

# Guidelines for the provision of remote psychosocial support services for GBV survivors

PROPOSAL ADAPTED TO THE CONTEXT  
OF THE COVID-19 PANDEMIC



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# Chap. 1

**Introduction  
and purpose  
of the  
guidelines**

# Chap. 1

In a public health crisis like the current COVID-19 pandemic, where social distancing measures are being implemented to stop the spread of infection, persons facing gender-based violence (GBV) – such as intimate partner violence or other forms of emotional, economic, physical or sexual violence – can face additional risks. Many GBV survivors are trapped in the same space as their abusers for long periods of time. This situation limits their privacy, making it more difficult for them to escape violence and exacerbating threats to their life, health and integrity.

During the implementation of social distancing and lockdown measures, the technologies that allow for the remote delivery of specialized GBV response services provide an alternative way to ensure access to these essential services.

However, the delivery of services using these technological tools poses new challenges that organizations have not always been prepared to address. The shift to remote service provision, for example, requires preparation and/or the adaptation of specific protocols to ensure confidentiality of information, the safety of survivors and quality care.

Your organization's staff will have to acquire new skills and knowledge to adapt to the requirements of new working modalities and systems for the timely solution of problems. In addition, communication through digital platforms, such as text messages, chats and video calls, is different from face-to-face conversations and requires specific skills to establish and maintain good rapport and convey empathy to survivors.

## 1.1 Purpose of the guidelines

Many countries throughout Latin America and the Caribbean have adopted movement restriction measures to reduce the spread of COVID-19. In response,



governments, UN agencies, national and international non-governmental organizations, and civil society organizations are now offering remote psychosocial support and case management services to GBV survivors. UNFPA is delivering these services directly and through implementing partner institutions and organizations. In other cases, UNFPA is providing support to key stakeholders (government bodies and non-governmental organizations) to help them build capacity to provide remote support to GBV survivors.

Since delivery of specialized GBV services online or via the telephone is fairly new, there is a gap in terms of standardized guidelines for service providers and institutions to follow. In this regard, UNFPA has identified a need for practical guidelines for provision of remote services in Latin America and the Caribbean. The aim is to guide the delivery of survivor-centered services with high-quality standards in line with the guidelines in the UN Essential Services Package for Women and Girls Subject to Violence.

### **¿WHO ARE THE INTENDED USERS OF THESE GUIDELINES?**

The main purpose of these guidelines is to assist the following stakeholders in implementing specialized GBV response services:

- Public service providers specializing in the provision of GBV support
- Civil society organizations, including UNFPA's partner organizations
- Other key individuals, as well as humanitarian and state partners working on GBV response and prevention
- UNFPA staff working on issues related to the delivery of specialized services for GBV survivors

### **¿WHAT DO THESE GUIDELINES COVER?**

These guidelines are not a basic course on GBV, nor a manual on specialized GBV response services. They are not intended for persons without basic training and expertise in providing specialized GBV response services. For basic training in the delivery of GBV response services refer to the training tools and manuals listed in the bibliography.

These guidelines address how the delivery of GBV response services can be adapted to enable remote service provision in the context of the COVID-19 pandemic. Therefore, they are intended for specialized staff with experience in responding to GBV.

Given the different categories of GBV response services being delivered across Latin America and the Caribbean region, these guidelines cover a number of services. They also address the issue of remote support in detail and can be adapted to different types of remote services; including psychological first-aid services, psychosocial support hotlines and case management services, among others.

## ¿WHO ARE THE INTENDED USERS OF GBV REMOTE SERVICES?

The remote services covered by these guidelines are intended for adult GBV survivors. The United Nations Declaration on the Elimination of Violence against Women defines GBV as “a manifestation of historically unequal power relations between men and women, which have led to domination over and discrimination against women by men and to the prevention of the full advancement of women”. The guidelines for GBV interventions of the Inter-Agency Standing Committee (IASC) also establish that, in humanitarian settings, the term ‘GBV’ is also used to highlight the gendered dimensions of certain forms of violence against men and boys, and also to describe violence perpetrated against lesbian, gay, bisexual, transgender and intersex (LGBTI) persons.

Considering that most GBV survivors are women and girls, these guidelines mainly focus on the particular experiences of women and, as such, often use the female gender to refer to the population of interest. However, service providers may also provide support to men, persons with diverse gender identities and LGBTI persons calling their hotlines or requesting psychosocial support services. The guidelines also include suggestions and recommendations to help service providers operate with an adaptive approach and deliver safe GBV remote services and support to these populations. However, to receive feedback on the best way to adapt remote support services for these populations, we recommend consulting staff specializing in the provision of GBV support to male survivors and LGBTI persons.

The content of these guidelines does not cover children and adolescents. In these cases, national laws and the best interests of these populations should be taken into account. Cases involving children and adolescents should be referred to the relevant institutions in that country, in accordance with current standards and laws. In cases where no specialized services are available for these groups, remote services should seek to have suitably trained professionals on staff with a sensitive approach towards children and knowledge about current laws and standards for the protection of children and adolescents.

## 1.2 The COVID-19 pandemic and its impact on GBV

- With different movement restrictions and lockdown/social isolation measures implemented throughout Latin America and the Caribbean region, we have identified a series of common challenges and problems directly impacting women in the regions:

- Many entities that offer support to women are no longer authorized to deliver in-person services.
- Some specialized services for GBV survivors, such as shelters and safe houses, are overwhelmed by the high demand for services and the challenges posed by COVID-19 biosecurity measures.
- The response capacity of health services has been affected due to the needs and demands created by COVID-19.
- Measures to contain the spread of COVID-19 imposed by governments, such as movement restrictions and mandatory quarantines, can hinder access to many in-person services (such as health care) that are still available.
- Not all GBV service providers have the capacity or infrastructure necessary to adapt their in-person services to the COVID-19 context.
- The capacity of community-based or grassroots structures and services (eg. associations and support networks) is very limited within the context of social distancing.
- Lockdown measures have led to increasing incidences of GBV, especially intimate partner violence and domestic violence.
- Women's support networks have been disrupted.
- For many women in confinement, asking for help is complicated because they could be in the same place as their abusers when needing to do so – a situation that increases their level of risk and vulnerability.

# Chap. 2

**Adapting the  
GBV guiding  
principles  
to remote  
assistance**

# Chap. 2

Remote support services must abide by the guiding principles for work with GBV survivors,<sup>1</sup> which must be adapted to address the challenges posed by the remote working modality/methodology. This chapter describes the main challenges to compliance with the GBV guiding principles for remote support services and suggests strategies to ensure adaptive implementation.

## 2.1 The survivor-centered approach

The survivor-centered approach seeks to empower the survivor, putting her at the center of the GBV response. It focuses on delivering services in a way that puts the survivor in control; helping her analyze the available choices and supporting her in making decisions.<sup>2</sup> Implementing this approach in a remote service delivery format comes with unique challenges in ensuring adherence to the four guiding principles: 1) Right to safety; 2) Right to confidentiality; 3) Right to dignity and self-determination; and 4) Right to non-discrimination.

### **PRINCIPLE 1: RIGHT TO SAFETY**

Essential services must prioritize the safety of users. This requires risk assessment along with safety and protection plans that take into account short-, medium- and long-term risks.

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1. This chapter is not intended to be an introduction to the guiding principles for work with GBV survivors. For additional information on this topic, please refer to Standard No. 1, Guiding principles for GBV interventions, of The Inter-Agency Minimum Standards for GBV in Emergencies Programming.

2. Essential Services Package for Women and Girls Subject to Violence, United Nations, 2015.

This principle refers to physical, psychological and emotional safety. It is important to take into account the safety needs of the survivor, her family members and those who care for and support them.

These risks are specific to the survivor's unique circumstances and must be analyzed in the context of social confinement/quarantines or movement restrictions.

## **PRINCIPLE 2: RIGHT TO CONFIDENTIALITY**

Confidentiality refers to a person's right to the confidential collection, use and secure storage of information provided by him/her. It also refers to the survivor's right to have such information not be shared or disclosed without their informed consent.

One of the main concerns of remote service delivery is the aspect of confidentiality, due to the increased risk of security breaches at various points in the process. Some of the main risks include identity theft, unauthorized access to digital information stored on the communication platform and limited privacy in the household.

To address these new challenges, the organization must implement confidentiality protocols adapted to remote work. These include information storage policies, increased IT security and other measures to ensure confidentiality ([for additional information, see Chapter 4](#)).

## **PRINCIPLE 3: RIGHT TO DIGNITY AND SELF-DETERMINATION**

The objective of remote support service delivery is to restore the survivors' dignity and self-determination, recognizing that incidents of GBV can have serious consequences in these areas. Part of this right involves recognizing and accepting survivors' decisions, even if their decision is to refuse the services or to abstain from engaging in legal actions in response to acts of violence.

Failure to abide by this principle may increase feelings of impotence, shame and lack of control over the situation. It can also lead to feelings of guilt and reduce the likelihood of an effective response, possibly resulting in more harm and re-victimization for survivors.

## **PRINCIPLE 4: NON-DISCRIMINATION**

This principle speaks to the delivery of remote support services free from any form of discrimination based on gender, age, disability, ethnicity, language, religious beliefs, political views, sexual orientation, gender diversity, social class, or any other factor.

In this regard, remote service providers should provide support following a human rights approach and adhere to the principle of non-discrimination – a core human right.

In most countries, acts of discrimination in institutions or public services are sanctioned and can be reported to human rights bodies or Ombudsman's Offices in your country.

## 2.1.1 Strategies and techniques to adapt the GBV guiding principles for GBV support to remote service delivery

### Right to safety

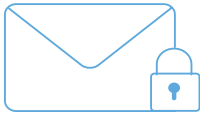


- Inform the survivor of the available remote communication channels as well as their particular safety risks and advantages.<sup>3</sup>
- Respect the survivor's choice of communication channels and, together, analyze the potential risks based on her situation (eg. if the abuser lives in the same household and has control of her cell phone).
- Establish safety procedures for communication, such as the use of keywords to confirm the survivor's identity.
- Be flexible with time so the survivor can call at different times, and agree on safe schedules for counseling.
- Give the survivor instructions to reduce the amount of sensitive information stored on their devices or accounts (eg. deleting messages and e-mails).

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3. See Chapter 4 of this guide.

## Right to confidentiality



- Establish conversation channels that allow for privacy, while providing support to protect the confidentiality of survivors and the program's staff.
- The organization must ensure that the person providing remote support meets the minimum requirements for protection of confidentiality (eg. having a cell phone and a work computer; having a work space where other persons living with the service provider are unable to listen to conversations).
- Organizations and service providers must have up-to-date technological tools to protect the privacy of survivors' information and prevent breaches of confidentiality.
- Therapists using the internet for therapeutic interventions should evaluate the security of the websites and computers they use in order to ensure protection from intrusions that could compromise the survivor's confidentiality.
- Adapt the [Informed consent form for remote support](#) (Annex 2).
- Update your organization's information-sharing protocols with rules to maintain confidentiality during the provision of remote support.
- Update your organization's privacy and information-protection protocol, explaining how to secure information through safe data collection and storage practices for remote support services.
- Obtain remote informed consent before sharing any information with other service providers in case a referral is needed.
- Implement a digital file encryption system.



## Right to dignity and self-determination



- Respect the survivor's choices (eg. "I understand and fully respect your decision. I want you to know that this contact doesn't end now, and you can contact us again at any time.").
- Explain to the survivor the organization's action protocol for emergencies (eg. an act of aggression against the survivor during the call).
- Explain the legal exceptions to confidentiality.

## Non-discrimination



- Inform the survivor of the various remote communication options available (telephone calls, video calls, e-mails, WhatsApp, text messaging, etc.) to increase access for persons in vulnerable situations.
- Adapt your support tools to the different communication channels.
- Offer flexible schedules in case survivors have limited access to the internet or electricity.
- Make sure you have specialized staff available to support vulnerable groups.
- If necessary, you should have specialized staff, including translators, for support to migrants/refugees, indigenous populations and persons with hearing disabilities.
- If your organization does not have specialized staff or services, compile a list of vetted organizations/institutions with those capacities for referrals to be made.
- Discuss your job candidates' beliefs regarding issues such as gender equality, sexual orientation and GBV before hiring them.

## 2.2 The intersectional approach

The intersectional approach is a framework that accounts for a survivor's unique needs and experiences, recognizing that people can experience overlapping inequalities and vulnerabilities based on overlapping identities (eg. age, gender, disability, sexual orientation, gender identity, ethnicity, creed, rural habitation, etc.) This approach seeks to deliver remote services with a focus on availability, accessibility and adaptation.

Remote service delivery for GBV survivors must be adapted to, and address, women's individual circumstances and experiences.

The adoption of an intersectional approach to remote service delivery must take the following aspects into account:

- Ensure **services are free**.
- Ensure you can reach **rural or remote areas**. To this end, it is important to set up hotlines and provide online and offline remote services that do not require internet access.
- Consider the **linguistic** aspect. If necessary, you should have staff trained to communicate in the languages of survivors who do not speak the local language. This includes indigenous languages and sign language. You should also use different communication formats and forms of support, eg. oral, written or audiovisual materials for persons with disabilities. In addition to these considerations, you should use clear and simple language to maximize access and meet the survivors' varied needs.<sup>4</sup>
- **Work in coordination** with organizations that focus on LGBTI populations, indigenous women, women with disabilities and Afro-descendant women, among others. Identify their specific needs and adapt your services to make them accessible and relevant to all social sectors.
- Consider the particular situation of survivors living in remote or isolated areas. While telephone support increases accessibility, your organization's psychosocial support services and risk-mitigation plans should take into account the particular situation and needs of these women, who may not have access to multi-sectoral services. In these cases, you should rely on community support networks.

