power within
- Power over
- Power with
- Power to

Explain that expressions of power can be positive or negative. Which type of power can lead to harm? Those with *power over* others can abuse that power. (Refer back to the *Causes, Contributing Factors* modules and the GBV tree.) The imbalance of power between men and women is the root cause of GBV.

Which types of power are positive? People can harness *power within*, *power with*, and *power to* to create change and prevent GBV.

### Step 4: Self-reflection (20 minutes)

Ask participants to reflect, independently, on a time when they felt powerless. Did someone have power over you? Was it fair? How did you feel? How would you have changed the situation if you could have?

Ask participants to reflect, independently, on their own power. What are your sources of power? Who has less power than you? Do you think about the power you have over others? Do you take advantage of that power or abuse that power? What actions could you take to better balance the power you experience?

## Key Discussion Points/Additional Facilitation Notes

- We should strive to a greater balance of power between people, as we are all equal in our human rights. Power imbalances between people can be abused and exploited.
- GBV occurs when a person chooses to abuse power. While not all men abuse power over women, all women live in a context of power imbalance that is unjust. Women and girls experience the power imbalance in their daily lives, and this limits their opportunities, contributes to stress and fear, and puts them at risk of different forms of GBV.
- Those in positions of power, including community leaders, can exercise power in positive ways to create more balance between people.
- Everyone has power within, and we can all contribute to positive change.

# Consequences of GBV

## Summary

Participants review physical, emotional, and social consequences of GBV, as well as the benefits of GBV response services.

## Learning Objectives

Participants will:

- Identify consequences of GBV
- Identify types of support and services that can mitigate consequences of GBV
- Understand the benefits of quality medical care within 72 hours of sexual violence

Facilitators will:

- Better understand social consequences of different forms of GBV in the community

## Materials and Preparation

1. Flipchart paper and markers
2. Toolkit Guidance available for review
3. *Fact Sheets* in *GBV Response Tools and Resources* for reference

## Time

2 hours

## Procedure

### Step 1: Small group discussions: Types of consequences (20 minutes)

1. Divide participants into four small groups. Ask groups to reflect on one or more specific forms of GBV (e.g., rape, IPV, early/forced marriage).
2. Assign each group one category of consequences: 1. Health consequences for survivors, 2. Emotional/psychological consequences for survivors, 3. Relationship/social consequences for survivors, 4. Consequences for family members and wider communities.
3. Ask groups to discuss relevant consequences for assigned form/s of GBV. Groups should identify a notetaker and someone to report on behalf the group.

### Step 2: Plenary discussion: Consequences of GBV (30 minutes)

1. Ask representatives of each group to share brief summaries of consequences. Ask for additional contributions or clarifications.
2. If only one form of GBV was discussed in small groups, consider consequences of a second form of GBV, either in plenary or again in small groups.
3. Ask which consequences can be prevented. How? Who can help with this?

### Step 3: Small group discussions: Types of support for survivors of GBV (30 minutes)

1. Ask participants to return to their small groups.
2. Reflecting on forms of GBV previously discussed and assigned consequences (1. Health consequences for survivors, 2. Emotional/ psychological consequences for survivors, 3. Relationship/social consequences for survivors, 4. Consequences for family members and wider communities), ask groups to consider:
  - a. How can family, friends, or community members help to reduce consequences?
  - b. What services could help?
  - c. What support and services are currently available in this community?
4. Groups should identify a notetaker and someone to report on behalf the group.

### Step 4: Plenary discussion: Services and support for survivors (40 minutes)

1. Ask representatives of each group to report back.
2. Probe for common family and community reactions to GBV. Explain that social consequences of GBV vary considerably across contexts, based on how GBV is understood and the likelihood that families and communities blame survivors.
3. Add information to be sure available services are covered.
4. Review the importance of timely medical care after rape. Survivors can receive post-exposure prophylaxis (PEP) to prevent HIV within 72 hours (3 days) of incidents; survivors can receive emergency contraception (EC) within 120 hours (5 days) of incidents.

