

# VIOLENCE GENDER & WASH

## A PRACTITIONER'S TOOLKIT

**Making water, sanitation and hygiene safer through improved programming and services**

### Briefing Note 4: Understanding the protection sector and how to respond to violence as a WASH actor

#### This briefing note includes:

1. Information on the 'protection' sector and its respective components and actors *in development and humanitarian contexts*
2. Examples of how the WASH sector and protection sector can work together
3. Key protection principles and ethics related to protection
4. The steps to take and 'do's and don'ts' if faced with a situation where you need to interact with people who have experienced violence

Violence can occur because of differences in power between two people, because of their gender or their social grouping.



Matthew Fryer / University of Winchester

#### Five key things to remember from this briefing note:

1. It is important to know which protection actors work in our programme areas and their capacities and limitations. Local and traditional support mechanisms may be the best option to support someone who has experienced violence where statutory services are weak or non-existent.
2. Strengthening linkages between WASH and protection specialists can be useful to build WASH sector capacity to respond to violence and to develop improved programming strategies.
3. It is important to understand what to do when faced with violence, to ensure that we are supportive but also that we do no additional harm.
4. Supporting the person who has been affected by violence to make their own decisions about what to do next is one of the most helpful things that we can do.
5. Confidentiality is essential if someone reports a violent incident. If there is a need to document the incident, do not record actual names as this may put the person in even more danger.

### About this document

This document is one part of the 'Violence, Gender and WASH: A Practitioner's Toolkit – Making water, sanitation and hygiene safer through improved programming and services'.

This toolkit has been developed by Sarah House, Suzanne Ferron, Dr Marni Sommer and Dr Sue Cavill, on behalf of WaterAid with contributions from a wide range of organisations and individuals. It was funded by the Department for International Development (DFID) through the Sanitation and Hygiene Applied Research For Equity (SHARE) Consortium and co-published by a number of organisations.

Details of co-publishing organisations can be found on the back page of this document. The acknowledgements, acronyms, definitions and an overview of the toolkit are included in [BN1](#).

### Copyright and request for feedback

© WaterAid. All rights reserved. This material is under copyright but may be reproduced by any method for educational purposes by anyone working to improve the lives of women, girls, men and boys, as long as the source is clearly referenced. It should not be reproduced for sale or commercial purposes without prior written permission from the copyright holders.

If you wish to use any of the supporting publications, other than as a general resource in support of this toolkit, please contact the author / organisation as stated in that publication to obtain permission.

### Citation for this publication

House, Sarah, Suzanne Ferron, Marni Sommer and Sue Cavill (2014) *Violence, Gender & WASH: A Practitioner's Toolkit – Making water, sanitation and hygiene safer through improved programming and services*. London, UK: WaterAid/SHARE.

The authors of these materials would be very happy to receive feedback from users of the materials contained within, whether positive or negative, so that it can be used if the materials are updated at a later date.

We would also be interested to receive feedback where the methodologies have been used and their impacts evaluated in respect to reducing violence linked to WASH programmes or services. This will add to the general body of evidence on the best ways to improve policy and programming.

Please send any feedback to: [gbv@wateraid.org](mailto:gbv@wateraid.org)

### Promising good practices

This toolkit brings together a range of examples of *promising* good practice that have the potential to reduce vulnerabilities to violence associated with WASH programmes and services. The approaches have been selected on the basis of case study examples where some successes have already been seen, from good practice guidance already being recommended within the WASH sector or across sectors, and also some selected based on best judgement and common sense. These are approaches and strategies that at least give those who are vulnerable a say in the programme and service provision, which encourage communities to develop their own strategies for prevention of violence, provide opportunities for peer support, and encourage ethical behaviours from staff – and are therefore likely to be effective in helping to reduce vulnerabilities.

There is a critical need to increase understanding of the links between violence and WASH, on appropriate ways to improve policy and programming, and for testing and evaluation of the same.

Every effort has been made to obtain permission for the inclusion of materials, and also to verify that information is from reputable sources, but checks have not been possible for all entries.



This material has been funded by UK aid from the Department for International Development (DFID). However, the views expressed do not necessarily reflect the Department's official policies.

## What 'violence' means in this toolkit

The main focus of this toolkit is the forms of violence that occur because of the differences in power between males and females. This is known as 'gender-based violence' (GBV). A large proportion of GBV is aimed at women and girls, because in most societies they face discrimination and hold less power than men and boys. However, violence that is associated with the gender roles assumed by men and boys can also make them the object of violence. People who have other gender and sexual identities, such as those who are lesbian, bisexual, gay, transsexual and intersex (LBGTI) may also face GBV.

We also consider violence against those from specific social groups, particularly those who may be in vulnerable, marginalised or special circumstances; and we consider violence that may occur between people of the same gender, such as between women or between men, or between men and boys.