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4. Some live chat and text messaging tools offer automated translation systems for people who need to communicate with each other but speak different languages. However, we recommend providing services through multilingual staff or live interpreters.

- In the case of support for indigenous survivors of violence, take into account the fact that some cultures have their own laws and particular pathways that often begin with the survivor's informed consent. The next step is to inform indigenous authorities, who will take measures based on their own laws. In the case of referrals of GBV survivors who are illiterate or who speak a language other than English to a non-indigenous service provider, you should provide a translator or interpreter who can deliver remote support (for example, by scheduling a conference call with the persons involved or starting a group chat with translation services).

# Chap.3

## **Remote psychosocial support for GBV survivors**

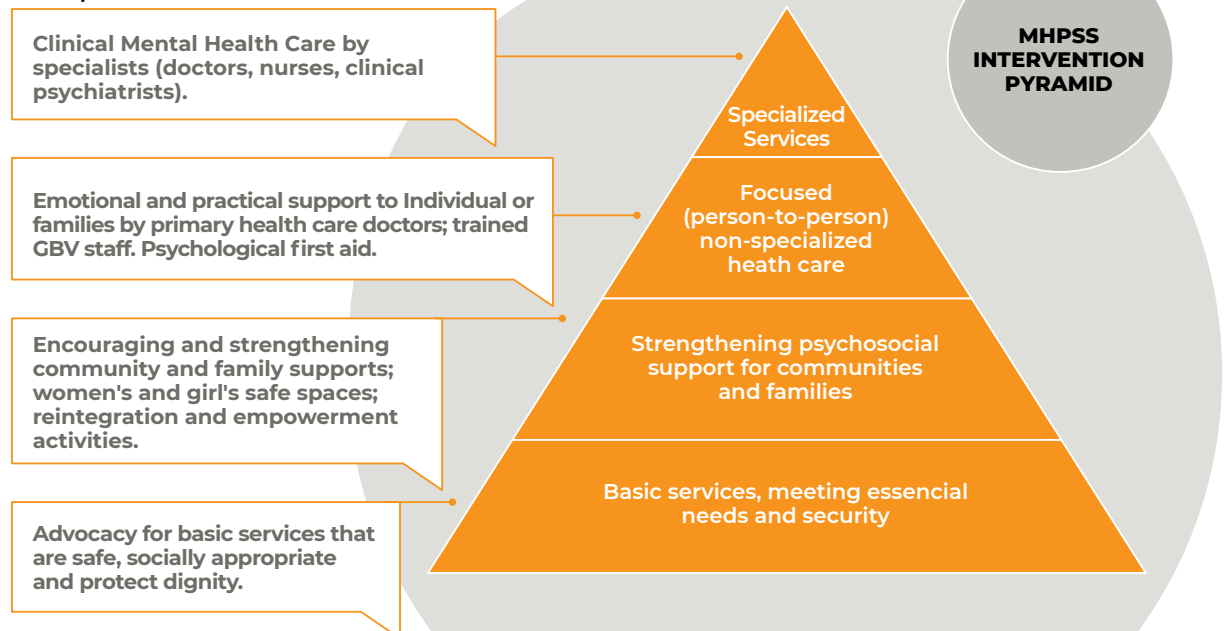
# Chap.3

## 3.1 Basic definitions

This section lays out key definitions related to the field of Mental Health and Psychosocial support (MHPSS). The aim is to take them into account when adapting Psychosocial support services for GBV survivors to a remote modality in the context of the COVID-19 pandemic.

**Mental Health and Psychosocial Support:** This term refers to any form of local or external support that protects and promotes the psychosocial well-being of individuals and/or prevents, or treats mental conditions.<sup>5</sup>

### Examples



SOURCE: MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT IN EMERGENCIES INTERVENTION PYRAMID (IASC REFERENCE GROUP ON MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT, 2010).

5. IASC (Inter-Agency Standing Committee) Guidelines for Mental Health and Psychosocial Support in Emergency Settings.

**Psychosocial:** The term psychosocial stresses the interaction between the psychological sphere and the context, including social factors. The psychological dimension involves the adaptation or functioning of an individual based on his/her beliefs, thoughts and emotions. The context and social elements include interpersonal relationships; family and community bonds; daily activities such as work or education; the social and economic situation; opportunities for participation in the public sphere and decision-making capacity. The term 'psychosocial' is used as an alternative to 'psychological' in recognition of the fact that an individual's mental health is shaped by an ongoing interaction between the psychological and the contextual aspects of their experiences.<sup>6</sup>

**Telepsychology:** We define telepsychology as the provision of psychology services using telecommunication technologies. "Telecommunication technologies is the preparation, transmission, communication, or related processing of information by electrical, electromagnetic, electromechanical, electro-optical, or electronic means (Committee on National Security Systems, 2010). Telecommunication technologies include but are not limited to telephones, mobile devices, interactive videoconferencing, email, chat, text, and the internet (e.g. self-help websites, blogs, and social media). The information that is transmitted may be in writing, or include images, sounds or other data. These communications may be synchronous with multiple parties communicating in real time (e.g. interactive videoconferencing, telephone) or asynchronous (e.g. email, online bulletin boards, storing and forwarding information). Different technologies may be used in various combinations and for different purposes during the provision of telepsychology services."<sup>7</sup>

**Case management:** Case management is considered a structured method for the provision of support to survivors. It involves an organization, usually through psychosocial support or social services provider, who takes on responsibility for a) identifying the needs and problems of survivors and their families, b) informing survivors of the different alternatives available to them, c) following up on the case in a coordinated manner based on the survivor's needs, and d) providing emotional support throughout the process.<sup>8</sup>

**Psychotherapy/Therapy:** The term psychotherapy refers to the process of treating psychological problems, such as depression, anxiety or post-traumatic stress. Based on the approach adopted by the psychologist, different verbal and psychological techniques can be used. However, this process requires extensive time (at

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6. The Inter-Agency Minimum Standards for GBV in Emergencies Programming, GBV AOR, UNFPA 2019.

7. <https://www.apa.org/practice/guidelines/telepsychology> - American Psychology Association

8. Interagency GBV Case Management Guidelines [http://www.gbvim.com/wp/wp-content/uploads/Interagency-GBV-Case-Management-Guidelines\\_Final\\_2017.pdf](http://www.gbvim.com/wp/wp-content/uploads/Interagency-GBV-Case-Management-Guidelines_Final_2017.pdf)

least eight 45-minute to 1-hour sessions), addresses several areas and seeks to produce profound changes in the individual.

**Counseling:** This is a process focusing on immediate psychosocial needs that aims to provide survivors with tools to help them address those needs. It focuses on the development of emotional coping strategies, social skills and communication skills, as well as decision making and problem solving. Compared to psychotherapy, it requires less time and sets short- to mid-term objectives. It usually requires a maximum of 3 to 6 sessions, 30-45 minutes each.

**Psychological first aid or Crisis support:** This term refers to an immediate and short psychological support (30-45 minutes) within 72 hours of the aftermath of a disaster or exposure to a traumatic event. This intervention is designed to reduce initial distress caused by traumatic events while fostering short- and long-term positive coping skills. The provision of this support involves creating a calm environment, reducing stress levels, offering relevant and useful information, helping them connect with their social support network and services, and supporting their own coping skills.

## 3.2 Remote psychosocial support objectives.

Based on the definitions in the previous section and considering the lockdown/isolation measures in place due to the COVID-19 health crisis, we present a series of objectives and actions<sup>9</sup> that can be incorporated into remote psychosocial support services for GBV survivors:

Objectives	Actions
<p><b>1. Reduce or mitigate impact of GBV exposure on survivor's psychosocial well-being</b></p>	<p>Provide structured and practical emotional support: regular telephone calls, communication via WhatsApp.            Identify potential psychosocial risks (for example, suicidal thoughts, depression) and provide tools to address them.            Help survivor to build on existing coping strategies to protect her psychosocial well-being during exposure to GBV in lockdown.            Develop a self-care plan.</p>
<p><b>2. Support and guide survivors's decision-making/problem solving in order to gain sense of control during GBV exposure</b></p>	<p>Assist the survivor to identify external resources or other available resources to help her to cope.            Inform survivors of support alternatives available to them within the COVID-19 context.            Equip them with decision-making and problem-solving skills.</p>
<p><b>3. Increase protective measures and build their capacity to address risks and/or immediate danger situations.</b></p>	<p>A rapid response should be implemented in case the survivor is in immediate danger<sup>10</sup>.            Identify risk and/or immediate danger situations, as well as actions or protective measures to take, and establish emergency contact, procedures and protocols.            Help her to develop a protection plan.</p>

9. The actions laid down here are some that a service provider could implement among others, following the objectives described here.

10. See Chapter 6.3 [Protocol for Support in immediate danger situations](#)





## INSIGHT

### How to proceed if a woman calling does not identify herself as a gbv survivor

Many women may contact the service but do not identify as GBV survivors. In these cases, you should consider the following:

1. Although they do not identify as survivors, they may be: experiencing a violent situation but have not identified it yet; unable to communicate it; fearful of the consequences of disclosing the incident; or testing the reliability of the hotline.
2. The fact that they do not identify as survivors or do not recognize they are experiencing a violent situation does not mean a psychosocial intervention/support action is not possible. An intervention can be carried out aimed at supporting her psychosocial well-being, helping her identify her psychosocial needs and providing tools.
3. Take the call as an opportunity to establish a communication channel with her. After this call the survivor will know where she can receive support in the future.

In these cases, we recommend the following:

1. Rule out the possibility of immediate danger.<sup>11</sup> Explain the service conditions and who it is intended for. Raise awareness about GBV and how to identify it.
2. Once you have explained what the service is all about, explore: “What do you need?”, “How can I help you?”<sup>12</sup> Get an understanding of the effect lockdown is having on her psychosocial well-being and offer some form of support, like psychological first aid or a psycho-educational activity. This will help create an initial bond with the survivor, facilitating a safe space where she feels she can come back in case of needing help.

It is important to remember that, in the case of both remote and in-person support, service providers should not pressure survivors to disclose their situation. Instead, the service provider should create a safe trusting environment where the survivor feels comfortable to share her needs and the GBV incidents she is or has been exposed to

3. End the call by highlighting that, if at some point the woman feels in danger or wants to receive psychosocial support, she can always call back.

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11. See Chapter 6.3

12. For service providers doing case management: if you conclude the woman calling is not eligible for case management support in that moment, do not hang up. Instead, use that exchange to raise awareness about GBV.

## 3.3 Remote psychosocial support limitations.

Remote psychosocial support has its constraints. This section explains the limitations of the interventions and actions that can take place remotely to support the psychosocial well-being of survivors.

DO NOT	Why?
<p><b>Perform an in-depth assessment to identify potential psychological problems or mental health conditions while the survivor is still in lockdown with the perpetrator.</b></p>	<p>It is likely that survivors reaching out will still be on lockdown with the perpetrator. Therefore to explore potential psychological problems related with the situation can do harm. With the perpetrator still there, it won't be possible to initiate an intervention addressing any psychological problems identified, such as post-traumatic stress or depression.</p>
<p><b>Initiate a psychotherapy-based type of intervention addressing specific psychological problems (e.g. depression, post-traumatic stress, generalized anxiety) if the survivor is still confined with the perpetrator.</b></p>	<p>If the survivor is still confined with the perpetrator, a psychotherapy-based intervention should not be initiated since:</p> <ul style="list-style-type: none"> <li>• The survivor may still be exposed to the factors causing the problem. Therefore, the manifestation of symptoms such as depression or anxiety are a normal response to her current situation.</li> <li>• The conditions for such interventions cannot be guaranteed.</li> </ul>
<p><b>Initiate interventions using body-based techniques, holistic therapy, non-clinical approaches or approaches based on traditional methods.</b></p>	<p>These interventions can be helpful in exploring the impacts of trauma on the body and the survivor's psychosocial well-being in a context where regular attendance can be ensured. However, a remote context cannot guarantee the minimum standard for quality interventions of this type. Therefore, we strongly advise against this type of intervention, as they may lead to abreactive responses<sup>13</sup> and retraumatization.</p>

13. An abreaction is a highly intense emotional reaction a person may have in response to a traumatic memory. In the absence of an appropriate intervention, this may re-expose the individual to the experience without the benefit of a therapeutic context.

DO NOT	Why?
<p><b>Pressure the survivor into providing the details of the GBV incident.</b></p>	<p>For the service provider to understand the survivor's immediate basic and psychosocial needs, he/she needs information to guide decision making and reduce risk (for instance, the need for medical care or activating a safety plan). However, the service provider should not pressure the survivor into sharing details of the GBV incident unless the survivor wishes to do so.</p>



### INSIGHT

#### Instances where psychotherapy-based intervention may be considered.

These guidelines mostly address situations where women are exposed to Intimate Partner Violence and are still confined with the perpetrator. This reflects the observed significant increase in the prevalence of this type of GBV during the COVID-19 Pandemic. However, service providers may encounter other situations such as the following:

- **Sexual violence/sexual assault where the perpetrator is not part of the survivor's household** or is unknown to her. The aggression took place in the street, the workplace or a different place outside her house.
- **Physical or psychological violence perpetrated by someone** not confined with the survivor.
- **The survivor escaped the situation of violence** during or after quarantine and is, presently, no longer exposed to GBV.

