



GUIDANCE NOTE ON GENDER- BASED VIOLENCE AND CHILD PROTECTION REFERRAL SYSTEMS

**DEVELOPED BY: ACTION AGAINST HUNGER
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Action Against Hunger supports a high number of beneficiaries or clients, especially women and children, through Nutrition, Mental Health and Care Practices (MHCP), Food Security and Livelihood (FSL), Water Sanitation and Hygiene (WaSH), Disaster Risk Reduction (DRR) and advocacy. Therefore, Action Against Hunger has a unique position to reach and support beneficiaries who are at a higher risk of Gender Based Violence (GBV) and Child Protection (CP) concerns. The internal reporting system is designed and aimed to respond to the best interest of the child and provide frontline support to a beneficiary disclosing a GBV case. Any Action Against Hunger employee is responsible to respond to any disclosure of child protection and GBV using the Referral Guidance Note. Disclosure can be direct or indirect, so it is important to understand possible clues of protection risks.

GENDER BASED VIOLENCE CASE REFERRAL:

Any employee of Action Against Hunger will act upon any observation or disclosure of Gender Based Violence which includes Rape, Sexual Assault, Physical Violence, Early or Forced Marriage, denial of opportunity for resources and services, and emotional or psychological violence. However, while adhering to the GBV guiding principles, you should keep in mind the following:

KEEP IN MIND

1. **RESPECT:** All actions taken are guided by respecting the choices, wishes, emotions, rights and dignity of the survivor or client.
2. **SAFETY AND SECURITY:** Consider the safety of the client and yourself.
3. **CONFIDENTIALITY:** People have the right to choose with whom they will or will not share their story. Maintaining confidentiality means not sharing any information with anyone at any time without the explicit permission (informed consent) from the survivor. Let them make the decision.
4. **NON-DISCRIMINATION:** Provide equal and fair service to anybody regardless of their gender, age, disability, race, language, religious or political beliefs, sexual orientation or social class.

When interacting with people in need of GBV services, please keep in mind that you are not a GBV specialist, so it is strongly suggested that you avoid active detection of GBV cases. As humanitarian actors you are mandated to share accurate information on services in your area without any judgement.

Listen to people in need of any support and let the client make their own choices. Please use the Psychological First Aid action principle (listen, look and link) to provide support and information on available services.

REMEMBER: YOU ARE NOT A GBV AND CHILD PROTECTION SPECIALIST. YOUR ROLE IS TO LINK THE SURVIVOR TO AVAILABLE SERVICES.

OBSERVE/LOOK

PHYSICAL SYMPTOMS: Complaints of physical pain, bruises, welts, burns, bites, cuts.

Please consider URGENT MEDICAL REFERRAL ISSUES (Prevention of HIV, Prevention of Pregnancy and Evidence collection of Rape and Sexual Assault cases) here and do refer immediately whenever necessary (always with the informed consent of the survivor or client) especially in case of obvious medical emergency.

PSYCHOLOGICAL SYMPTOMS: Blank stares, crying, sadness, irritability, hyper-arousal, disturbed by repetitive thoughts, flashbacks, fatigue, talking about ending life.

Please consider URGENT REFERRAL to medical center or mental health/psychosocial support professional if the person is talking about and/or planning to end their life.

OTHERS: Poor attention to the child, force-feeding, beating the child, absent at service center.

If you observe any of the abovementioned symptoms, try to gently reach the person with greetings and understand whether the person is comfortable or ready to talk. Consider an immediate safe place where the person is comfortable to talk.

Here are some tips to consider when you observe a client in the Nutrition center:

DO's	DON'Ts
DO allow the client or survivor to approach you	DO NOT ignore someone who approaches you
DO ensure the dignity of the client/survivor by addressing their urgent needs (e.g. provide clothing)	Do NOT force help onto people by being intrusive or pushy
Do ask if the survivor or client feels comfortable talking to you in your work location	DO NOT overreact. Stay clam

LISTEN

It is hard for a person to disclose a story of distress and it can be hard to listen to the disclosure also. Be an active and empathetic listener by maintaining professionalism as a service provider and letting the person share their story and information in their own words. Listen to them and help them feel calm. If the person does not want to talk, respect their silence and tell them that you are available anytime for assistance. Do not ask directly about GBV or any details of the incident, even if they initiate the conversation. Ask only about people's needs and concerns to find out a way to support them.