The forms of violence that are the main focus in this toolkit are: sexual violence (rape, assault, molestation and inappropriate touching), psychological violence (harassment, 'eve-baiting', bullying or other actions which may cause fear, stress or shame), physical violence (beating or fighting leading to injury and death) and socio-cultural violence (social ostracism, discrimination, political marginalisation or social norms that have negative impacts).

## Responding to violence as a WASH actor

In our work as WASH professionals we may:

1. Witness incidents of violence in the projects in which we work;
2. Be approached by people who have experienced violence and who need support;
3. Experience violence ourselves; and/or
4. Be suspicious about the behaviour of a colleague or other professional in relation to possible sexual exploitation and abuse (SEA) of beneficiaries or other violent misconduct.

As WASH professionals we are not trained in protection or in how to support survivors of gender-based violence (GBV) or in dealing with the perpetrators. Hence without proper training or advice, we may unintentionally risk doing more harm than good.

As development and humanitarian professionals we also, however, have a duty to uphold the rights of the people we support and it is human nature to want to assist people who have suffered. In many countries this is a legal obligation.

## What is 'protection'?

Protection is, first and foremost, the duty of states. No universal definition of 'protection' exists, but one definition<sup>1</sup> is:

*'The concept of protection encompasses all activities aimed at ensuring full respect for the rights of the individual in accordance with the letter and the spirit of the relevant bodies of law, i.e. human rights law, international humanitarian law and refugee law.'*

A protection activity is an activity which:

*'Prevents or puts a stop to a specific pattern of abuse and/ or alleviates its immediate effects (responsive action); restores people's dignity and ensures adequate living conditions through reparation, restitution and rehabilitation (remedial action); fosters an environment conducive to respect for the rights of individuals in accordance with relevant bodies of law (environment building).'*<sup>2</sup>



Rod Shaw / WEDC, Loughborough University

## It is important to understand:

1. Our responsibilities with respect to protection as WASH sector actors in both development and humanitarian contexts.
2. Our limitations and the risks of doing more harm than good.
3. Who is available to provide professional advice.
4. Where people who have experienced violence can refer themselves for help and support. It is very important that the person who has experienced violence makes their own decisions.

Briefing Note 4 (BN4) provides some basic guidance on these issues. Note the **'Do's and Don'ts'** when responding to violence at the community level at the end of this document.



The diagram on the following two pages identify the different actors generally working in the area of protection across country contexts, and their key roles. Some will be available in all contexts (police, judiciary, government ministries responsible for social welfare, women and children) and others may only be available in some contexts (such as associations of women lawyers). However, the reliability and capacity of the services will vary (for more details see later in the briefing note). Where statutory services are weak or non-existent, more reliance will need to be made on the traditional systems of security and justice and on informal systems of support. In some cases these may be the only systems of support that are available. However, it is also important to be aware that not all traditional systems of justice are aligned with human rights principles that encompass gender equality. Traditional justice is often implemented by men and often biased towards male solutions and priorities, which can further discriminate against a woman or child. For example when a woman is raped, she may be expected to marry the perpetrator in some societies.

## The 'protection sector' and types of service providers – 1 of 3

### Institutions with statutory responsibilities for protection

#### Health services

Various health services may exist which have relevance to the needs of survivors of violence. These include hospitals, health centres, clinics and health posts. They will be responsible for providing health care to the survivor as well as providing evidence on the assault, which will be used in the legal case if it goes forward.

Specialist services such as for violence may exist as well as those for psychosocial care, but may not exist in all contexts. Health services where people can get emergency post exposure preventative treatment for HIV are also relevant.

#### Government ministries

(Responsible for health, social welfare, women, children and gender)

The Ministries with the above remit may exist in different combinations in different countries. They have responsibility for developing policies and strategies relating to protection, for the allocation of resources and for supervising protection activities within the country.

#### Police

(Which may have a specialist unit for the protection of women and children)

Arrest the perpetrator, undertake investigation, report and refer to the public prosecutor

#### Judiciary

(Involving the prosecution and defence teams)

Interpret the law in the name of the state. Undertake the trial, make a judgement on whether the perpetrator is guilty or innocent and where appropriate pass sentence. They also provide a mechanism for the resolution of disputes.

In general the 'Legislature' makes the law and the 'Executive' enforces the law.

#### Local authorities

(Health and social work departments)

Responsible for health and social work services in their area of responsibility. They will have responsibility for co-ordinating services, allocating funding and providing support to other actors.

## The 'protection sector' and types of service providers – 2 of 3

### Traditional systems of security and justice and informal networks of social support

Rural populations may be heavily reliant on traditional systems and on informal system of support for women through social networks.