In these instances, psychosocial support may take the form of psychotherapy-based intervention only if the following conditions are met:

- The service provider has a team of clinical psychologists, as well as protocols in place for the provision of remote psychotherapy-based interventions to GBV survivors.<sup>14</sup>
- The survivor's personal context meets the following criteria:
  - Access to reliable and regular telephone communication.
  - Survivor is not on the move (e.g. living in the street; migrant without a permanent address).
  - Survivors can safely reach the service provider's center if the COVID-19 restrictions allow, or once lockdown measures are lifted.

14. *Manual de Atención Psicológica a Víctimas de Maltrato Machista* (in Spanish) of the Guipúzcoa Official College of Psychologists, <https://www.cop.es/GT/Manual.pdf>

- Quality psychotherapy-based interventions (punctual, gender-sensitive, expertise in GBV) can be guaranteed in a safe space or a center when social movement restrictions are lifted.

If none of the above criteria are met, then objectives and actions for psychosocial interventions should remain as the ones outlined in prior sections.

## 3.4 Communicating remotely: Paraverbal and verbal communication, key elements of the psychosocial intervention.

When working with GBV survivors, non-verbal communication is essential information for the service provider's understanding of the survivor's needs. Body language such as survivor's posture and facial expressions are key for the provider to gauge his/her responses. Remote support will rarely allow access to these elements of communication; And, where present (e.g. video calls), they will be deficient.

The following points outline the recommended approach, when communicating remotely, to foster the development of a trusting supportive relationship with the survivor.<sup>15</sup>

### GENERAL CONSIDERATIONS

- **Focus on basic verbal communication techniques.** Employ active listening, empathy, unconditional support and authenticity (e.g. Do not answer questions if you do not know the answer. Explain instead that you will come back with the information). Listening skills (clarification, paraphrasing, reflection and synthesis) and competencies related to verbal interactions (open questions, confrontation, interpretation, information) are also important.
- **Pay particular attention to paraverbal communication.** Listen out for volume, intonation, speed, clarity, pauses and silence, response latency and response proportion. In the absence of other communication elements, these tools can help you to understand the survivor's emotional state and identify noticeable changes, like the presence of another person nearby, or whether she feels uncomfortable in that situation, etc.
- **Note energy level and tone of voice during the call.** Always match the user's tone of voice (e.g. whispering), bearing in mind emotions are contagious.
- **Self-observation.** It is important for the service provider to be aware of his/her own feelings during the call to avoid carrying negative emotions from one call over to another. This can result in misunderstandings between the user and the service provider.
- **Eliminate all sources of distraction.** Stay away from your cell phone (unless

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<sup>15</sup> *Guía para el abordaje no presencial de las consecuencias psicológicas del brote epidémico de COVID-19 en la población, Versión 1.0*, Colegio Oficial de Psicólogos. Madrid. March 2020.

you are using it to communicate with the user). Only have programs open if they are needed for your work assisting the survivor. Losing concentration in a context of providing remote support is possible, so distractions should be reduced to ensure you focus on the survivor's words and paraverbal communication. If the survivor lives with other persons in the same house, agree on a code to let you know if she could be interrupted (e.g. by somebody listening on the other side of the door).

- **Avoid other activities.** We strongly advise against engaging in other activities while providing remote support. One can tell if a person is distracted by the tone of their voice, so avoid doing it, as this may lead the person calling to perceive your support as inefficient.
- **Make eye contact.** If you are conducting a support session through a video call, **look directly at the camera** to convey the feeling of looking the survivor in the eyes. To remind yourself of looking at the camera, instead of the computer screen, post a sticky note next to the camera as a reminder.

In these circumstances, the service provider's use of language and elements of paraverbal communication are essential to overcoming the constraints of remote communication. Our tone can enhance the effectiveness of our messages, reduce activation, persuade, build trust and comfort others. The following points outline our recommendations regarding the service provider's tone of voice and their interactions with survivors during the call:

- **Vary your tone of voice.** Avoid sounding monotonous, tired or uninterested.
- **Speak at a standard volume.** Do not yell or speak too quietly; either extreme could be misunderstood by the survivor.
- **Match the user's tone of voice.** This is a good initial strategy to create a bond, but be careful. If the person sounds depressed, for example, doing so could be counterproductive.
- **Use voice inflections.** This conveys emphasis and authenticity and can be used to mirror the survivor's inflections.
- **Open your mouth well when speaking.** Enunciating your words clearly will ensure you are heard and understood.
- **Do not speak too closely into the telephone.**
- **No food.** Do not eat or drink while talking on the telephone.
- **Avoid excessive movement.** If you are using a cell phone, avoid moving around while using it, as this can create noise and interference that may affect the communication.
- **Adapt to the other person's speaking pace.**
- **Maintain control.** Increase your pace if you are losing control of the conversation.
- **Use silence.** Occasional moments of silence can be used to emphasize and bring attention to important points of the message.
- **Use paraphrasing.** After those moments of silence where the service provider

only listens, give feedback on the survivor’s messages by paraphrasing (“So what you’re telling me is that...”) and using clarifying questions or affirming statements to confirm you are listening (“I understand this is a major concern for you...”).

- **Give them time.** Give the survivor time to answer your questions and, if necessary, ask for clarification – especially if you believe something in her environment may be interfering with the communication (for example, if she is taking too long to answer, if she makes a strange gesture during a video call, if her speech changes, if she is speaking with a lower tone of voice, etc.).

## 3.5 Remote psychosocial support tools

The following is a description of tools you can use when providing psychosocial support to a survivor. Each tool includes a description and key considerations when using the tools through different means of communication.

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### IMPORTANT

- Service providers should always **build on survivors’ capacities and positive coping mechanisms.** It is important to remember survivors’ resilience – they all possess personal resources they can use to deal effectively during crises. Any intervention should always be guided by a survivor-centered approach, building upon survivors’ capacities and strengths.
  - You should **not try to impose your views.** Remember that, in both remote and in-person support, the survivor may ask, “What would you do in my situation?”. It is important to be prepared to give clear answers, for example: “I don’t think I can answer that question for you. But we’ll try to find a solution and evaluate the pros and cons of each option. What comes to your mind now that you’re faced with this decision?”.
  - **Avoid giving advice.** Service providers should focus on guiding the survivor, supporting her in the decision-making process and respecting her choices – all without judgment. Expressions such as: “What you need to do is...” or “I think that what you just said...” are forms of advice and should be avoided.
  - **Use an informative tone.** Be careful with your language and use an informative tone, e.g. “The services we offer are... Do you think any of these options could help you?”, “Some persons in similar situations find it useful to...”
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## 3.5.1 Relaxation techniques through remote support

Relaxation techniques can be used to meet the following objectives:




- Reduce physiological activation (reactions such as sweating, trembling, etc.).
- Help the survivor focus on the present
- Support in coping with intrusive thoughts and intense emotional reactions
- Create a relaxed and calm environment.

Relaxation techniques have proven useful in the following situations:

- When the survivor expresses highly intense emotions (rage, fear).
- When the survivor is having trouble sleeping
- When the survivor shares she is having intense intrusive thoughts, which are causing strong emotional reactions
- As a first step when providing psychological first aid and supporting stabilization during a crisis.

Relaxation techniques adapted to remote support delivery	
<p><b>During the call</b></p> 	<p><b>Focus on the moment and try to be relaxed.</b></p> <ul style="list-style-type: none"> <li>• Ask the person to join you in a breathing exercise. First, ask her to try to breathe calmly. Then, ask her to pay attention to the air coming in and out of her body, how that air flows smoothly through her nostrils and mouth. Have her feel how her lungs expand at the same time as her abdomen, the side of her chest and her lower back.</li> <li>• Ask the person to press her feet firmly against the ground. If she is sitting on a chair, ask her to place her hands on her lap and rest her feet on the ground. Have her tense her leg muscles and press her feet against the ground, as though trying to push the chair back without actually doing so.</li> <li>• Tell the person to look around and find something she likes to help her relax, using anything she can see, hear or smell. Ask her what she sees and hears.</li> </ul>
	<p><b>Training on diaphragmatic breathing technique.</b></p> <ul style="list-style-type: none"> <li>• Explain the benefits of deep-breathing and teach the survivor the technique.</li> <li>• Invite the person to use the technique regularly in her free time.</li> <li>• Follow up between calls or text messages to confirm the survivor is practicing the deep-breathing exercise.</li> </ul>



<b>Relaxation techniques adapted to remote support delivery</b>	
<p><b>During text messaging and e-mail exchanges</b></p> 	<p><b>Provide immediate support and share resources.</b></p> <ul style="list-style-type: none"> <li>• If the survivor tells you she is having trouble communicating, you can:</li> <li>• Share with her the instructions described in the previous section, guiding her by text messages.</li> <li>• If security protocols allows, record a voice message and send it to her to make the process easier. To record that message, you can use the scripts and information found in Annex 5 and Annex 6 and adapt them to her needs.</li> <li>• Share free online resources, such as yoga, mindfulness or meditation websites or other resources to help her improve her well-being. Be mindful that shared resources should be culturally sensitive. For instance, when helping indigenous women, build upon their ancestral spiritual healing knowledge.</li> </ul>
<p><b>Warning</b></p> 	<p><b>Depending on confinement measures and the survivor's living conditions:</b></p> <ul style="list-style-type: none"> <li>• Ask her to make time for a daily walk or, if possible, engage in an outdoor activity.</li> <li>• Encourage her to practice relaxation exercises.</li> <li>• Before recommending any of the above-mentioned options, EVALUATE if the user is able to carry out those activities in her context or if doing so would put her at risk (e.g. by creating a conflict with other members of the household).</li> <li>• To maximize the efficacy of this technique, it is important to explain its benefits.</li> <li>• Explain to the survivor that she will not always be able to relax immediately, but that does not mean she is doing it wrong. The circumstances may be making it difficult.</li> <li>• You should also explain that she must develop this habit by practicing to make it more effective.</li> </ul>
<p><b>Resources</b></p> 	<p><b>Annex 5. Breathing exercises for relaxation</b>  <b>Annex 6. Diaphragmatic breathing instructions</b>  <b>Annex 7. Breathing log</b></p>



### 3.5.2 Problem solving and decision-making

Problem solving techniques can help you achieve the following objectives:

- Help the survivor identify specific problems related to her situation.
- Help her gain some control of the particular circumstances of her everyday life.
- Guide her during a decision-making process related to her particular situation.

These techniques are recommended for the following situations:

- When a survivor doubts whether she should take certain protective actions or make specific changes, yet she struggles to define the specific problem, her own needs and how to go about it.
- When the survivor describes difficulties coping with daily problems, which may impact the dynamics related to the situation of violence she is exposed to.

<b>Problem solving and decision-making technique</b>	
<p><b>Techniques</b></p>	<p><b>Call:</b></p> <ul style="list-style-type: none"> <li>• Identify, with the survivor, the problem and the decision to be made.</li> <li>• Follow the steps described in <b>Annex 8A</b>.</li> <li>• You can follow up between interventions.</li> </ul> <hr/> <p><b>Email:</b> The use of this technique by e-mail is not recommended.  <b>Text messaging:</b> The technique can be used with text messaging by following the steps described in the guide.</p>
<p><b>Warning</b></p> 	<ul style="list-style-type: none"> <li>• Prior to starting the process with the survivor, it is important to guide her so she can narrow down the problem or decision the technique will be applied to.</li> <li>• When identifying the situation or problem to which the survivor will apply the technique, ensure the survivor (with service provider's guidance and support) has some control over the situation; and that change is possible. Otherwise, this could lead to a situation of increased anxiety and distress for the survivor.</li> <li>• Please note, this is only an initial assessment that does not require immediate action. It is important to respect the survivor's desires and needs.</li> <li>• If possible, make sure you have at least 15-20 minutes to complete this activity.</li> <li>• This activity CANNOT be done in cases of immediate danger.</li> <li>• Be sure to read the guide beforehand so you can feel comfortable conducting the assessment.</li> </ul>
<p><b>Resources</b></p> 	<p><b>Annex 8 - Problem solving support</b></p>

## 3.5.3 Emotional Regulation

Emotional regulation is a key aspect of supporting a survivor's psychosocial well-being. When focusing on emotional regulation the service provider should seek to:

- Normalize intense emotions associated with the current experience of violence and the impact the incident of violence has had and is still having.
- Help the survivor deal with feelings of guilt and shame associated with the GBV incident
- Empower the survivor through emotional self-regulation that will help her better cope with exposure to GBV and the context of confinement.
- Help her identify positive non-harmful coping strategies.

Working on emotional regulation with survivors is particularly recommended when:

- The survivor displays intense emotional reactions, such as fear, sadness or distress and blames herself for it, or believes "she is going crazy".
- The survivor exhibits avoidant behaviours in coping with intense emotional reactions such as fear.
- The survivor expresses suicidal thoughts. In this case, emotional regulation should follow after implementing the Suicidal Behavior assessment protocol.