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Here are some tips to consider when you listen to clients in the Nutrition center:

DO's	DON'Ts
DO ask the survivor/client to identify or choose someone s/he feels comfortable for any support in translation (if needed)	DO NOT ask if the person have experienced GBV, has been raped, etc.
DO listen more than you speak	Do NOT ask questions about what happened.
DO listen and ask what you can do to support	DO NOT make comparisons between the person's experience and something that happened to another person
DO manage expectation on your role	DO NOT doubt or contradict what people tell you
DO manage any expectations on the limits of your ability to maintain confidentiality if applicable in your context (mandatory report on SEA, child sexual abuse, etc.)	

REFER/LINK

If you listen to any disclosure of GBV issues, inform the person about all available service options such as health, psychosocial, legal and safety security including how it can assist the survivor to recover. Ask gently whether the client or beneficiary wants to receive any of the services and inform them that you can refer them to the right person and right place (for example, GBV focal point in the center/camp/area) who will assist with providing the aforementioned services.

Refer the survivor if s/he asks you to refer. Check whether a preferred companion will be comfortable if you have the resource.

Emphasize that you are not a counselor, but you can share information you have on available services and the ways to access to them.

Consent must always be taken before any referral and the survivor is the person who leads the process. Use the referral form mentioned by GBV cluster/sector/working group, government or internal referral form. Think about urgent medical referral, suicidal risk & safety needs prior to referral. For children, think about "parental¹" consent and keep the child's best interest in mind. If there is a lack of services for GBV survivors, at least listen to make them feel comfortable.

¹ Parental consent means father, mother, uncle, aunt or any reliable adult that the child will chose

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Here are some tips to consider when you refer clients in the Nutrition center:

DO's	DON'Ts
DO respect the rights of the survivor /client to make their own decisions	DO NOT exaggerate your skills and make false promises
DO share information on all services and how to access (locations, cost, open hours etc.) even GBV non specialist services	Do NOT offer your own advice or opinion or what to do because you are not the survivor or client
DO ask if there someone s/he trusts to go to for support	DO NOT make assumptions about someone or their experiences
Do ask permission to the survivor /client before taking any action	DO not discriminate for any reason including sexual orientation, religion, age, political opinion etc.

Please use the following link for more information:

https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/documents/files/gbv_pocket_guide.pdf

CHILD PROTECTION CASE REFERRAL:

Any employee of Action Against Hunger will act upon any observation or disclosure of Child Protection risks which includes neglect, physical violence, emotional and sexual abuse. However, while following principles of Child Protection, you should also keep in mind that you are not a child protection specialist so in case you receive a child abuse disclosure, please use the following information to make a proper referral:

KEEP IN MIND

1. Do No Harm: This means ensuring that actions and interventions designed to support the child (and their family) do not expose them to further harm.

For example, collecting unnecessary information or intervening to help a child which then causes conflict between individuals, families and communities. Unless you are careful, this may expose a child and his/her family to further harm such as acts of revenge or violence.

2. Best interest of the child: The “best interest of the child” encompasses a child’s physical and emotional safety (their well-being) as well as their right to positive development. In this context, a child's "best interests" means that all decisions and actions are made with the ultimate goal of

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fostering and encouraging the child's happiness, security, mental health, and emotional development into young adulthood.

3. Confidentiality: It is a principle whereby information about children (and their families) is shared, according to set policies and procedures, only with a restricted number of people who absolutely need the information to protect and support the child. Managing sensitive information is necessary to maintain the privacy of individuals and families.

4. Informed Consent/ Assent

Children, based on their mental and intellectual development, have the right to express views freely. This need to be done according to the Child rights convention and national legal framework.

Since we are not going to provide support service to child survivor, we must refer them to child specialist for support, but the referral needs to be compliant with international standards regarding informed consent.

Informed consent: The voluntary agreement of an individual who has the capacity to give consent, and who exercises free choice after being provided with the positive and negative consequences of any action. Since consent is a legal statement, it's important that for children informed consent is given by any trusted adult chosen by the child.

The informed consent is legally given by parents (mother and father) or any relative who legally represents the child. In case those people are suspected to be the perpetrator, then another adult (social worker for example) identified by the child can give this informed consent.

Always ask the child's opinion on this (best interest of child) if he/she is able to understand the implication of his/her decision.

Informed consent is always in written (informed consent form) or verbal by recording it.

Informed assent is the expressed willingness to participate in services. This is given by the child. "Informed Assent" is sought from children when the child is by nature or law too young to give consent.

In case of referral, when taking either informed consent or informed assent you need to provide information on:

- Services and options available.
- Potential risks / benefits of receiving services.