### Traditional systems of security and justice support



## The 'protection sector' and types of service providers – 3 of 3

**Others with responsibilities related to protection or active in service provision in protection**

### Church, mosque, temple and other religious institutions

Religious institutions may not have professional staff working on GBV, but are likely to provide some form of social network and support mechanisms for survivors and their families.

### UN agencies, the International Committee of the Red Cross, National Red Cross and Red Crescent Societies and civil society organisations

(With remits covering protection, gender, women and children's rights, GBV, HIV, women's empowerment and working with men and boys)

UN agencies such as the United Nations Children's Fund (UNICEF), the United Nations Population Fund (UNFPA) and UN Women have mandates which include protection of women and children. The United Nations High Commissioner for Refugees (UNHCR) has a mandate to protect refugees. The International Committee of the Red Cross is mandated to provide protection in times of armed conflict. National Red Cross and Red Crescent Societies work in all contexts. Specialist NGOs such as Save the Children and Plan International have mandates including the protection of children. A wide range of CSOs exist which support women's rights and empowerment. Both international and national CSOs will have these remits. In resource-poor contexts the key UN agencies and CSOs are likely to support the Government systems and services with resources and capacity building opportunities. Many CSOs include protection as a cross-cutting issue.

### Associations of women lawyers

May have a specialist focus on GBV and issues relating to women and children.

### Safe houses

A location where survivors of GBV can go to be safe while a resolution is found.



Rod Shaw / WEDC, Loughborough University

## Protection actors in emergencies

The **Global Protection Cluster**<sup>3</sup> (for which the global lead is the UN High Commissioner for Refugees [UNHCR]) provides co-ordination on protection in humanitarian contexts where the Cluster System is implemented. The Protection Cluster has identified the following *Areas of Responsibility* with associated global leads:

- **Child protection** (lead: United Nations Children's Fund [UNICEF])<sup>4</sup>
- **Gender-based violence** (lead: UNICEF and the United Nations Population Fund [UNFPA])<sup>5</sup>
- **Housing, land and property** (lead: UN Human Settlements Programme [UN-HABITAT])<sup>6</sup>
- **Mine action** (United Nations Mines Action Service [UNMAS])<sup>7</sup>

Other key points of contact include the United Nations Refugee Agency (UNHCR) for refugees.

The Global Protection Cluster provides global-level policy advice and guidance, supports protection responses in non-refugee humanitarian situations and develops policy relating to protection in complex and natural disaster humanitarian emergencies, including with respect to the protection of internally displaced persons.

The International Committee of the Red Cross, the International Federation of Red Cross and Red Crescent Societies and the National Red Cross and Red Crescent Societies are key actors in the area of protection. They are standing invitees to the IASC.



Rod Shaw / WEDC, Loughborough University

## Referral systems

Many countries will have a 'referral system' for reporting violence or child abuse, and a step-by-step flow chart of what to do when either there are concerns that a child or another person is being abused or where violence has been reported. It is recommended that we find out the local procedures in the area or country where we are working, so that we are prepared should an emergency situation occur.

The two-part referral plan for reporting child abuse and protection in Tanzania is summarised in the box below. Note that the steps may vary slightly in order in different country contexts. In some cases medical treatment may be prioritised before approaching the police, so that the appropriate medical treatment (including a course of vaccination where appropriate) can be given within the first 72 hours.<sup>8</sup>

Refer to [BN3](#) for more details on medical care required within the first hour or within a maximum of 72 hours

### Child abuse referral systems, Tanzania<sup>9</sup>

#### A – What to do if you have concerns that a child is being abused

A flow chart highlights the steps to be followed, which include:

**Step 1** – Reporting concerns immediately to the Department of Social Welfare (DSW); the Gender and Children Desk (GCD) at the police station; by phoning the 'Childline' phone number (to be established); or to the nearest NGO, church, mosque or community organisation;

**Step 2** – The Childline service and the NGO, church, mosque or community organisation will report to the GCD of the local police and the DSW immediately;

**Step 3** – The DSW, the GCD of the local police or Child line team will follow up on the referral within 48 hours; and

**Step 4** – If found to be a case of abuse, then the case moves onto the child protection referral plan.

## Child abuse referral systems (cont.)

### B – Child protection referral plan

The referral plan offers different options depending on the outcome of investigations, but includes provisions and steps for the following:

- Police interview the child;
- Medical examination to be undertaken and healthcare provided, police report prepared (police may accompany child);
- Police notify the Department of Social Welfare, who places the child in a place of safety if required;
- Police arrest alleged perpetrator;
- Police and the DSW complete their investigations and court reports;
- Public prosecutor prepares documents and obtains hearing date in court;
- Court hearing – child is linked with a court intermediary and a decision is made as to whether case goes to trial or not; and
- Trial and sentencing.