### EMOTIONAL MANAGEMENT – BASIC CONCEPTS AND GUIDELINES

An emotion is a temporary state of mind that produces physical cognitive and behavioral changes.<sup>16</sup> These reactions prepare the individual both physically and mentally to deal with important life situations. They are an adaptive and survival mechanism. Emotions are:

- **Natural:** Emotions are natural reactions that do not harm our biological structures. The body is perfectly prepared to generate and deal with emotions, but they can become a problem if you do not know how to cope with them. While the changes or disruptions created by emotions may be uncomfortable (or even unpleasant), they are a result of reality and the situations triggering them. Thus, emotions are not good or bad; they are responses to life's problems. In this case, GBV causes the survivor to experience intense emotions, and remote psychosocial support must find ways to help survivors understand what is happening on an emotional level and how they can deal with those emotions.
- **Involuntary:** Emotions are produced by associative processes and our response to them is automatic. Individuals do not get to choose what situations are relevant to them or what will elicit a particular emotion. However, if we understand our emotions, we can use them as a guide to deal with important situations in our life. While emotions are involuntary, they should not be seen as an internal

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16. The content and definitions of the concepts explained here are inspired in the work of José Manuel Campo de Pablo, a clinical psychologist specializing in behavioral change, <http://josemanuelcampo.es/>.

force that overrides the will of an individual. Emotions are mainly experienced in our bodies, but they have other components in addition to physiological activation. Effective emotional regulation can be supported by the rational elements of behaviour.

## TYPES OF EMOTIONS

There are, fundamentally, two types of emotions:

- **Automatic emotions:** These are reactions that all individuals experience in a very similar fashion and are determined by evolutionary processes inherent in each species. For example, the fear of a predator or disgust at specific smells. These reactions are universal and are not the result of learning, but natural automatism.
- **Learned emotions:** These emotions are the result of learning by association between different situations. For example, that I like the color pink, feel like dancing every time I hear upbeat music, or am afraid of flying. These emotions are not universal and, therefore, to understand how they work we must first understand a person's learning history.

The first element of confusion around emotions has to do with the fact that not everybody will experience the same emotions over the same things or in the same manner. This sometimes makes it difficult to understand people's reactions, which might be interpreted as chaotic or unnecessary. They may also be interpreted as symptoms of a lack of control or as an individual problem compared to the rest of "normal" people. But none of these is true. The principles that explain the generation and maintenance of emotions are universal.

## EXPLANATORY PRINCIPLES OF EMOTIONAL REGULATION

To better understand emotions and explain to survivors how they work, it is important to consider the following:

1. The majority of elements in an individual's context are neutral. That is why, in most situations, they will not produce an emotional reaction, and any reaction produced will not be the same for all individuals.
2. All neutral stimuli (those that do not generate an emotion) lose their neutrality as soon as they are associated with other stimuli that trigger an emotional reaction.
3. The most important aspect of emotional response is ASSOCIATION: Which situation or stimulus is being associated to produce a given reaction?
4. The way in which stimuli and reactions are associated with each other can only be understood through an individual's personal history. Confusion can be created when there is no given pattern.

Examples of NEUTRAL features in the context associated with an emotional response:	Examples of NON-NEUTRAL features that produce a natural emotional response:
<p><i>Going to a hospital:</i> Normally, this is a neutral activity that should not produce a fear response. However, during the COVID-19 outbreak, hospitals are being associated with infection and an unknown disease. Therefore, going to the hospital can produce a fear response.</p>	<p><i>Uncertainty:</i> A lack of knowledge when thinking about the future can often produce an emotional response of fear or anxiety. However, if we learn this emotion is normal, we will be less affected by the emotions triggered by the uncertainty.</p>
<p><i>Talking on the telephone:</i> This is a neutral situation. However, if the survivor has to talk to the perpetrator over the telephone, the idea of making a phone call may elicit feelings of fear or anxiety, because the survivor's personal history has shown her that the perpetrator can harm her.</p>	<p><i>A stranger:</i> Our initial response to a person we do not know can be one of fear or alertness, because we do not have complete control over that situation</p>

The variable that best explains the appearance of an emotion in response to an event is the element that is connected with an individual's history. Therefore, to gain mastery over the emotional response we must identify the part of a person's history that is being associated with the given situation to produce that emotional reaction. A survivor cannot choose what situation will trigger a particular emotion – that is determined by her personal history. What she can control is how she copes with the situation and the emotions generated by it. Delivering psychoeducation around emotions and emotional regulation can facilitate this process.

### STEPS FOR EMOTIONAL REGULATION

One of the most difficult aspects of emotional regulation is putting it into practice. The following steps are the practical elements of an effective strategy to develop effective emotional self-regulation:

- 1. Put emotions into words.** Emotions are reactions as real as any object, but they lack a physical dimension, which makes working with them much more difficult. Translating these abstract reactions into specific words and identifying them in our bodies is like turning them into objects we can see, quantify and analyze.
- 2. Identify triggers.** As already explained, emotions are not internal forces, but reactions that help us deal with major events in our lives. Therefore, identifying the triggers of these reactions will facilitate analysis and control.
- 3. Interpret the situation.** Not everybody interprets situations in the same way, because all of us have different learning histories. For this reason, when it comes

to emotional support, our goal should not be finding the “official interpretation” of a particular event. What really matters is how the survivor lives and interprets a particular situation.

**4. Develop an action plan.** The above-described analysis will help us develop plan of action. In this stage, we must find out what the survivor needs, then make the decision to proceed.

## **INSIGHT**

The adaptive function of emotions helps us identify what we need to deal successfully with major events in our lives. Emotions are like a compass. However, if the emotional language we use to express emotions is limited to statements such as “I’m OK” or “I’m not OK”, we will not have enough elements to read that compass and express our needs or what is happening to us.

Therefore, the first key step to emotional management support is to:

- Give our emotions a name so we can start processing them through the use of language.
- Identify our feelings and locate them in our body.

The more you work on that aspect, the easier it will be for the survivor to understand their own reactions and emotions, and the easier it will be to help them identify the actions they can take to deal with her situation. It will also be easier to identify the skills she needs to handle those situations.

## **PRACTICAL EXAMPLE OF EMOTIONAL REGULATION**

### **Situation**

A survivor that has left a situation of many years of physical abuse must follow administrative procedures to gain access to a food program because, due to the current lockdown, she cannot find a job. When she calls the food bank, the person taking the call responds in an aggressive tone, asks very direct questions and there is a lot of background noise.

### **Possible response without effective emotional self-regulation**

The survivor may not be able to deal with/identify the emotions triggered by this situation. She may have feelings like “*Why should I even bother? These people don’t want to help me. Everything I do or try goes wrong. There is no hope for me, it’s beyond my control. I’d better go back to the streets to make a living like I did before. That’s all I can do and deserve.*”

The survivor may respond by giving up and may not even begin the process to get help. Embarrassed, she tells the service provider nobody was willing to help her and her only choice is to go back to the streets to sell coffee.

## **Resolution using the emotional self-regulation steps**

The following is an explanation of how to handle this situation once you have learned how to manage emotions.

### **1. Put emotions into words:**

In response to all the yelling, noise and tone of voice of the person on the other side of the line, the survivor can ask herself: *“What am I feeling? Where am I feeling it? I think I feel it in the stomach and chest. My heart is beating fast.*

*Where else have I felt like this before? Every time I experience fear, I feel embarrassed or guilty because I think I’m not enough.”*

### **2. Identify the triggers:**

The survivor identifies the particular elements that could be generating these emotions:

*“What causes me to experience fear in this situation? Loud voices, loud noise... That reminds me of the times my partner yelled at me and beat me up.*

*What else? I need to do something, but things always go wrong. Every time I try something it goes wrong. And every time I’m in a situation like that I always feel afraid and ashamed.”*

### **3. Interpret the situation:**



The survivor finds an explanation for her situation relating it to past experiences of violence, without the “official interpretation”.

*How am I living this situation? It could be my fault, or maybe I did something wrong. If that person is yelling at me, it must be because I did something wrong. I should know how to deal with it. Many other people are doing it successfully. They explained all that to me. If I don’t know how to do it, it’s because I’m dumb.*

### **4. Develop an action plan:**

The survivor goes through the above-mentioned steps to determine what she needs or can do the next time she finds herself in a similar situation.

*“I know that every time I’m yelled at, or have to apply for something, I get nervous, because I’m afraid. I don’t think I’m prepared for that. Plus, I think I am the problem. And that makes me feel even sadder. To get that help, I need somebody to go with me; or maybe I should ask the case worker to explain to me how I can deal with this emotion. The next time I call to do something similar I need to understand that, if the process is complicated, it’s not my fault, and it’s normal for me to get discouraged. The next time I talk to the case worker I’ll let her know how I’ve felt and ask her what I can do the next time I call to get this kind of help.”*

<b>Emotional regulation in remote services</b>	
<p><b>Technique</b></p>	<p><b>Call</b></p> <ul style="list-style-type: none"> <li>• Identify particular situations where the survivor is experiencing challenges or feelings of anxiety associated with emotional regulation.</li> <li>• Follow the steps described in Annex 11.</li> <li>• You can follow up between interventions with different situations to guide the survivor.</li> </ul> <p><b>E-mail or text messages</b></p> <ul style="list-style-type: none"> <li>• The use of this technique by e-mail is not recommended.</li> <li>• You can use WhatsApp to follow up with the survivor after the telephone psychoeducation sessions. The follow-up can focus on: getting the survivor to describe an intensely emotional situation and analyze what she did, based on the steps learned, and what has happened.</li> </ul>
<p><b>Notes</b></p> 	<ul style="list-style-type: none"> <li>• For psychoeducation to be more effective, the service provider should have prior training in psychology.</li> <li>• Psychoeducation requires preparation. The service provider should know the information presented in this section in order to convey and explain the main ideas to be covered through psychoeducation.</li> <li>• To facilitate the process of sharing information, and to avoid using difficult-to-understand technical jargon, the service provider can write a script to explain the main terms in easy-to-understand language.</li> <li>• Prior to delivering psychoeducation, the service provider should identify those situations where the survivor may be experiencing challenges with emotional regulation.</li> </ul>
<p><b>Resources</b></p> 	<p><a href="#"><u>Annex 11 – Psychoeducation for emotional regulation</u></a></p>




## 3.5.4 Coping strategies

Coping strategies are adaptive responses<sup>17</sup> an individual can use to deal with internal or external demands perceived as excessive considering his/her resources<sup>18</sup>. These responses are not only actions to solve a specific problem; they also refer to the capacity to manage emotions and stress.


The main objectives of coping strategies are to:

- Help the person identify those moments where they feel overwhelmed, as well as any actions that can help them deal with those situations.
- Help the person identify strategies they were already using prior to lockdown that do not cause harm.
- Help the person identify new strategies that can be adapted to the lockdown situation.

<b>Coping techniques</b>	
<b>Techniques</b>	<p><b>Call:</b> During her calls, the survivor may share information about emotions or situations that make her feel overwhelmed. This is where you can help her identify:</p> <ul style="list-style-type: none"> <li>• What she is feeling (emotion).</li> <li>• What is causing her to feel like that (the reasons can range from something she is doing to thoughts or memories that come to mind).</li> <li>• What is she doing to deal with the situation (whether it works for her or not can affect her well-being).</li> <li>• Together with the survivor, discuss possible actions that can be adapted to the situation (See <a href="#">Annex 9</a>).</li> </ul> <hr/> <p><b>Message:</b> you can follow the same script used for calls.</p> <hr/> <ul style="list-style-type: none"> <li>• <b>E-mail:</b> you can encourage the survivor to write about everyday situations she is experiencing and how she is dealing with them (see <a href="#">Annex 10</a>). Respond to her e-mails with suggestions.</li> </ul>
<p><b>Note</b></p> 	<ul style="list-style-type: none"> <li>• It is important to be flexible, when implementing any of these strategies, to avoid putting an extra burden on the survivor and making her feel guilty.</li> <li>• You should also NORMALIZE any emotions or actions expressed by her: “You’re doing what you can. What is ABNORMAL is the situation, not the way you’re dealing with it”.</li> <li>• To facilitate the process, you can combine it with emotional education support –identify emotions, the situations where she feels them and the parts of her body where she feels them.</li> </ul>

17. They are adaptive responses to the extent that they address the needs created by the situation in that moment, without harming the individual. For example, drinking alcohol to forget is an adaptive response because the person forgets, even though this will harm his/her physical and mental well-being in the long term.

18. Lazarus and Folkman, 1984.

Coping techniques	
<b>Recursos</b> 	<a href="#">Annex 9. Guidelines for work with coping strategies</a> <a href="#">Annex 10. Basic emotions register</a>



## 3.5.5 Psychoeducation

Psychoeducation is based on sharing different psychological constructs and variables to explain psychosocial problems a person may be experiencing (e.g. difficulty sleeping, anxiety), as well as how those problems occur in the individual (signs, frequent symptoms). Psychoeducation also includes strategies to deal with those problems, like sleep hygiene recommendations, self-care recommendations and coping strategies).

The objectives of psychoeducation are to:

- Provide appropriate information about possible challenges a survivor may be experiencing.
- Give a name to, and normalize, the survivor's responses in her current context.
- Make recommendations to deal with those problems.

Psychoeducation	
<b>Technique</b>	<b>Call:</b> <b>Option 1.</b> Specific problems have been identified in previous calls: difficulty sleeping, psychosomatic symptoms, anxiety and intense feelings of despair. Schedule another call with sufficient time (30 minutes) to deliver psychoeducation. <b>Option 2.</b> Deliver psychoeducation as soon as a psychosocial problem is identified.
	<b>Text messages:</b> Psychoeducation strategies are too detailed to be explained via text messaging. Instead, WhatsApp voice messages can be used, as long as this is a safe choice.
	<b>E-mail:</b> While this method may be less effective, you can always e-mail information and then follow up with a call or messages to ask the person about any doubts they may have. We do not recommend using psychoeducation if the survivor expresses feelings of despair.