## Key Discussion Points/Additional Facilitation Notes

- Participants more familiar with GBV topics can consider multiple forms of GBV simultaneously when exploring consequences and services.
- Facilitators can review a summary of consequences of GBV in the *Core Concepts and Approaches* chapter of Toolkit Guidance and refer to *Fact Sheets* in *GBV Response Tools and Resources* for more details on consequences of different forms of GBV.
- Facilitators can refer to the GBV tree from the Causes and Contributing factors module during this exercise. Consequences of GBV can be considered poisonous fruit of the GBV tree. Highlight major consequences with **red** marker among the tree leaves.

# Guiding Principles

## Summary

Participants discuss principles of a survivor-centered approach and consider how to apply the principles in support of survivors.

## Learning Objectives

Participants will:

- Identify four guiding principles of a survivor-centered approach
- Consider ways to apply guiding principles in support of a survivor

## Materials and Preparation

1. Flipchart paper and markers
2. Prepared translations (if required) of guiding principles

## Time

2 hours, 15 minutes

## Procedure

### Step 1: Plenary discussion: Reflecting on support to survivors (30 minutes)

Building on group discussion during the module on Consequences of GBV, ask participants to reflect on what might help survivors to recover from incidents of GBV. Facilitate a group discussion with emphasis on the following questions and points:

- What actions or words can help survivors to feel supported and safe?
- Will all survivors benefit from the same type of support? What might account for differences? (Each individual will react differently to violence and may have different preferences. Different needs will also relate to type of GBV, consequences experienced, age of survivor, etc.)
- Putting the survivor at the center of the helping process promotes recovery, reduces risks of further harm, and reinforces agency and self-determination.

### Step 2: Small group discussions: Defining and applying guiding principles (45 minutes)

1. Explain that anyone involved with supporting GBV survivors should abide by four principles of a survivor-centered approach. Write the four guiding principles on flipchart: Respect, Confidentiality, Safety, and Non-Discrimination.

2. Divide participants into four groups and assign each group responsibility for one of the guiding principles. Each group will discuss their assigned principle related to the following questions and present back to the wider group:
  - a. What does it mean?
  - b. Why is it important?
  - c. How, specifically, do you apply the principle in your role (as a community leader or a GBV team member) if a survivor seeks help from you?
  - d. How, specifically, do you apply the principle if someone else informs you about an incident of GBV?
5. Visit each group and encourage participants to identify specific actions— do or don't do- that could help a survivor.

### Step 3: Plenary discussion (1 hour)

1. Invite each group to present their guiding principle and points from discussion. Ask participants from other groups to contribute further thoughts after each presentation. Be sure that each principle is well-defined (see definitions below).
2. Record key words and ideas on flipchart (e.g., respect survivors' wishes, keep information confidential, believe the survivor, don't gossip).
3. After each group presents, reflect on common ideas captured on flipchart that are essential to a survivor-centered response.
4. To emphasize the importance of principles in real survivors' lives, consider sharing anonymized case studies that highlight good or bad practice and related benefits/ consequences.

**Safety:** The safety and security of the survivor and others, including her children and people who have assisted her must be prioritized. Individuals who disclose an incident of GBV or a history of abuse are often at risk of further violence from the perpetrator(s) or from others.

**Confidentiality:** Each survivor has the right to choose whether, and to whom, they share their story. Maintaining confidentiality means not disclosing any information at any time to any party without informed consent from a survivor.

**Respect:** Each survivor has the right to self-determination. All actions taken in response to GBV should be guided by respect for the choices, wishes, rights and dignity of the survivor.

**Non-discrimination:** Survivors of violence should receive equal and fair treatment regardless of their age, gender, disability, race, religion, nationality, ethnicity, sexual orientation, or any other characteristic.