**Note:** support by social work officers for the child and family is offered throughout the process, including: providing escorts, transport, visits to the child at home or place of safety, provision of counselling, follow-ups with the court, offers of post-trial counselling and links with local resources and safety net.

## Putting rights into simple language<sup>10</sup>

An information booklet developed by UNICEF on the Law of the Child, 2009, highlights in simple language and with cartoon characters the rights of the child so that these can be understood by children themselves.



UNICEF, 2012

Some countries have also translated information on the rights of the child into simple language that can be understood by children. The box *Putting rights into simple language* describes an example from Tanzania.

## Challenges for referral systems for violence, child abuse and protection-related services in resource-poor and fragile contexts

The protection sector in resource-poor and fragile contexts might, however, face many problems including:

- The non-existence of services;
- Poor quality services with limited or poorly trained staff;
- People having to travel long distances to services;
- Unclear information on what services exist;
- No referral system, one that only exists on paper or a referral system that is unrealistic in terms of the services and resources available;
- Police who are poorly trained and might also perpetuate further violence on survivors; and
- While a referral system is in place, this may break down during a period of emergency.

In addition to these challenges, poor women and girls and other people who have experienced violence may also face the following problems in accessing services:<sup>11</sup>

- They may not know their rights, may have internalised their situation or live in a context in which they expect no better;
- There may be community pressure in many contexts to not report incidents;
- Fear of repercussions, including more violence or breaking up their family and losing access to children;
- They may not be able to afford the cost of services or of transport;
- They may not have time to travel due to their household and other responsibilities;
- There may be cultural barriers to women's mobility to reach services;
- There may be cultural barriers to women speaking with men, and concern that the services will be staffed only by men; and
- Rural populations may be heavily reliant on traditional systems for service provision and meeting their security and justice needs, but these systems do not always uphold women's rights.

In such situations, it is essential that as WASH actors we link up with and take advice from protection specialists about information that should be provided to survivors of GBV so that it will be beneficial and not cause them more harm.



## Linking protection and WASH actors for mutual support

Where our organisation already has protection, child protection or GBV specialists/teams, they should be able to provide:

- Guidance on the information that WASH actors should provide when approached by people who have experienced violence. This includes where they can go for support and assistance.
- Training on protection and the 'dos and don'ts' to ensure that we do no harm.

Where an organisation does not have protection specialists, it is important to make contact with organisations that specialise in these areas. In emergencies this could be by linking with the Protection Cluster or other key organisations, e.g. those working specifically on child protection or GBV.

The case study on (right) highlights the current efforts of Oxfam to expand its ability to provide information to survivors of abuse in emergencies, through utilising the outreach capacities of the WASH (Public Health Engineering and Promotion) teams.

### Restored – building churches' capacities in responding to domestic violence <sup>12</sup>

Specific awareness raising and capacity building work may have already been undertaken by religious institutions on responding to issues of violence that occur in their communities and among their membership.

One good practice example of such efforts is that of 'Restored', an International Christian Alliance working to strengthen relationships and end violence against women. This provides awareness raising on domestic violence and guidance for churches on good practice in terms of what to do and what not to do when faced with incidents of domestic violence.



Petra Röhr-Rouendaal / WASH Cluster Visual Aids Library

## Linking protection and WASH teams, DRC, Yemen and South Sudan <sup>13</sup>

Oxfam works in humanitarian and fragile contexts and has both Protection and WASH (Public Health) teams. WASH teams and structures are often on the ground at community level and hence staff build up positive relationships with community members, whereas many protection and GBV-related services may be more centrally located. Information on GBV-related services tends to be scattered and not easily accessible to communities.

Oxfam is currently investigating and piloting opportunities to utilise the WASH teams on the ground to provide information to survivors of GBV, who can then refer themselves to appropriate services (self referral). Trials and pilots have been undertaken or are underway in Yemen, South Sudan and the Democratic Republic of the Congo.

### Steps taken to establish a self-referral system involving WASH staff and partners:

1. Mapping of service and developing contacts with service providers
2. Baseline survey
3. Development of the self-referral model
4. Development of standard operating procedures (SOPs)
5. Training of staff and partners on – gender issues, protection, GBV and the SOPs – and awareness raising with government and the protection-related clusters on the same
6. Community awareness raising on the referral system
7. Undertaking advocacy with service providers
8. Implement, monitor and evaluate

Lessons learned suggest that particular attention is needed on training and confidence building for staff and partners. This includes the need to develop a better understanding of the basics of gender and the basic 'do's and don'ts' when communicating with survivors of GBV.

Churches, mosques, temples or other religious institutions along with associated faith-based organisations may provide a support system for people who have experienced violence and their families, and hence can also be useful points of contact. In situations where other support services are weak or non-existent, such organisations may be particularly valuable.