<b>Psychoeducation</b>	
<p><b>Observations</b></p> 	<ul style="list-style-type: none"> <li>• If possible, share with the survivor a document with the information you just gave her.</li> <li>• Agree on a method and follow up on the survivor's progress after the session.</li> <li>• If you deliver psychoeducation, you should encourage integration using questions ("Have you ever felt like this before? Is this similar to what's happening to you? Do you think you can do some of the activities suggested?"). Psychoeducation is not a master class; it has to be participatory and based on the survivor's unique life situation.</li> <li>• During your interventions with survivors, you may identify common problems. Use the information to implement new psychoeducation strategies to meet their needs.</li> </ul>
<p><b>Resources<sup>19</sup></b></p> 	<p><a href="#">Annex 12 A. Psychoeducation: Difficulty sleeping</a></p> <p><a href="#">Annex 12 B. Psychoeducation: Sleep hygiene</a></p> <p><a href="#">Annex 13. Psychosomatic complaints</a></p> <p><a href="#">Annex 14. Feelings of despair/intrusive negative thoughts</a></p>

## 3.5.6 Suicidal behavior assessment

The objective of suicidal behavior assessment is to determine if a survivor is at risk of taking her own life or is engaging in self-harming behaviors.

A suicidal behavior assessment is recommended in the following situations:

- Cases where there is suspicion of suicidal thoughts.
- After delivering psychoeducation in connection with intrusive or negative thoughts exhibited by the survivor.
- Cases where self-harm behaviors are identified during a video call (e.g. cutting; compulsive substance abuse; impulsive actions, like violating lockdown rules; going to hazardous locations; deliberate exposure to physical violence situations).

### Immediate referral and/or hospitalization

In the event that immediate referral to emergency care is needed, service provider should have immediate access to:

- Specific information about specialized psychosocial services in **hospitals or other emergency services** with the capacity to admit cases of attempted suicide or individuals at high risk of dying by suicide.
- Contact information of a focal point at the hospital or health center to facilitate referral and care.
- In the case of referrals to emergency services, service providers should give the survivor all the information necessary on measures to prevent a COVID-19 infection.

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<sup>19</sup>. These psychoeducation strategies can be implemented in both individual and group contexts once the lockdown period ends and group activities can be resumed.

Service providers should also be prepared to answer questions about accessing services safely in case the survivor is reluctant to be referred for fear of getting infected.

- If possible, the service provider should **follow up** on the referral to confirm the survivor **was able to access specialized psychosocial/mental health services**.
- If social distancing and lockdown measures allow it, we suggest doing a follow-up in person.

### Referral to specialized psychosocial/mental health support services

In case a referral to a hospital or emergency services is not required, but the survivor must be referred to specialized psychosocial support and mental health support services, the following should be taken into account:

- If the survivor was referred to specialized psychosocial/mental health support services, the service provider must **follow up** on the referral to ensure she **was able to access** the services and that **continuity** of care is **possible**.
- If the service provider is qualified to provide specialized psychosocial/mental health support, she should provide continuity of care (if the survivor wants it).

<b>Suicidal behavior assessment</b>	
<b>Technique</b>	<p><b>Call</b></p> <p>Follow the protocol recommended for this process (<a href="#">Annex 15 A</a>).</p> <ul style="list-style-type: none"> <li>• Once you identify the need for an assessment, inform the survivor of the communication channels to use in case the call is cut off.</li> <li>• If, based on the assessment, you conclude a Suicide Behaviour Contract (<a href="#">Annex 15 C</a>) is needed, end the call by suggesting one.</li> <li>• Once the assessment is over, contact the survivor via WhatsApp the next day to determine if additional daily follow-up is required to reduce the risk.</li> </ul> <p><b>WhatsApp</b></p> <ul style="list-style-type: none"> <li>• Same indications as those for calls (above).</li> <li>• Once the assessment is over, follow up the next day via WhatsApp. Determine whether additional daily follow-up is needed to reduce the risk.</li> <li>• In case communication is lost, talk to a supervisor to explore the possibility of sending over an emergency team if the risk of suicide is high.</li> </ul> <p><b>E-mail</b></p> <ul style="list-style-type: none"> <li>• If you suspect the survivor may be suicidal, try to find a way to communicate directly with her (cell phone call/WhatsApp) to assess her behavior.</li> </ul>
<b>Resources</b>	<p><a href="#">Annex 15. Suicidal behavior management</a></p> <p><a href="#">Annex 15 A. Suicidal behavior assessment and intervention protocol</a></p> <p><a href="#">Annex 15 B. Ongoing suicide attempt intervention</a></p> <p><a href="#">Annex 15 C. Suicide behaviour contract</a></p>



# Chap. 4

## Recommendations for use of digital services

# Chap. 4

## 4.1 Introduction to digital services

### ¿WHAT ARE DIGITAL SERVICES?

The term Digital Services refers to the use of technological tools, such as online chats, text messaging or video calls, to deliver services to survivors.

It is important to bear in mind that all technological platforms have limitations and risks and, therefore, it is important to think about platform-specific mitigation measures.

Regardless of the communication technologies used by your organization, you should have strong policies and procedures in place to ensure the delivery of high-quality services with a focus on the survivor's privacy and safety.

### Recommendations for choosing the best type of digital services for your institution/organization

- 1. Consult communities and women.** Survivors should be at the center of the decision-making process when selecting the most appropriate technological channels for your organization. We recommend carrying out a consultation to determine the most useful digital services. If several organizations or institutions deliver remote services in the territory, work together with them and carry out a single consultation to avoid overwhelming the communities with

repeated consultations. The needs assessment should take into account the following factors: some survivors may feel more comfortable with chat messaging; others may not have access to the internet; deaf persons may prefer a written interaction; others may prefer to communicate via cell phone while running errands; some may prefer the use of video, etc. For all these reasons, it is important to assess women's needs based on their context. For example, consider using the most appropriate platforms depending on the age group you work with; bear in mind adolescent girls and young women may prefer to have the first contact via a chat session on social media such as Facebook or WhatsApp. During the first phase of service delivery, it is important to encourage users to make suggestions for improvement by choosing another preferred, but possibly more effective, communication channel.

**2. Diversify your digital services.** This is the way to meet the needs and preferences of all women. Diversifying your services is essential in making them more accessible. **You should offer different forms of communication** including, as a minimum, the following: a toll-free number, web conference calls (with or without video), free online chats and text messaging. It is important to communicate with survivors via their application of choice, instead of asking them to use a specific communication tool to contact your organization. Therefore, the most common applications in your country should be used.

## 4.2 Pros and cons of different digital services

The following table shows the pros and cons of different technological services, this is intended to permit organizations to implement the corresponding mitigation measures and to share this information with survivors. It will help them select the most appropriate communication channels and become aware of the mitigation measures they should follow. In most cases, you can improve the safety and quality of communication with survivors by combining different services. Possible combinations of services are suggested in the pros section.

Service	Pros	Cons	Risk mitigation measures (mm)
<p><b>Text messaging (text-to-landline or text messaging services)</b></p>	<p>You can share important/critical written information (e.g. telephone numbers, addresses). It helps keep survivors engaged. It can be used to share information or remind survivors of important dates. It can be used for initial contact prior to a phone or video call to make sure the person can talk.</p>	<p><b>Con #1:</b> Privacy risks (the abuser or somebody else may see the messages).  <b>Con #2:</b> Another person could use the survivor's cell phone to send messages posing as her.  <b>Con #3:</b> Risk of breaches of confidentiality if a third party gains access to the social worker's cell phone.  <b>Con #4:</b> Conveying empathy through messages is difficult.  <b>Con #5:</b> Risk of misinterpretation of messages.</p>	<p><b>MM #1:</b>  a) Explain to the survivor how to delete her text message history and protect the information.  b) If you are interested in providing text messaging or text-to-landline services, look for platforms with encryption features that prevent others, including the platform provider, from accessing the data.  <b>MM #2:</b> Use communication codes to confirm the person contacting you is the actual survivor and that she can talk.  <b>MM #3:</b> Set up cell phone access codes. Use a remote program to delete all the data on the cellphone in case of theft.  <b>MM #4:</b> Train service providers in the use of empathetic communication techniques for digital services.</p>



Service	Pros	Cons	Risk mitigation measures (mm)
<p><b>Telephone calls</b></p>	<p>They allow for direct verbal communication and reduce the possibility of misunderstandings. Closer emotional connection. They can be combined with video calls. In case of a slow internet connection, you can make initial visual contact through a video call and then make a voice call.</p>	<p><b>Con #1:</b> The service provider may call at the wrong time and put the survivor at risk.</p> <p><b>Con #2:</b> Some survivors' abusers may be too controlling and spy on their phone calls.</p> <p><b>Con #3:</b> If the person does not answer, leaving a voice message may be risky, because somebody else could listen to it.</p> <p><b>Con #4:</b> If the call is cut off, it will be difficult for the social worker to know if it was voluntary or involuntary, or if it is safe to call back.</p>	<p><b>MM #1:</b> Before you call a survivor, discuss with her if, and when, it is safe to do so.</p> <p><b>MM #2:</b> Establish a communication code so the survivor can let you know if it is not safe to continue talking or if she can hear but not speak freely.</p> <p><b>MM #3:</b> Agree on a protocol for voice messages with the person. If that is not possible, leave a generic message such as "Hi, this is (your name). I'm returning your call from this morning. You wanted some information about (we suggest making reference to health topics, such as COVID-19, for example). You can reach me from 9 am to 5 pm from Monday to Friday".</p> <p><b>MM #4:</b> From the early stages of the service, agree on a protocol in case communication is lost (e.g. only call back if the survivor sends a message).</p>

Service	Pros	Cons	Risk mitigation measures (mm)
<p><b>Video calls</b></p>	<p>They can increase access to remote services. Videos can create a more personal experience and provide visual and auditory indications for service providers to assess the survivor's frame of mind and tone. They reduce the possibility of misunderstandings.</p>	<p><b>Con #1:</b> Limited internet bandwidth (the user's internet speed) can make it difficult.</p> <p><b>Con #2:</b> Webcams can be hacked, and abusers will do everything to gain access to the victim. Wireless webcams can be easily hacked within a 1/4 of a mile radius.</p> <p><b>Con #3:</b> The computer/ device could be monitored by the abuser.</p>	<p><b>MM #1:</b> You can use a combination of web conference call for the video connection and cell phone or telephone call for the audio connection. In case the Internet connection fails, you can still use the audio connection.</p> <p><b>MM #2:</b> Make sure any systems or computers used to watch cameras or videos are secure. Security measures include the use of computer and system firewalls, updating antivirus and anti-spyware virus definitions, end-to-end webcam encryption, and requiring staff members to use a unique username and password for the computer/ system and webcam/video accounts. Passwords must be changed at least every three months and every time new staff members are hired or leave.</p> <p><b>MM #3:</b> You should have an action plan in case the survivor ends the call abruptly. That plan should include details such as whether the survivor is supposed to call back, how long you should wait before contacting her again, or the best way to resume communication.</p>

Service	Pros	Cons	Risk mitigation measures (mm)
<p><b>Online chat</b></p>	<p>Ease of use. Compared to cell phone or telephone calls, it can be used more freely if the survivor's abuser is present.</p>	<p><b>Con #1:</b> Anyone with access to the survivor's device can read the entire text message or chat conversation.</p> <p><b>Con #2:</b> Since the service provider is unable to see the survivor's body language or hear her tone of voice, she may miss major clues to evaluate the survivor's tone of voice, frame of mind or emotions.</p>	<p><b>MM #1:</b> Disable chat conversations storage or backup features. Just like survivors' calls to hotlines or face-to-face interactions with survivors are not recorded, online conversations should follow the same privacy rules. Some chat platforms can be configured so that, once the conversation ends, the chat window on the survivor's device closes automatically and the conversation is deleted. You should explain to the survivor how to configure that setting.</p> <p><b>MM #2:</b> Training courses and exercises for service providers to build their communication and empathy skills for digital communications.</p>

Service	Pros	Cons	Risk mitigation measures (mm)
E-mail	<p>For some survivors, this may be the only method available to ask for help. An e-mail can be typed at any time of the day (even outside the organization's service hours).</p>	<p><b>Con #1:</b> Pretending to be the survivor by e-mail is easy.  <b>Con #2:</b> E-mail threads can reveal sensitive information.  <b>Con #3:</b> An e-mail could be sent to the wrong person by mistake.</p>	<p><b>MM #1:</b> Agree on a communication code the survivor must add to every e-mail (it can be an opening or closing phrase like "Today I have a bit of a headache").  <b>MM #2:</b> In case a survivor is contacted by e-mail, the service provider's responses should not include the initial or previous e-mail conversations. Thus, if the abuser intercepts an e-mail or gains access, neither the request for help nor the conversation thread will be visible. Explain to the survivor the importance of deleting messages she has sent and received, as well as any removing messages from the 'deleted' folder. The organization's staff should eliminate survivors' e-mails regularly to avoid storing any confidential or personal information for longer than necessary. This includes deleting the contents of the 'Sent' and 'Deleted' folders in their e-mail accounts.  <b>MM #3:</b> Review your e-mails carefully before you click the 'send' button.</p>

## 4.3 Variables to consider when selecting a computer program

Before you select a computer program, we suggest considering the following options<sup>19</sup>:

- Programs with e-mail or text messaging options to send reminders of upcoming appointments.
- Programs with e-mail, online chat and calendar options.
- Programs with online group meeting options (which can be useful, for example, if your organization delivers psychosocial support services for groups of survivors).
- Text messaging programs that can be configured to delete all messages after a specified period of time.
- Programs with additional encryption options, which makes them less vulnerable to attacks.