## Key Discussion Points/Additional Facilitation Notes

- While a survivor-centered approach is particularly important in response to individual survivors of GBV, guiding principles of a survivor-centered approach can be applied to all actions related to GBV prevention and response. When establishing services and protection structures, for example, community leaders and GBV teams can be guided by “the survivor” in a general sense, where any actions taken on behalf of an individual survivor should be based on her specific wishes.

# Connecting Survivors with Support Services

## Summary

Participants receive information on available services and referral mechanisms, as well as advice on how to provide supportive referrals for survivors who disclose incidents of GBV. This session can be further reinforced with further training on GBV Response.

## Learning Objectives

Participants will:

- Identify available services and existing referral pathways for GBV response
- Feel prepared to refer a survivor to support services, in line with her wishes

## Materials and Preparation

1. Flipchart paper and markers
2. Copies of community referral pathways for display and distribution
3. Copies of *Tip Sheet: What to do and say when a survivor discloses GBV* in *GBV Response Tools and Resources*<sup>2</sup> for distribution.

## Time

1.5 hours

## Procedure

### Step 1: Presentation: Referral pathway (20 minutes)

Display and/or distribute copies of the community GBV referral pathway. Use flipchart to present relevant referral information that may be missing from referral pathways, such as specific service points or contact information.

Cover the following points:

- Review services, one by one, with information on the range of support available to survivors.
- Explain that specialized GBV response services and medical services are priority referrals for survivors.
- From the first point of entry into the referral pathway, service providers are expected to share information with survivors on additional service options and provide confidential referrals for additional services, based on their wishes.
- It is very important that survivors make decisions about which services they want to receive. Anyone who wishes to help a survivor can share information on services, and the benefits of these services, and then support her choices, even if she declines all services.

<sup>2</sup> The Tip Sheet is adapted from: IASC (Inter-agency Standing Committee). *Pocket Guide: How to support survivors of gender-based violence when a GBV actor is not available in your area*, 2015. The Pocket Guide is available in more than 15 languages, while the Tip Sheet is only available in English, French, and Arabic. Facilitators can access the Pocket Guide for download here: <https://www.gbvguidelines.org/en/pocketguide/>

- Adult survivors must consent to services. Children should also be able to share their preferences about services. In the case of young child survivors, decisions about services are guided by an idea of the child's best interest, where their best interest is usually represented by parents or guardians.
- If anyone, including the person receiving a survivor, faces imminent danger, security services should be sought.

## Step 2: Review of Tip Sheet (30 minutes)

1. Distribute the *Tip Sheet: What to do and say when a survivor discloses GBV in GBV Response Tools and Resources*. Ask participants to take time to independently read the Tip Sheet (or extracts from the IASC Pocket Guide). In low literacy settings, the facilitator can present information from the Tip Sheet.
2. Open discussion to review advice in the Tip Sheet. Ask participants to summarize and share key points or questions related to recommendations under:
  - Look
  - Listen
  - Link

## Step 3: Roleplay practice (1 hour)

1. Ask participants to divide into pairs. Explain that pairs will practice helping to link a survivor to support services through roleplay. (With an uneven number of participants, a third participant can observe one pair.)
2. Share a brief scenario for pairs to roleplay, suitable to the context. Examples:
  - A woman confides in you that she was raped yesterday, while traveling outside the community for livelihood purposes.
  - A mother tells you that she believes her young daughter has been assaulted.
  - A married woman confides in you that her husband has been beating her.
3. Ask pairs to select one person to play the role of a survivor (or parent/guardian of a survivor), while the other participant practices in their actual capacity as a GBV team member or community leader, receiving a survivor and helping to connect her with services.
4. Allow pairs to roleplay for 10 minutes. Then stop pairs and ask those who played in the role of survivors to share brief feedback to their partner.
5. Ask for volunteers to share reflections with the larger group. How did survivors feel? What did your partners do or say that was good? Did you feel supported? Did you understand that it was your choice to seek services?
6. In the same pairs, ask participants to switch roles, using the same or a different scenario.
7. Allow pairs to roleplay for 10 minutes. Then stop pairs and ask those who played in the role of survivors to share brief feedback to their partner.
8. Ask for volunteers to again share reflections with the larger group. If a survivor of GBV confided in you, do you feel prepared to respond in a supportive way? Would you be able to share information on available services? What additional information or practice would help you to feel more prepared?