Other organisations outside the government structure may also have skills and expertise in protection and GBV, and may be able to provide advice or work in partnership. These include:

- Local women's NGOs and networks of women's NGOs (such as the Women's Secretariat of Liberia [WONGOSOL] or the Women in Peacebuilding Network [WIPNET] in Liberia);



Thoughtshop Foundation

- NGOs working with boys and men on reducing GBV (such as Promundo) or working on HIV (such as the Salamander Trust);
- International organisations working on women's or children's empowerment and rights (such as ActionAid, UNICEF, UN Women, the International Save the Children Alliance or Plan International); and
- International or national organisations working in humanitarian response with protection or medical response expertise (such as the International Committee of the Red Cross, the National Red Cross Societies, Médecins sans Frontières and the International Rescue Committee).

## Principle of 'do no harm'

**The principle of 'do no harm' is of key importance when dealing with people who have experienced violence.** There are multiple vulnerabilities for a person who has experienced violence, which may include:

- Fear, shame, suicide;
- Being disowned by her/his family or rejected by her husband;
- Being mocked by other community members or stigmatised;
- Threat of repeat attacks by the perpetrator;
- Becoming pregnant, acquiring a sexually transmitted infection including HIV, or having a fistula<sup>14</sup>;
- Being raped or harassed by the police;
- Being killed in the name of 'family honour'; and/or
- Being put in jail for sex outside of marriage.

Therefore it is *critical* that the principles of ethical handling of information on violence are followed, and the wishes of the person who has experienced violence are respected at all times.

However, we should be aware that remaining silent about abuse might also be at odds with the principle of doing no harm if it results in other vulnerable individuals being abused. Additionally, in some contexts reporting of sexual exploitation and abuse is mandatory and a legal requirement.

This should all be a key part of training of staff – where they should practice how to handle different cases, with the 'do no harm' principle applied in each case.

[TS5-F](#) provides a scenario-based exercise that can be adapted on this issue for inclusion in training courses.

## Protection principles in emergencies

The Sphere Humanitarian Charter and Minimum Standards for Humanitarian Response was developed in response to the exodus from Rwanda in 1994, to establish minimum standards of response for actors intervening in humanitarian contexts. It has undergone several revisions.

The latest version of 'Sphere' provides cross-cutting guidance on protection and identifies key protection principles to be followed by all actors.

The Inter-Agency Standing Committee (IASC) GBV Area of Responsibility<sup>15</sup> has developed a range of good practice in relation to GBV in humanitarian contexts. The IASC GBV guidelines and checklists are discussed in [BN3](#), with more details available in [TS3-F-4](#). In addition, the IASC GBV AOR also provides guidance on mental health and psychosocial support, both

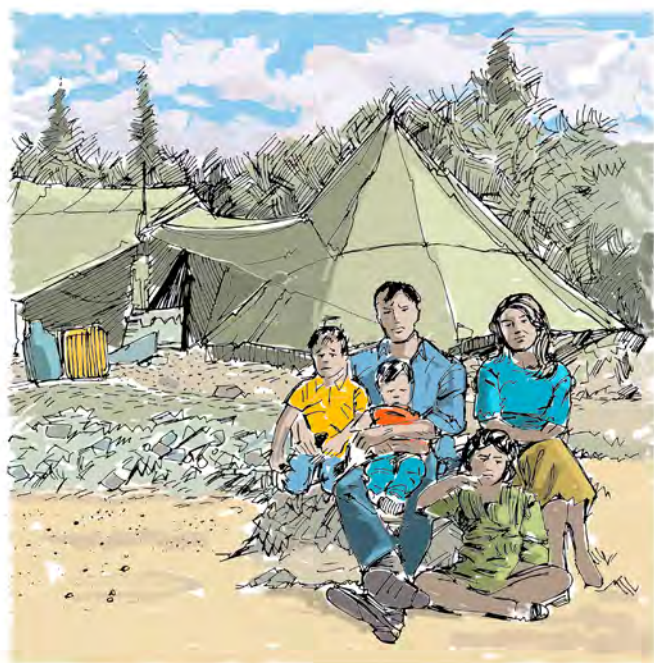
## Sphere Protection Principles

The Sphere Humanitarian Charter and Minimum Standards for Humanitarian Response identifies four Protection Principles which all humanitarian actors should be guided by at all times:

1. Avoid exposing people to further harm as a result of your actions
2. Ensure people's access to impartial assistance
3. Protect people from physical and psychological harm arising from violence and coercion
4. Assist people to claim their rights, access available remedies and recover from the effects of abuse

Refer to [TS3-F-3](#) for further details.

a detailed guideline and checklist.<sup>16</sup> These provide guidance on the 'do's and don'ts' for the provision of such support, and include a short checklist on WASH elements (which align with recommendations in this toolkit). This guidance highlights that the lack of appropriate provision of WASH services including menstrual hygiene materials and ability to manage them can lead to significant stress for the people affected by emergencies, particularly women and girls.