### INSIGHT

#### Automated Responses: yes or no?

Automated responses can help ensure that messages are consistent in the case of standard security reminders and mandatory notifications, and they can be the fastest and simplest way of sending standardized messages (for example addresses for services, instructions on protection services information, etc.). However, automated messages can also seem cold or formal, or can interrupt the flow of the conversation. If someone receives a long message that is obviously a standardized message, the conversation may seem less intimate or personal. Institutions/ organizations can use automated messages, but they must be careful and consider how the message will be perceived by someone who is in a situation of crisis.

Example of an automated response: “Thank you for your message. At this moment our operators are not available. We will reply to your message as soon as possible. Remember that any act of violence is not your fault. If you consider your life to be in immediate danger you can call the *number XXX* to request an immediate security intervention or call a person you trust. If you have a health problem you can go to this medical center *XXX Address and Phone Number*, which has staff specialized in assisting female survivors of violence.”

19. A comparison table for some of the most popular platforms (Teams, Meet, Hangouts, Zoom, ResourceConnect, Gruevo, Cyph and doxy.me) can be found at the following NNEDV link: [Plataformas de comunicación digital y videoconferencia: cuadro comparativo.](#)

## 4.4 Data collection and digital services

Many organizations wonder what information they should collect on their digital platforms. Confidentiality and data collection policies must be consistent across all communication channels used. One of the basic principles of GBV data collection is **only collecting the information strictly necessary to deliver a better service to survivors.**

### REMEMBER

Just because a platform offers different ways of collecting information does not mean you should use all those features.

Programs delivering specialized services for GBV survivors have a legal and ethical obligation to protect personal information and prevent third parties from gaining access to it. The platforms you choose should prioritize privacy protection and minimize data collection.



### INSIGHT

#### Rules for cloud-based account management

- Do not link the same cloud-based account to more than one telephone number. If you link multiple telephone numbers to the same account, some of the information, such as contacts or messages, can be shared between devices.
- Minimize the amount of information, especially survivor-related information, synchronized with cloud-based accounts. Most smartphones and applications allow you to determine what data, if any, can be synchronized with your cloud-based account and any linked devices. Review and delete any survivor-related information backups regularly. Also, make sure application or operating system updates do not reset their factory settings.
- Limit the number of persons who can access the information and records in the cloud-based account. This type of account can reveal the personal information of users of the device, including a cell phone's location and even messages sent from that device.



## INSIGHT

### Basic suggestions to ensure confidentiality and information security

- Hire **IT security employees or consultants** for advice on how to protect information.
- Invest in the **most appropriate software** based on the needs of the organization and its context.
- Establish an **internal policy that PROHIBITS storing conversations**. If possible, do not record or store caller ID phone numbers or telephone text conversations. If your organization's telephone system does not record telephone calls or store call information, the same policy should apply to text conversations.

## 4.5 Suggestions to protect information stored on electronic devices

This section suggests a series of practices for the protection of electronic devices. It is important to note that this section is not a substitute for the specialized advice of a data security professional. Given the sensitivity and high level of risk involved in the management of GBV information, we strongly recommend seeking IT security advice and training staff regularly.

### 4.5.1 Computer and tablet security

#### **Computers shared by service providers, psychologists and case workers:**

Many psychologists are currently working from home, and may not have access to a personal laptop, or they may have to share a computer with other family members. As part of their telecommuting practices, organizations should make sure their Wi-Fi networks or computers have the highest level of security possible to protect the survivors' privacy and confidentiality. The fact that the organization's staff is telecommuting does not remove the obligation to provide a good internet connection that meets the security and quality standards necessary to work with GBV survivors.

#### **Additional resources:**

- You can find several tips and best practices to protect the security of Wi-Fi networks and shared computers [here](#).
- For additional information on privacy protection practices for shared computers and Internet access, visit this [link](#).

### 4.5.2 Cell phone security

#### **Cell phone security and privacy recommendations<sup>20</sup>:**

1. Set an access code on the cell phone provided by your organization (avoid using easily guessable passwords, like your date of birth or your children's names).
2. Disable the location tracking function.
3. Disable your Bluetooth connection when you are not using it

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20. Fuente: Technology Safety <https://www.techsafety.org/>



- 4.** Check your mobile phone's privacy and security settings to limit your apps' access to data stored on your device, including your location, photos, contacts, notes, etc.
- 5.** Carefully decide which online accounts can be accessed automatically from your device (e-mail, etc.).
- 6.** Check your list of downloaded apps. If you see one you do not know, uninstall it.
- 7.** Set a password for your cell phone company account to prevent any unauthorized access.
- 8.** Increase the security of your cell phone account online by updating your passwords and security questions to prevent unauthorized access to your information.
- 9.** Use virtual phone numbers (such as Google Voice) to keep your cell phone number private.
- 10.** Avoid storing confidential information on your cell phone and delete any confidential text or voice messages.
- 11.** Use antivirus and anti-spyware programs on your cell phone.
- 12.** Be cautious about installing security apps. The easiest way to ask for help in case of an emergency is by dialing the official emergency number in your country (e.g. 911 in Guyana, 112 in Suriname, 999 in Trinidad & Tobago, 911 in Saint Lucia, etc.). Many cell phones have a speed dial function for emergency calls without having to enter an access code.
- 13.** Minimize the amount of information stored on your cell phone. Your policies should include the periodic deletion of information, in most cases as soon as possible. Contact the survivor regularly to make sure she is deleting sensitive information from her cell phone.
- 14.** All incoming and outgoing call logs and text messages must be deleted periodically.
- 15.** If the cell phone has both internal memory and a memory card, you should only store data on one of them and delete data frequently. Storing data on a memory card gives more protection, because it can be removed from the device and destroyed.
- 16.** If you are using WhatsApp, make sure to put the logo of your organization, institution, or agency in your profile. For your own security, do not use personal photos.
- 17.** Do not create survivor WhatsApp groups.

### 4.5.3 Specific recommendations for organizations

- 1.** Before getting rid of a cell phone or handing it over to a different service provider, reset the device to factory settings to eliminate all the data on it.
- 2.** Do not store a survivor's contact information on the cell phone.
- 3.** Every time the contract for an service provider, case worker, social worker or supervisor ends, make sure they submit a backup of their work computer

before handing it over to another employee, following the applicable protocol.

4. Once received, all backup files containing survivors' information should be stored in encrypted folders and protected with a password unknown to the previous staff member.
5. These passwords should only be known to the service provider, case worker or social worker and their supervisor.

## 4.5.4 Instructions for to better protect information, and guarantee confidentiality and security

1. **Do not use your personal cell phone.** It is always better to use the cell phone provided by your organization to send text messages or call survivors.
2. **Do not store the survivor's information in your contact list.** Do not store survivors' full names, cell phone numbers or other contact information on the cell phone. Store as little information as possible, and once the support relationship ends, delete all their contact information from that cell phone.
3. **Delete text messages from your message history.** Consider deleting conversations periodically to prevent your organization's cell phones from storing months (or years) of text conversations between survivors and workers.
4. **Ask the survivor questions about privacy and security regularly.** It is easy to get used to text messaging and assume the person messaging is the actual survivor. However, the risk of impersonation with text messages is high. For this reason, if possible, you should use verification techniques: use a communication code or, if you still have doubts, ask the person to contact you through other channels, such as a telephone call, video chat or a face-to-face meeting.
5. **Set expectations and limits.** Before sending any text messages, always discuss with the survivor when and where you can exchange messages. The survivor should know your work schedule and when you can or cannot answer. This information must be shared during the first session. You should also explain to the survivor what to do in case she needs immediate help and you are not available. A protocol for these cases should be established with her.
6. **Explain to the survivor, using easy-to-understand and clear language, how to protect the confidentiality** of her communications, (e.g. use of cell phone access codes, deleting her message history, etc.). Start your text exchange by informing the survivor of the digital risks she should be aware of. In addition to sharing tips on safe text messaging practices Service providers can end conversations with a text message informing the survivor the organization will delete her conversations.
7. If possible, try to work from a private and **isolated space** so no one else can

listen to your conversations with the survivor. The use of a headset with a microphone for these conversations is highly recommended.

## 4.6 Digital file management

As with in-person support for survivors, your organization should have a digital file management system to store any information, forms or records used to collect case information.

Survivors' information must be collected and stored following the principles of confidentiality and security. Since most case workers, social workers and service providers currently work from home, we recommend using password-protected electronic data storage systems to protect the survivors' identities. This should be done in keeping with your organization's data protection policy.

### DATA COLLECTION SYSTEM FOR CASE SUPPORT AND FOLLOW-UP:

Depending on the type of intervention, service providers should have access to an agile and secure system to collect data on survivors. That system should include, for example, call logs, informed consent forms, survivors' basic information and needs assessments, action plans, safety plans, information disclosure consent forms, information about referrals, and information on case follow-up and closure<sup>21</sup>

- If your organization chooses to use a digital filing system, all the survivor's files should be stored in an individual encrypted folder on the computer's hard drive. As already explained, we do not recommend uploading information to the cloud.
- The survivor's name and personal information should only be written down on the informed consent form.
- Informed consent files must be password protected.
- Individual survivor documents (data sheets, follow-up records) should only be identified with an **ID number**. That number or code can include the service provider's code, the geographical region and the survivor's year of birth, initials and cell phone number, among others. This will depend on the context and the possible number of cases.
- Define a single high-security password that can be used for all cases. Remember that a high-security password should include capital letters, lower-case letters, numbers and signs.
- That password should only be known to the service provider, case worker or social worker and her supervisor.

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21. Interagency GBV case management guidelines, 2017.

- **We do not recommend asking the survivor to send photos or videos**, especially if they show injuries resulting from acts of abuse.
- Every time an service provider leaves the organization, before handing their work computer over to another employee, they should submit a digital backup following the organization's established protocol.

# Chap.5

**Basic  
preparation  
for the provision  
of remote  
supports**

# Chap. 5

This chapter offers recommendations regarding the preparation necessary for the implementation of remote support services for GBV survivors.

## 5.1 Knowledge about the national legal framework

Prior to setting up a remote psychosocial support service, the support team should obtain information about current legislation on violence against women, prevention and support. This will make them aware of women's rights recognized by your country's laws, which is part of the information survivors should receive during the initial contact.

### **LAWS ON VOLUNTARY TERMINATION OF PREGNANCY**

Questions about voluntary termination of pregnancy are frequent among GBV survivors who have become pregnant as a result of an act of violence. The organization must ensure all women can freely exercise their sexual and reproductive rights, including the right to voluntary termination of pregnancy on legal grounds. In the vast majority of the 30 countries in Latin America and the Caribbean, abortion is still punishable in the criminal law, or there are legal grounds for the termination of pregnancy, which usually include risks for women's health and life, pregnancy due to rape or incest, or fetal malformations.

Service providers should have a thorough knowledge of these laws in their country so they can give survivors accurate information about them and how to gain access to services for voluntary termination of pregnancy. Your organization's service mapping should include information about clinics providing voluntary-termination-of-pregnancy services delivered by physicians who are not conscientious objectors.

The persons in charge of providing remote psychosocial support should not attempt to influence the survivor's decision-making regarding this issue. Their role is to inform, not to give advice. In this regard, the organization should establish clear rules to prevent persons with beliefs contrary to pregnancy termination from instilling a sense of guilt in women who express their desire to do so. A survivor-centered approach involves giving survivors all the information they need, in a clear and accurate manner.

## **NATIONAL LAWS AND MEASURES APPLICABLE TO THE COVID-19 RESPONSE**

Organizations and service providers should have a good understanding of national response strategies and the legal framework and standards applicable during the COVID-19 pandemic. Current national COVID-19 responses can be broadly classified into three categories: containment, delay and mitigation.<sup>22</sup> It is important to bear in mind that the three strategies can be implemented simultaneously in any territory, and the transition from one to another can occur within 24-48 hours. This means that service providers should have a high level of preparedness. Given the rapid changes in responses, service providers should have the capacity to implement contingency plans for each of these different strategies within a short period of time.<sup>23</sup> Considering how quickly governments can adopt new strategies, organizations must have contingency plans in place. This includes identifying alternative models, training staff and communicating actively with survivors regarding any changes that may occur during the process of managing their cases.

Survivors receiving specialized services should also be provided with information about COVID-19 prevention measures. For example, if wearing a face mask is mandatory in your area, the service provider should remind the survivor that, in order to have access to those services, she must wear a face mask.

The essential information service providers should share with survivors includes the following: curfew times (if applicable), movement restriction rules, rules for access to services and current infection prevention measures, among others, depending on the context.

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22. Lancet, COVID-19: Delay, Mitigate, and Communicate, March 2020.

23. For additional information on possible changes to GBV case management, refer to the document *GBV Case Management and the COVID-19 Pandemic*, available at: <http://www.sddirect.org.uk/media/1897/guidance-on-gbv-case-management-in-the-face-of-covid-19-outbreak-final-draft-5.pdf>

## 5.2 GBV service mapping during the COVID-19 outbreak

Up-to-date care pathways and service mapping are essential tools for ensuring survivors have access to safe and confidential multisectoral services based on the guiding principles of GBV programming. Service mapping can be of great help in the coordination of efforts with other service providers.

To be able to provide proper support, you should have a good knowledge of services available in your area. The main objective of service mapping is to ensure comprehensive care for survivors, including protection, justice, health and psychosocial support services.