### **Step 3: Wrap up (10 minutes)**

Review essential GBV response services within the referral pathway and address questions or points of confusion.

### **Key Discussion Points/Additional Facilitation Notes**

- Participants should consider how to apply the guiding principles of a survivor-centered approach when helping survivors connect with support services.
- GBV team members and community leaders may be able to further contribute to supporting survivors of GBV, depending on their roles and responsibilities, as well as survivors' wishes. Clarify if additional training opportunities on GBV Response are available or planned.

# Review of GBV Core Concepts

## Summary

This session is designed as an opening session for training plans focused on different GBV topics, to briefly review GBV Core Concepts with participants who have already completed the two-day GBV Core Concepts training. GBV Core Concepts training is foundational for GBV teams and community leaders.

## Learning Objectives

Participants will:

- Review GBV Core Concepts
- Reflect on GBV Core Concepts in the context of the training topic

Facilitators will:

- Gauge participants' comprehension and acceptance of GBV Core Concepts
- Adapt training sessions as relevant

## Materials and Preparation

1. Prepared flipchart paper with an outline of a tree- trunk and branches
1. Flipchart paper
2. Green, blue, brown, black, and red markers

## Time

1 hour, 30 minutes

## Procedure

### Step 1: Review causes and contributing factors of GBV (30 minutes)

1. With participants, review the GBV tree.
  - Types of GBV are the branches, with leaves in **green**.
  - Root causes of GBV (power imbalance between men and women, discrimination) are the roots of the tree, in **black**. Root causes of GBV are the same everywhere. Where these roots are strong, problems of GBV will be great.
  - Other factors that contribute to risks and increases of GBV, such as drug abuse, displacement, poverty, etc. are like the rain, illustrated as **blue** raindrops. Contributing factors are different in each environment. With strong roots and a lot of rain, GBV problems can grow...
  - Finally, every act of GBV involves a choice that someone makes to exert power over another person and perpetrate violence. That choice is illustrated on the trunk, in **brown**.
2. Ask participants who is vulnerable to GBV. All women and girls are at risk of GBV because of the power imbalance between men and women. Those who are at higher risk because of disability, refugee status, etc. may be thought of as "living close to the tree." Allow time for reflection on women and girls who face particular risks in the community.

## **Step 2: Review consequences of GBV (30 minutes)**

1. Explain that consequences of GBV can be considered the poisonous fruit of the GBV tree. Assign each group one category of consequences: 1. Health consequences for survivors, 2. Emotional/ psychological consequences for survivors, 3. Relationship/social consequences for survivors, 4. Consequences for family members and wider communities.
2. Ask groups to discuss for 10 minutes and be prepared to report back with:
  - Examples of common consequences, related to their assigned category, in this community
  - Types of support or services that can help to prevent or mitigate consequences
3. Call groups back for plenary discussion. Ask groups to quickly share their answers, with each group building on points raised. Highlight select consequences by using red marker to illustrate these as fruit on the GBV tree.
4. Draw out important points from plenary discussion, including:
  - Health consequences of sexual violence can be prevented, particularly within 72 hours.
  - Support from family and those close to survivors is essential. Survivors should be believed and not blamed or judged for their experiences with violence
  - Services should be provided in line with GBV guiding principles

## **Step 3: Review guiding principles (15 minutes)**

1. Ask for four volunteers to identify a guiding principle and explain how it might be applied in support of a survivor: Respect, Non-discrimination, Confidentiality, Safety.
2. Address any questions from the group about principles

## **Step 4: Review the GBV referral pathway (15 minutes)**

1. Display or distribute the GBV referral pathway
2. Identify essential services and address any questions about services
3. Review the importance of respecting survivors' wishes and supporting survivors to decide about which services to seek.