Rod Shaw / WEDC, Loughborough University

## Ethics for research on sexual violence

As discussed in [BN3](#), if research is to be undertaken on the prevalence of violence including sexual violence then **this must be undertaken by professionals trained in violence and GBV.**

To understand the complexity of the issues that professionals must consider when undertaking such research and interviewing people who have experienced violence, see the box below. This highlights the key principles that are recommended by the World Health Organization when researching, documenting and monitoring sexual violence in emergencies.

The sections that follow provide guidance on **what to do when someone from the community level discloses a violent incident.**

A separate section has been included in [BN3](#) on **what to do when a staff or partner member discloses a violent incident** and on taking care of ourselves in such situations.

The principles for responding to both are the same, but sadly there will be differences in the options available to people who are at community level and people working for established organisations. Hence the need was felt to separate the guidance.

## WHO ethical and safety recommendations for researching, documenting and monitoring sexual violence in emergencies <sup>17</sup>

1. The benefits to respondents or communities of documenting sexual violence must be greater than the risks to respondents and communities
2. Information gathering and documentation must be done in a manner that presents the least risk to respondents, is methodologically sound, and builds on current experience and good practice
3. Basic care and support to victims/survivors must be available locally before commencing any activity that may involve individuals disclosing information about their experiences of sexual violence
4. The safety and security of all those involved in information gathering about sexual violence is of paramount concern, and in emergency settings in particular should be continuously monitored
5. The confidentiality of individuals who provide information on sexual violence must be protected at all times
6. Anyone providing information about sexual violence must give informed consent before participating in the data gathering activity
7. All members of a data gathering team must be carefully selected and receive relevant and sufficient specialized training and ongoing support
8. Additional safeguards must be put in place if children (i.e. those under 18 years) are to be the subject of information gathering



Petra Röhr-Rouendaal / WASH Cluster Visual Aids Library

## What to do when someone from the community level discloses a violent incident

When faced with a violent incident, or when approached by someone who has experienced violence, **the main priority is to provide the person with information on the correct service or organisation with professional expertise in this area who can assist them.** However, our reactions to that person and the way we initially communicate with them is very important. **It is critical to allow them to make their own decisions on the steps that they want to take** to give them back power over their own lives, which they may feel has been taken away through the incident. This flow chart and the 'do's and don'ts' provides some basic guidance on how best to offer support. Training may be required to build understanding and confidence in using the guidance below.

1

### Incident occurs

- Violence occurs
- Person who has experienced violence approaches you for assistance / advice

2

### Respect and listen

- Do not ask for proof
- Assure the person who has experienced violence that it is not their fault
- Reassure that confidentiality will be maintained, but explain its boundaries
- Be honest and upfront about your ability to help and that you are not a protection specialist

3

### Ensure – safety first

- Be aware that any intervention may heighten the person's vulnerability level and that of any children involved; it may also put you or your colleagues in danger
- Be guided by what the person who has experienced violence wants
- Consider the time/venue constraints

4

### Provide information on support services

- Provide information on the services which are available using the leaflet prepared by protection specialists and on how the person affected by violence can access the services
- If the person is unable to read or would like to go through the information with you to check that they understand, then read it together
- Let the person know that it is recommended to see a health professional as soon as possible, ideally within 1 hour but definitely within 72 hours, to ensure the best outcome of treatment
- Provide the information – **but allow the person to make their own decisions on what to do next** – giving them back the power of decision-making over their own lives is the first step to their recovery
- If there is an organisation with protection expertise (such as a local NGO or CBO which has been trained in protection) or a specific protection committee in the community, then ask for the person's permission to introduce her/him to them for further support while she/he considers which services she/he will aim to access



## 'Do's and don'ts' – when interacting with a person at community level who has experienced violence <sup>18</sup>

It should again be stressed that: the main priority should be to refer the person who has experienced violence to the correct service or organisation that has professional expertise in this area.

To do this some communication will need to occur with the person who has experienced violence. This table provides some basic guidance as to how we should communicate so as to minimise potential additional harm to the person concerned.