Service providers should know, at a minimum, which services are available, their current capacity, their quality standards, and who can access them. Service providers should also have reliable and accurate information about services in order to avoid creating false expectations about services that may not exist or about the quality of existing services. For example, if the service provider knows there is only one hospital that provides clinical rape management, but several users have already complained about how they were treated by their medical staff, the survivor should be informed about it.

A service mapping or referral pathway may already exist in your area. However, you should bear in mind that GBV response services have experienced significant disruptions in most countries due to the COVID-19 outbreak. The following are some examples:

- **Interruption of essential medical services.** While certain medical services have not stopped working officially, in practice they lack the capacity to provide care for GBV survivors, because health workers have been reassigned to the COVID-19 response.
- **Lack of biosecurity measures for access to services.** Some services have continued to operate during the COVID-19 pandemic, but they are not safe because they can expose people or survivors to the virus infection or additional safety risks.
- **Service restrictions.** GBV response services have implemented many changes or restrictions (e.g. limiting service hours, changes in services delivered; shelters no longer receiving survivors or refusing to help women unless they submit proof of having tested negative for COVID-19).
- **Adaptation of services to new support modalities** (e.g. new support hotlines and remote services).



In addition, for many organizations during the COVID-19 outbreak, the service hours and types of services can change quickly depending on the government's COVID-19 response. Therefore, your organization's service mapping should be updated frequently. If you had already mapped in-person services, your mapping should be updated to reflect any changes in such services during the COVID-19 outbreak.

### **WHO SHOULD BE RESPONSIBLE FOR CONDUCTING OR UPDATING A SERVICE MAPPING?**

Depending on the context, different institutions or organizations could be responsible for updating service mappings. Ideally, service mapping should be conducted regularly by the institution or organization leading and coordinating the process. It should be ensured the information is up-to-date and also shared.

However, in rural contexts where the presence of government and humanitarian actors are limited, sometimes service mapping is not up-to-date or does not exist at all. If there is no institution or organization responsible for keeping service mapping up-to-date, organizations and their service providers should gather the information about available services and conduct their own mapping.

If your organization has not conducted a service mapping exercise yet, you should do one before delivering remote support. You should also evaluate the quality of GBV support services in your area to determine the best referral pathway to meet survivors' needs. Your service mapping should include, at a minimum, health systems, case management, psychosocial support, safety, protection and legal counseling services, as well as justice systems.

In cases where no services have yet been identified, refer to the [Pocket Guide](#) *How to support survivors of GBV when a GBV actor is not available in your area, which can be a highly useful resource.*

### **HOW DO YOU CONDUCT A GBV SERVICE MAPPING EXERCISE?**

There are several methodologies, survey forms and tables you can use to conduct a service mapping exercise. A service mapping template can be found in [Annex 23](#). The following is a sample checklist you can use to conduct the mapping exercise.

### 1. Type of services

A service mapping exercise should include the key service sectors available to survivors in your area:

Sector					
Protection	Justice	Health	Mental Health	GBV case management	Community Services

### 2. Information about the institution or organization

The mapping should include the following information about each service provider:

Type of institution or organization (e.G. Cso)	Name of institution or organization	Gbv prevention or response	Target population <i>(Describe the target population of the services)</i>
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### 3. Contact persons and service hours

Form of contact and service hours							Expires on <i>(until when)</i>	Focal point:
Telephone No.	Service hours	Whatsapp	Service hours	Online chat	Service hours	E-mail	Service hours	In-person services (address)

### 4. Information about quality of services and vulnerable populations

If possible, include information about the quality of their services. Consider including the following information about the quality and scope of the services identified in your mapping exercise:

- Whether the staff has received GBV training
- Whether the organization has female staff available 24/7 (this information is important in the event that protection or legal services are needed)
- Whether the organization has the obligation to report cases of sexual violence
- Whether the service is accessible to persons with disabilities
- Whether the organization’s staff has received training in diversity, sexual orientation or differential and ethnic approaches, among others
- Whether there are protocols in place to protect their survivors’ information and confidentiality

## 5.2.1 Recommendations to conduct or update service mapping exercises during the COVID-19 outbreak

During the COVID-19 outbreak, you should gather additional information about changes in services to adapt them to the most current situation.

Due to the rapid and significant changes in access to specialized GBV support services, your organization should have up-to-date information about the availability, accessibility, modalities and quality of services before referring survivors to them. You should not assume services are still being delivered with the same schedules and conditions that existed prior to COVID-19.

The first step is to find out the following:

- Are they still delivering in-person services? If the answer is yes, have they changed their service hours?
- If the answer is no, have they transitioned to remote service delivery?

The following are several key points to consider when mapping remote and in-person services in the context of COVID-19.

### **SPECIFIC QUESTIONS FOR REMOTE SERVICES:**

- What are the technological requirements for accessing the service? Do users need internet access, mobile data access, a cell phone, computer, webcam, etc.?
- What is the organization's capacity for the safe and appropriate delivery of remote services? Do they follow the principles of confidentiality?
- Are there any additional requirements to access the service?
- Are there any additional costs associated with the service, even if it is free?

### **SPECIFIC QUESTIONS FOR IN-PERSON SERVICES: :**

- Do they follow infection control measures (ICMs) to prevent COVID-19 infections?
- Are there any service access barriers, such as a quarantine, curfew, etc.?
- Do they provide free personal protection supplies to survivors to prevent infections (face masks, hand sanitizer, etc.)?
- Do they have appropriate PPE?

## 5.3 Preparation to transition from in-person to remote services

Organizations working with survivors should make plans to transition from in-person to remote services safely and efficiently.

Organizations already delivering in-person services to survivors should:

- Notify survivors of their transition to remote services and obtain their informed consent before implementing the new procedures.
- Make sure they have survivors' contact information and that the information is up-to-date and has been verified.
- Ask survivors to store the organization's staff contact information or telephone numbers under a different name. They should not use the organization's name or other words such as "psychologist", "GBV services", "case management", etc.
- Identify the risk level (high, medium or low) of their cases. The use of remote services is not recommended for high-risk cases. If the survivor lives with her abuser, she should be encouraged, if possible, to use the organization's in-person services. In these cases, you should follow the Infection Prevention and Control (IPC) measures applicable to your context. These may vary depending on the current phase of your national COVID-19 response strategy.
- Together with the survivor, identify the potential risks associated with the communication channel selected. For example, if she decides to communicate via WhatsApp, does she have a cell phone of her own? Or does she share one with her abuser and/or children?
- Once you have determined the level of risk of the case, if the survivor is eligible for remote services, she should be informed of the different communication channels available for the intervention. In some contexts, where internet access is limited, a video call, for example, would not be feasible.
- Adapt your service delivery to the needs of the survivor you will be working with. Let her choose the communication method she deems most appropriate. For some women, especially those living with their abusers, telephone calls are not an option. In this regard, the organization should offer as many alternatives as are necessary to deliver services.
- Once the remote communication channel has been agreed, inform the survivor of the service provider's availability on the date scheduled for her session. This will allow survivors to choose the best time to call.
- Schedule the session based on the survivor's availability and not the service provider's availability. Bear in mind a survivor may have to cancel her session at the last minute if the conditions are not right at the time. Therefore, it is important

to agree on what to do if the survivor is not available when the scheduled date arrives.

- Once the communication channel has been selected, you should agree on who will initiate the communication on the date and time scheduled. Do not take the initiative and contact the survivor unless she has specifically agreed to it. The service provider should not contact the survivor without notice, as this may put her at higher risk.
- You should agree on a communication protocol with her from the outset. We recommend not to contact the survivor or send her messages that include words like “psychologist” or “case worker”. You should let the survivor choose the best alternative (for example, “your neighbor” “coworker”), or you can agree that the service provider will only use her first name.
- Together with the user, establish a protocol in case of emergency or in case contact is lost. That protocol should be adapted to the communication method selected for the service.

## 5.4 Establishing data protection mechanisms

Before you start delivering remote services, you should update your data protection protocols and adapt them to the new modality of service delivery. GBV service providers' protocols should emphasize that data collection is not critical, and it should not take precedence over support to survivors.

Given the nature of crises typically reported to hotlines, organizations should consider if collecting the caller's information is possible and really necessary. If your organization collects callers' information, you should consider the following:

- The type of information to be collected.
- How that information will be stored to ensure its safety and confidentiality.
- How data will be used and for what purpose.
- How the data collection process will be explained to your callers and how to obtain their consent.

During remote service delivery, the staff in charge of delivering the service should guarantee the secure storage of any confidential documents. In case you need to close your offices while services are being delivered remotely, consider the most secure forms of storing information without putting anyone at risk or exposing the information to breaches of confidentiality. The measures to be considered include the following:

### **Preparation before closing the office:**

If you need to close your office, is the information stored in your computers and files safe? Is there any risk of unauthorized access to the data stored in the office? If your office location is not safe, paper records should be destroyed. Computer backups should be password protected.

### **Preparation for file management during remote service delivery**

During the delivery of remote services, how will service providers store information? Will they use paper records or electronic files? Does every service provider have a professional password protected computer? Are those computers used only by individual service providers (or are they shared with other family members)? If service providers do not have a safe place to store documents at home, we do not recommend the use of paper records; instead, all the information should be stored in password protected computer files. In this case, service providers should only fill out actual admission forms once social isolation measures are lifted and they are back in the office.

## CASE MANAGEMENT PRIMERO/GBVIMS+ PROGRAMS

**Primer**o/GBVIMS+ case management systems offer several digital storage features, even on smartphones.

New technologies have been developed for the safe collection and backup of confidential data that can be of great help during remote delivery of GBV services, without the burden of data transfers or the need to store paper forms. Primero, a protection-related data management system and its built-in model known as GBVIMS+, are the latest iterations of the GBVIMS database. Primero/GBVIMS+ is an open source platform that helps humanitarian and development workers manage GBV data, with tools that facilitate case management and incident monitoring. GBVIMS+ is a web-based application developed to help GBV humanitarian actors securely collect, store, manage and share data for case management and incident monitoring. It also offers a mobile app to help frontline workers securely track gender violence incidents and the progress of individual survivors as they receive case management services.

For additional information about Primero/GBVIMS+ and its implementation requirements, visit [www.primero.org](http://www.primero.org). For additional information about GBVIMS, visit [www.gbvims.com](http://www.gbvims.com).

# Chap. 6

**Response  
protocols and  
remote service  
delivery  
phases**



# Chap. 6

## Introduction

The objective of this chapter is to provide tools and operational guidelines to ensure ethical GBV programming during remote service delivery. It includes specialized remote service delivery protocols, with a focus on six types of remote service situations. The aim of the protocols is to define quality standards for remote response and ensure that a survivor-centered approach is followed.

This chapter is not intended to be a comprehensive guideline for all the various stages and needs that may arise during the remote service delivery process. The information provided here should be complemented with standard protocols and guidelines.

The chapter introduces the following protocols:

- 1.** The first-contact protocol, which is aimed at all types of service providers. This protocol covers the initial stages of contact with the survivor and the essential information to provide during the initial stages of communication.
- 2.** The protocol to obtain remote informed consent for access to services, which explains the differences between in-person and remote informed consent.
- 3.** The service referral protocol, which includes rules for referrals to remote and in-person services during the COVID-19 outbreak.
- 4.** The protocol to respond to imminent danger situations (e.g. if the survivor suffers a physical attack during the call).
- 5.** The protocol for the provision of remote GBV case management, which is aimed exclusively at GBV case management service providers. It describes the different stages of remote GBV case management and a series of suggested actions.<sup>24</sup>

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24. This section does not cover all the various stages of case management. For additional information, refer to the Inter-agency GBV case management guidelines, <https://reliefweb.int/report/world/interagency-gender-based-violence-case-management-guidelines>

6. The protocol for loss of contact, which explains the procedure to follow in case communication with the survivor is lost.
7. This protocol presents a series of procedures and describes the necessary conditions for in-person service delivery during periods when movement restrictions are in place and the COVID-19 outbreak.

Note: These guidelines are aimed at different types of service providers (psychosocial support, first-aid response, referrals and case management, among others). For this reason, this chapter addresses different service delivery stages and modalities, and does not refer to a particular type of specialized service delivery. This chapter **IS NOT a basic training resource** for case management or psychosocial support or other support services for GBV survivors. **We are assuming that the persons using these tools have already received specialized training in their organization's service delivery procedures.**

# 6.1 First-contact protocol

To ensure a coherent response, service provider organizations should have a first-call response protocol. The basic response protocol can include a standard script so service providers can share, in an organized and coherent manner, and in order of priority, all the essential information a survivor needs to access a remote service for the first time.

It is important to create a safe and trusting environment for the survivor from the first contact, and service providers should use communication techniques to convey a feeling of warmth and empathy to make up for the limitations and barriers of remote communication.

This section describes the main differences between the information shared during an in-person first contact and a remote first contact. During remote service delivery, the introduction stage should include additional information related to the risks and disadvantages associated with the service.

The main elements to cover during the introduction of remote service delivery are the following:

- The survivor should be informed of the potential information security risks of remote service delivery (e.g. the risk of somebody else posing as the survivor, the risk of other persons gaining access to information on the survivor's or service provider's devices).
- Information about risks associated with confidentiality (for example, how information is stored and protected).
- The survivor should receive basic information on the safe use of the communication platform she will be using (e.g. how to delete her message history).
- The service provider and the survivor should agree on a communication code so the survivor can let the service provider know if it is safe to talk.
- Establish a communication code to verify the survivor's identity.
- Agree on a protocol in the event that contact is lost or in cases of imminent danger.