Information must be provided in a child friendly way that encourages the child/family to ask questions to help them make an informed decision. Even very young children (e.g. < 5) can give informed assent.

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LOOK/OBSERVE²

PHYSICAL SYMPTOMS: Examples of symptoms that can indicate child abuse include:

- unexplained black eyes, broken bones, bruises, bites, or burns
- injuries that may reveal a pattern, for example, more than one burn or welts on the hand
- protesting or crying when it is time to go to a particular location, whether home or school, or another place where abuse might occur
- appearing to be frightened of a specific individual
- being watchful, as if expecting something unpleasant to happen
- flinching when touched
- wearing clothing to cover up injuries for example
- talking about being injured by a parent, caregiver, or other person etc.
- missing school

PSYCHOLOGICAL/EMOTIONAL SYMPTOMS:

- appearing withdrawn, anxious, or afraid
- showing extremes in behavior, for example, compliance, passivity, or aggressiveness
- lack of attachment to parent or caregiver
- age-inappropriate behavior, for example, sucking a thumb
- absence in regular in school or service center
- Isolated

WHAT TO SAY:

When speaking with a child please in mind to speak in the way that he/she can understand. Make effort to communicate appropriately with children based on their age and developmental stage.

Example of sentences that you can tell child:

- “Tell me about what happened to you”
- “I believe you.”
- “I am glad that you told me.”
- “This is not your fault.”
- “You are very brave to talk with me and we will try to help you”

² https://www.unicef.org/protection/files/IRC_CCSGuide_FullGuide_lowres.pdf

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LISTEN

It is hard for a child to disclose a story of distress and can be hard to listen the disclosure also. Be an active and empathetic listener by maintaining professionalism as a service provider when referring to a child protection specialist or to any other service provider who will manage this case.

While you are making the referral, keep in mind to listen to and help the child to feel calm if required. If the child does not want to talk, respect their silence and tell them that you are available anytime for assistance. Do not ask directly about GBV or anything linked to their caregiver but encourage sharing what make them feels bad. Ask only about the child's needs and concerns to find out a way to support. There can be disclosures such as child marriage, force labor or secondary gain by parents so be aware of these issues. Build a rapport with the child (e.g. by asking what their likes are) in order to build their trust and later on, ask them if they want to share what happened to them. Ask them if he/she wants to be alone with you (in case the parent is around) and let them identify another adult he/she trusts to be present with them.

LINK

If you listen to any disclosure of child protection concerns, do your best to pause the conversation respectfully and remind the child of the following; "If you tell me that you or another child are being hurt, or that you are going to hurt yourself or someone else, then I might have to talk to your parent/ someone important to keep you safe or to prevent it because I care about you. Do you have any concerns about this?"

Ask gently whether the child wants to receive any help in this regard so you may refer them to the right person and right place (for example, Child Protection focal point in the center/camp/area) who might assist you here. Refer the survivor if the child and/or parents asked you to refer. If the child agrees to receive help, then inform them you have also to seek their parent's permission. In case of their refusal, let them choose which adult they want you to contact. Check whether a preferred companion will be comfortable if you have the resources.

Informed assent or informed consent from both Child and parents is important before any referral. Family is the best place for a child but in case of threat against the child and his/ her family we need to think about alternative measures available in the community.

Please use the Child Protection and or GBV referral mechanism to refer clients to appropriate services.

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KEEP IN MIND:

DO's	DON'Ts
Find a quiet place and relaxing atmosphere to talk to the child.	Discuss sensitive matters in groups or where others can listen in. Do not go to a place where the child feels the need to leave as soon as possible.
Ask a colleague to come with you when you talk separately.	Meet with a child alone.
Believe the child. Take their concerns seriously.	Ask accusing or interrogating questions.
Use child friendly language: speak so that children understand.	Be overly formal or use complex language.
Do treat child with respect.	Judge the child or their family members.
Listen attentively and try to understand what happened.	Ask questions or force a child to speak. Do not try to investigate reports yourself.
Assure the child of confidentiality while explaining that you might need to ask others for help.	Force the child to share the abuse with their parents or caregivers.
Do let the child speak for himself/herself	
Be patient. Allow the child to tell their story in a way that is comfortable for them. You should listen patiently and with understanding.	Pressure the child to speak. Do not force the child to answer questions or provide information they do not want to.
Use non-blaming statements like: <ul style="list-style-type: none">• This is not your fault.• I am sorry this happened to you.	Ask the child why. This communicates judgment and seems to make them responsible for their own abuse.
Tell the child what next steps you will take.	Make promises or raise expectations that all of a child's problems will be solved.

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