### Do's

#### When interacting with a person who has experienced violence – Do:

1. Talk in a safe and private place.
2. If you do not feel confident to listen on your own, you can ask permission for another trusted colleague to join you – but only ask them to do so if the person who has experienced violence is happy with this. Having two people listening can help you support one another in supporting the person who has experienced violence.
3. Listen to what she/he has to say – and take it seriously. Practice active listening, which may mean: give your full attention, gently nod your head, make eye contact, use body language which shows that you are engaged with what they are saying (this may vary by culture).
4. Believe her/him.
5. Give priority to her/his immediate safety.
6. Reassure her/him that this is **not their fault**, they are not the person who is in the wrong.
7. Let her/him know that what the abuser has done is wrong and unacceptable.
8. Say that it is positive that they have talked to someone about the incident.
9. **Support and respect her/his choices.** Avoid giving instructions about what to do, instead support the person to reach their own decisions about what steps to take.
10. Give her/him information about relevant support agencies and how she/he can contact them. Provide the pre-prepared information leaflet that has been developed by protection specialists and read it out to her/him if necessary. Consider the need for people who have been affected by violence to speak with someone of the same gender and access information on traditional/informal support and justice systems.
11. In the case of rape, make sure that she/he knows that **it is important to receive medical help as soon as possible – ideally within 1 hour but definitely within 72 hours** to ensure the best health outcomes (both emergency contraception and drugs to reduce the risk of contracting HIV work best within 1 hour, but can still be used for up to 72 hours).
12. In the case of rape, also encourage the person to not wash until they have seen a health professional and to keep the clothes they were wearing safely – including underwear as this may be useful in proving the crime if she/he decides to report the incident and take the abuser to court at a later date. In the case of physical violence that has resulted in ripped clothes, this may also be useful. However, reporting the incident can be highly problematic in some contexts and may pose additional risks to the individual, so the decision must be their own if they want to report.
13. **Protect her/his confidentiality** – do not tell others about the incident, except for protection specialists. **Do not write down any details, as this may feel threatening and may also be read by people who may not treat it confidentially.** If others find out about the abuse, this may put her/him in more danger. (Men or boys who have been sexually abused also face specific vulnerabilities due to the stigmatisation associated with homosexuality and assumptions about men or boys who have had sex with men or boys, even if it was rape).
14. Avoid using stigmatising language such as calling her/him a 'victim'. Where possible use language which emphasises empowerment and resilience.

## Don't's

### When interacting with a person who has experienced violence – Don't:

1. Judge her/him and what she/he tells you.
2. Make unrealistic promises.
3. Minimise the severity of their experience or the danger they are in.
4. React with disbelief, disgust or anger at what she/he tells you.
5. React passively.
6. Ask her/him why she did not act in a certain way.
7. Blame her/him for the violence.
8. Act on the person's behalf without her/his consent and/or knowledge.
9. Expect her/him to make decisions quickly.
10. Make decisions for her/him or tell her what to do.
11. Encourage her/him to forgive her/his abuser.
12. Contact the person at home, unless they have agreed to this.
13. Approach the abuser for their side of the story.
14. Give information about her/his whereabouts to the abuser or to others who might pass information on to the abuser.
15. Encourage her/his dependence on you or become emotionally or sexually involved with her/him, this will re-abuse her/him.
16. Do nothing.

### Examples of positive communication with someone who has experienced violence

*"It is very good that you have talked to someone... you should not have to go through this on your own"*

*"It is not your fault, this can happen to anyone and the person was wrong in what he/she did..."*

*"It is fully your decision what to do next, but we can talk through the options together..." (Or "I can give you some information on who might be able to help")...*

*"It is important to see a health professional/go to the clinic as soon as possible, ideally within 1 hour but definitely within 72 hours (3 days) to ensure that any treatment required will work most effectively..."*

*"I can see that although this was a terrible experience, you are being very strong in talking about it..."*



Rod Shaw / WEDC, Loughborough University

## Speaking with abusers

**It is not advisable to approach or speak with the abuser. This should be left to the protection specialists, who have a statutory duty to respond.**

If, however, there is no option because you were present when the violence took place, then the following principles apply:

### Do

- Maintain awareness of the danger the person may pose to you, other people and especially to the person who has already experienced violence and their family
- If the abuser is in the same location as the person who has experienced violence, then move that person away from the abuser
- Take seriously any threats the abuser may make and inform the police; if the threats are directed towards the person who has experienced violence also inform the person who has been threatened
- If possible note the features of the abuser (height, hair, clothes, facial features), so that if the police ask for details you can assist them

### Do not

- Discuss the event with the abuser – leave this to a professional
- Accept the abuser's excuses or attempt to blame anyone else
- Be alone with the abuser; if you are approached when you are alone, move to an area where other people are present
- Give the abuser any information about the other person or their whereabouts

## Endnotes

The examples included in this document have been summarised or abstracted from the references identified in the endnotes. A full list of references referred to in the toolkit can also be found at the end of [TS8](#).

<sup>1</sup> This definition was agreed by a number of key humanitarian and human rights specialist who took part in International Committee of the Red Cross (ICRC)-sponsored workshops in 1999–2000. As noted in: Inter-Agency Standing Committee Task Force on Humanitarian Action and Human Rights (2004) *Frequently Asked Questions on International Humanitarian, Human Rights and Refugee Law in the Context of Armed Conflict*. Geneva, Switzerland: IASC.

