Do's and don'ts

Do's and don'ts in community-based psychosocial support for sexual violence survivors in conflict-affected settings

This document promotes good practices and intends to reduce harmful practices by community-based psychosocial programmes that address sexual violence in conflict settings.[1]

No single actor or agency is expected to implement all Do's, which is a collective responsibility.

Assessment and action to support people affected by sexual violence should be guided by the survivor-centered approach, wherein survivors[2] have the right to:

- be treated with dignity and respect rather than victim-blaming attitudes;
- choose rather than feel powerless;
- privacy and confidentiality rather than shame and stigma;
- non-discrimination rather than differential treatment based on gender, ethnicity, other;
- information rather than being told what to do.

THINGS TO DO

Assessment

- DO coordinate with other stakeholders to gather existing information to identify gaps in response.
- DO assess the nature, causes, context, and impact of sexual violence and available resources in the community to inform what kind of community-based psychosocial response may be needed.
- DO ensure that assessment is action-oriented and backed by a commitment to implementing a response.
- DO ensure that assessments are conducted according to the WHO *Safety and Ethical Recommendations for Researching, Documenting and Monitoring Sexual Violence in Emergencies.*[3]

Programme Planning and Implementation

- DO provide women and children survivors with useful, accurate information on available services that is easily understood, presented in the relevant local language, and delivered with compassion.
- DO train and support first responders to provide a safe, calm environment; listen supportively; demonstrate compassion and non-judgment; provide reassurance without making false promises; and promote access to medical care and other support.
- DO identify a first contact or appropriate case manager - who is trained in case management and psychological first aid [4] - who can provide basic support and help survivors access needed services.

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STOP RAPE NOW UN ACTION AGAINST SEXUAL VIOLENCE IN CONFLICT

World Health Organization

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[1] See *IASC (2005) Guidelines for Gender-Based Violence Interventions in Humanitarian Settings, the IASC (2007) Guidelines on Mental Health and Psychosocial Support in Emergency Settings, the WHO (2007) Safety and Ethical Recommendations, and the UN Action Do's and Don'ts.*

[2] The term 'survivor' refers to a person—woman, man, girl and boy—who has experienced sexual violence

[3] WHO (2007). *Ethical and Safety Recommendations for Researching, Documenting and Monitoring Sexual Violence in Emergencies.* Geneva, Switzerland: World Health Organization.

[4] World Health Organization, War Trauma Foundation and World Vision International (2011). *Psychological first aid: Guide for field workers.* WHO: Geneva.

- DO design programmes that offer survivors and other vulnerable women and girls the opportunity to participate in non-stigmatizing community-based activities that reduce their isolation.
- DO consider establishing or supporting safe spaces for women, girls, and boys to promote interaction, education, and referral to relevant services.
- DO consider whether and how to establish or link with livelihoods and economic supports that support survivors' recovery.
- DO seek to strengthen access to clinical mental health care, ensuring that clinical referral services are available for those whose distress is so overwhelming that it interferes with their ability to carry out usual work, school, or domestic activities.
- DO work with communities to spread anti-stigma messages, enabling discussions of how to prevent and respond to sexual violence, engaging women's and men's support groups, dialogue groups, and linking with community education and advocacy efforts.
- DO engage women and men, girls and boys affected by sexual violence in decisions about the design, delivery, and evaluation of interventions.
- DO consider how programming can be culturally sensitive and promote positive gender and cultural norms, while also challenging potentially harmful attitudes and practices.
- DO ensure that all relevant actors in your community know what their specific role and responsibilities are in ensuring that their particular interventions are implemented in a manner that protects the safety and security of women and children.

THINGS NOT TO DO

Assessment

- Do NOT conduct unnecessary or duplicate assessments.
- Do NOT accept preliminary data in an uncritical manner, or assume that assessment information is not needed.
- Do NOT undertake assessments that could increase stigma or endanger the respondents or researchers.

Programme Planning and Implementation

- Do NOT assume that all survivors have the same psychological and social needs following sexual violence.
- Do NOT set up new social interventions and supports without considering how they link with and build on existing community groups and processes.
- Do NOT assume that particular interventions (e.g. safe homes) are appropriate in all settings or that they should always be set up in the same way.
- Do NOT design, deliver, and evaluate psychosocial interventions without consulting those affected by, and at risk of, sexual violence.
- Do NOT focus only on survivors' identified problems while disregarding their strengths and capacities (e.g. assets, coping and resilience).
- Do NOT set up supports for survivors of sexual violence associated with the armed conflict that exclude people suffering from inter-personal violence or other forms of abuse not related to armed conflict.
- Do NOT raise expectations by providing referrals to support programmes that may be unsustainable (e.g. unsustainable livelihood activities) or ineffective.
- Do NOT assume that all caregivers (e.g. family members) have the necessary skills to work safely and effectively with survivors of sexual violence or to meet children's special needs.
- Do NOT assume that service providers across response sectors are skilled in ethical and safe survivor-centered response.
- Do NOT advocate against the need for clinical care of those survivors who have a mental disorder or whose needs are not met by basic psychosocial supports.

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