<sup>2</sup> Ibid.

<sup>3</sup> The co-ordination body for protection in humanitarian contexts where the Cluster System is in operation. Available at: <http://www.globalprotectioncluster.org/> [accessed 11 October 2013].

<sup>4</sup> Global Protection Cluster, Child Protection – Area of Responsibility. Available at: <http://www.globalprotectioncluster.org/en/areas-of-responsibility/child-protection.html> [accessed 11 October 2013].

<sup>5</sup> Global Protection Cluster, Gender Based Violence – Area of Responsibility. Available at: <http://www.globalprotectioncluster.org/en/areas-of-responsibility/gender-based-violence.html> [accessed 11 October 2013]; and Inter-Agency Steering Committee, Gender Based Violence Area of Responsibility. Available at: [www.gbvaor.net](http://www.gbvaor.net) [accessed 11 October 2013].

<sup>6</sup> Global Protection Cluster, Housing, Land and Property – Area of Responsibility. Available at: <http://www.globalprotectioncluster.org/en/areas-of-responsibility/housing-land-and-property.html> [accessed 11 October 2013].

<sup>7</sup> Global Protection Cluster, Mine Action – Area of Responsibility. Available at: <http://www.globalprotectioncluster.org/en/areas-of-responsibility/mine-action.html> [accessed 11 October 2013].

<sup>8</sup> Médecins sans Frontières tries to encourage the medical examination even before going to the police, because it is very important to receive people who have experienced violence within 72 hours. This is because they need to receive vaccines, prophylaxis and other treatment.

<sup>9</sup> Government of the United Republic of Tanzania (no date) *Child Protection Referral Plan - Post abuse*. Tanzania: Government of the United Republic of Tanzania.

<sup>10</sup> United Nations Children's Fund (2012) *The Law of the Child Act, 2009, Know your rights*. Dar es Salaam, Tanzania: UNICEF. (on USB stick)

<sup>11</sup> Adapted from: Department for International Development (2012) *A Practical Guide on Community programming on Violence Against Women and Girls*, CHASE Guidance Note 2, Violence Against Women and Girls, May 2012. London, UK: DFID. (on USB stick)

<sup>12</sup> Tearfund (2011) *Silent No More, The Untapped Potential of the Church in Addressing Sexual Violence*. Teddington, UK: Tearfund; and Restored (2011) *Ending Domestic Abuse, A Pack for Churches*, June 2011. UK: Restored. Available at: [www.restoredrelationships.org](http://www.restoredrelationships.org) [accessed 11 October 2013]. (on USB stick)

<sup>13</sup> Hastie, R. (2013) OXFAM-GB. Personal communication.

<sup>14</sup> A fistula, a hole between either the rectum and vagina or between the urethra and vagina, can occur through damage inflicted during rape. This can lead to problems with bowel or bladder control, and urine and/or faeces can leak through the hole into the vagina involuntarily.

<sup>15</sup> Inter-Agency Steering Committee, Gender Based Violence Area of Responsibility. Available at: [www.gbvaor.net](http://www.gbvaor.net) [accessed 11 October 2013].

<sup>16</sup> Inter-Agency Standing Committee (2007) *IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings; and associated Checklist for Field Use*. Geneva, Switzerland: IASC.

<sup>17</sup> World Health Organization (2007) *Ethical and safety recommendations for researching, documenting and monitoring sexual violence in emergencies*. Available at: <http://www.stoprapenow.org/uploads/advocacyresources/1282164733.pdf> [accessed 11 October 2013].

<sup>18</sup> Adapted from: Restored (no date) *Ending Domestic Abuse, A Pack for Churches*. UK: Restored. Available at: [www.restoredrelationships.org](http://www.restoredrelationships.org) [accessed 11 October 2013]. (on USB stick)



## Notes

[illegible]

The toolkit is co-published by:



This material has been funded by UK aid from the Department for International Development (DFID). However, the views expressed do not necessarily reflect the Department's official policies.

## Commitments of co-publishing organisations

It should be noted that the organisations co-publishing this resource might not currently practice all of the recommendations proposed within it.

Co-publishing the resource provides an indication of the organisations' commitment to help their staff become increasingly aware of the issues relating to violence and WASH, and that they will continue to work to improve their organisation-wide commitment, policies, strategies, plans and programming over time to reduce vulnerabilities to violence related to WASH wherever it is realistically possible.

**VIOLENCE  
GENDER  
& WASH**

## A PRACTITIONER'S TOOLKIT

**Making water, sanitation and hygiene safer through improved programming and services**

## Briefing Note 4

**Understanding the protection sector**