The first-contact protocol should include the following elements:

- An explanation about confidentiality and the risks associated with remote support.
- An explanation about the survivor's rights as well as the scope and limitations of remote services.
- Asking basic questions to gather admission information.
- Provide Psychological First Aid (PFA) if necessary.

- Sharing reliable, up-to-date basic information about the survivor's rights and about in-person and remote services available in your area.
- The process for referrals to additional services.
- Sharing basic information on how to protect confidentiality on communication devices.

Considering it may not be possible to share all that information during the first contact, priority should be given to the survivor's safety and emotional well-being. Therefore, during that initial contact, the service provider should, to the extent possible, make sure that:

- The survivor understands the principle of confidentiality and the risks associated with remote support.
- The survivor is not in immediate danger.
- An initial bond of trust is created.

**Survivor establishes contact with the hotline**

1. Greet and introduce yourself
2. Explain role and organisation's work

Survivor NOT imminent risk & not altered

3. Inform type of service, limits & risk of confidentiality

4. Evaluate possible risks of remote service provision

5. Obtain informed consent

6. Establish and inform code for safe communication

7. Establish procedure if communication is interrupted

8. Explain survivor how yo protect information in electronic device

Survivor NOT imminent risk but altered

Obtain quick informed consent

Provide PFA (if she has calmed down, o to step 4)

If survivor still emotionally altered and specialized attention is recommended

Inform about available services to receive continued service

Obtain informed consent for referral

The survivor is in imminent risk

Activate Imminent Risk Protocol

As shown in the above flowchart, during the first contact we recommend following these steps:

**1. Greet the survivor and introduce yourself.**

**2. Explain your role, mention your organization's name and share information about the work you do.**

Once you have confirmed you are talking to the right person, you should introduce yourself with your full name and explain your role, mention the organization's name and talk about the reason for the call.

If the survivor is not in imminent danger, follow the steps explained below.

If she is in imminent danger, apply the immediate danger protocol.

If the survivor is emotionally upset (for example, she cannot talk, cannot stop crying, her speech is unintelligible, etc.), obtain a quick informed consent, provide psychological first aid and ask her to perform relaxation exercises.

The following is a sample dialogue with a quick explanation about informed consent prior to providing support to an emotionally upset survivor:

"I can see you're going through a really difficult time. You've called the right place to talk about your problem. Before you tell me what's happening, I need confirmation that you agree to receive this service, as well as information about your rights and our limitations to confidentiality". Read the consent form "Do you agree with it?" If the survivor's response is yes, provide psychological first aid and ask about her needs. You can also do the following:

**A.** Help her calm down.

If the survivor is still having trouble speaking, you can use the ANCHOR BREATHING technique. *"I can see you're agitated... It's OK... It's normal to experience difficulty speaking... Let's do an exercise... Are you sitting? I want you to rest your feet on the ground, as if they were an anchor to your world... Are you resting them on the ground? Perfect. Anchor yourself to the ground... Now, pay attention to your breathing... Feel the air come in and out of your nose... Feel how your chest and abdomen expand... Let's work together for a few moments, paying attention to our breathing, anchored to the world"*

**B.** Assess the situation.

Conduct the exercise for a few minutes and then ask, *"How do you feel? I can see you're a little less agitated... This is not your fault. I'm sure the situation you're facing must be really difficult... It's normal for you to cry and find it difficult to talk and calm down... As I already explained, I am [explain your role]... Tell me, how can I help you?"*

**3. Inform her about the type of service, the service delivery method and the scope and limitations of remote service.**

It is important to explain the objective of the remote service. The service provider should explain, in easy-to-understand language, the type of remote service delivered and the limitations of remote psychosocial support to avoid creating false expectations. If the service is delivered through different digital platforms (WhatsApp, telephone calls, text mes-

saging, chat, etc.), the service provider should explain how each of them works. She should also explain the characteristics of the service, such as how long it takes, her service hours, etc., and make suggestions regarding the conditions recommended to access the service, like having a private space where she can answer the call without being interrupted, a comfortable chair, paper and pen to take notes, etc.

The service provider can also discuss with the survivor the possibility of using alternative spaces that meet these requirements without risks to her health or safety, while following social distancing measures. Some examples of possible spaces include a neighbor's or a family member's house, a grocery store or a pharmacy, if the owner is someone she trusts; if she has a job and it is not a problem, she can call from her workplace before or after working hours. If the survivor has children and they are at home with her, you can suggest she explain to them what is happening, *"Mom has to call a friend... to discuss some important things... and she needs a little time. While Mom is talking, you can sit here and make a drawing... And if you see Mom is a little sad, don't worry... That's why I'm talking to my friend..."*

- 4. Assess the potential risks associated with remote service delivery.** Before delivering the service, you should evaluate, together with the survivor, any risks associated with its delivery. For example, you can find out more about the following conditions: whether she has access to a safe private space, whether she has the technical resources needed (a cell phone, access to cell phone coverage, etc.), whether she lives alone or with her abuser, whether other persons have access to her cell phone, etc.

At this stage, it is important to offer the survivor alternatives to ensure the safe delivery of the service. If you believe delivering the remote service could entail a risk to the survivor or it is not appropriate for her at that moment, discard the remote service and offer other alternatives. Some examples of solutions to minimize risks include rescheduling the session; asking the survivor to use a different communication channel (e.g. telephone calls, WhatsApp, e-mail, etc.); setting an access code on her cell phone; or using a neighbor's telephone to call the service.

- 5. Obtain informed consent.** As with the delivery of in-person services, in order to deliver remote services, you should first obtain the survivor's informed consent. The next chapter provides information on how to obtain that informed consent remotely.
- 6. Establish a safe communication protocol.** Explain to the survivor the communication codes your organization uses to communicate messages without the persons around the survivor noticing it. Determine if adjustments are necessary.
- 7. Explain and establish a protocol on what to do in case contact is lost.** First, explain the organization's standard protocol and then, together with the survivor, decide how to adapt it to their particular situation. At this stage, the service

provider should find out if there is someone close to the survivor or if she has a support network the service provider can call in case contact is lost.

- 8. Explain how to protect information on electronic devices.** Before ending the call, you should explain to the survivor how to protect the confidentiality of the device(s) she will use to access the service. Depending on the remote service modality, the case worker should explain to the survivor how to delete the content and communication logs on her electronic device.

## 6.1.1 First contact basic recommendations

- Be careful with verbal communication. The service provider should remember that, unlike in-person services, new communication and interpersonal skills are required to bridge inherent communication gaps in the provision of remote services. This is key to creating a trusting environment and achieving the objectives of the service.
- Be kind and respectful. Ask the person what she wants to be called (her first name, a pseudonym, etc.).
- Show interest throughout the whole session. Do not interrupt the survivor.
- Use active listening (if the service is offered verbally) or active reading (if it is offered via text messaging). Avoid any distractions in your work environment while delivering the service. For example, stay away from your personal cell phone to avoid receiving distracting messages and inform your family members you should not be interrupted while delivering the service. If you live with other persons, you should agree on a sign (e.g. a sticky note posted outside the door) so other family members know they should not interrupt or make noise.
- Focus on the survivor's words so you can gain a full understanding of her situation. If you think you may be interrupted during the call (for instance, if you have a young child at home who may cry while you are in the middle of a call, you should inform the survivor about it from the beginning, but make it clear this does not mean you are not interested in, or are not paying attention to her case).
- Show empathy and respect at all times.
- Use clear language and avoid ambiguity.
- Avoid any background noises and other external distractions. Do not use your cell phone or computer during the session. Stay focused on the user's conversation. Do not eat or drink. Do not walk around your apartment while talking on the phone. We recommend sitting behind a desk, just like you would do in a face-to-face session.
- Make use of technological resources (e.g. headphones, microphones, etc.) to facilitate communication and create a comfortable environment for the conversation.
- Make sure the battery of the device you are using to deliver the service is fully



charged, and have another battery or charger handy in case it becomes necessary.

- Show you are paying attention to the conversation. We recommend doing a recap of the main ideas in the survivor's story to let her know you have processed, interpreted and understood what she just told you.
- Ask questions to clarify only if necessary, but do not interrupt the survivor. This could interfere with the communication process. We recommend taking turns to speak during the call.
- Make sure the person is still there every time you start talking or texting. Ask confirmation questions: *"Can you hear me?" "Are you still with me?"*
- If something is not clear, ask questions, preferably open-ended questions that cannot be answered with a 'Yes' or a 'No'. This is particularly important in the case of chat messaging. Some useful phrases can be: *"I don't think I understood that. What do you mean by...?", "Based on what you're saying, I understand that...", "I don't know if I'm understanding correctly, can you elaborate on that?", "What you just told me / the things that are happening / what just happened to you... how does it make you feel?"*
- Respect her pauses and moments of silence. Do not pressure the survivor to talk.
- Only ask for additional information if necessary and do so by asking appropriate questions. Try to use mainly open questions and don't ask questions that begin with a "why" or question how the survivor is feeling or her story.
- Use positive reinforcement. For example: *"You're really brave for sharing that with me"*.
- Stay calm if you run into technical issues: a weak signal, the loss of the internet connection or transmission, echoing audio, system delays, choppy audio, etc. Wait for communication to resume.

**Additional resources:** Sample conversation scripts can be found in [Annex 21](#).

## 6.2 Remote informed consent protocol

To obtain informed consent, the remote service provider should share information about the service characteristics, the survivor's rights and any limitations to confidentiality.

Since service is remote, the survivor will be unable to sign a consent form. We do not recommend asking the survivor to print the consent form, sign it, take a picture of the signed form and send it, because that would be a lengthy process and not all survivors have access to a printer or an electronic signature.

Therefore, we suggest obtaining remote **verbal informed consent** (Annex 2) based on the written form, which should be read and clearly explained to the survivor. To do this, the service provider should write down on a printed consent form that the consent process took place verbally. If in-person support is provided at a later time, the form can be signed by the survivor the first time you meet in person.

The operator must read and explain the model of informed consent (Annex 2). The components of the consent for the provision of remote services are the following:

1

Explain what the service will be about and its characteristics

2

Explain the protocol in situations of emergency

3

Explain the rights of the survivor related to the service she will receive

4

Explain confidentiality and its limits (when you will need to break confidentiality)

5

Explain the protocol to collect information and the way you will use it/who has custody of the information

6

Ask if the survivor has questions or doubts

7

Obtain VERBAL informed consent

8

Start to provide the service or proceed to make referrals as needed

## SPECIAL CONSIDERATIONS RELATED TO OBTAINING REMOTE VERBAL INFORMED CONSENT:

- Understanding the consent process can be difficult for a person who has never been in a similar situation and may be emotionally altered during the conversation. Therefore, once the process has been read and explained to the survivor, it is important to ask her to repeat the information in her own words.
- The service provider should ask her directly if she wants to receive the service. If her answer is yes, the service provider should explain the verbal consent will be documented in writing (including the date, all the relevant information and the survivor's name): ***"[Person's name] agreed to receive [organization's name]'s services on [full date]"***.
- Explain to the survivor that once in-person services resume (if that is the case), she will be able to sign the document. Once it is signed the following note should be added to the corresponding file: ***"Signed on [full date]"***.
- Do not pressure the survivor to give her consent to receive the service or be referred to other services she may need.

## SAFE STORAGE OF VERBAL CONSENT FORMS:

During the provision of in-person service, informed consent and case management files should be kept in separate filing cabinets with different access keys. Likewise, consent files should be kept separate from other case documents filed.

## CONSENT FORMS IN PHYSICAL FORMATS:

One of the biggest challenges of remote service delivery is that service providers usually work from their homes, where other persons live. The computer or workspace they use is often shared with other family members. Most service providers do not have filing cabinets with an electronic or key lock at home. Organizations keeping paper records should provide their service providers with filing cabinets with a lock so they can keep those records safe at home and follow confidentiality standards applicable to work with GBV survivors.

## CONSENT FORMS IN ELECTRONIC FORMATS:

If the organization uses electronic consent forms, these must be password-protected and stored in a separate folder from other case documents. That folder should also be password-protected.

If the organization already has a policy on computer files, that policy should be updated to include the provision of remote services.

If the organization does not have an electronic file management protocol, one should be developed before delivery of remote services.

## 6.3 Protocol for referrals to in-person and remote services

This section offers a series of recommendations for referrals to GBV services. To ensure survivors have access to safe and confidential response services during the COVID-19 outbreak, it is important to consider the various challenges and risks of infection associated with referring a survivor to in-person services.

During the COVID-19 health crisis, in order to determine if the conditions for referrals are appropriate, you should take the following into consideration:

### REFERRALS TO REMOTE SERVICES

- Explain to the survivor the main characteristics of remote services, such as confidentiality, safety, non-discrimination, etc.
- Analyze any potential risks or service access barriers. If the survivor lives with her abuser, for example, evaluate different options to ensure she can access the service.
- Assess any potential risks related to the service (e.g. breaches of confidentiality) and, together with the survivor, develop strategies to mitigate such risks.
- Find out if remote access to these services has a cost. We do not recommend making referrals to services that survivors have to pay for. If the service has a cost and there are no free quality services available, find out how you can help the survivor pay for the service.
- Make sure the survivor has access to a safe and confidential place and time to call, or ask her if she can go out to make a call. Together, explore different alternatives to help her plan how she can access the remote service.
- For persons with disabilities, consider if the remote service is adapted to their needs. For example, an organization that only delivers services over the telephone would not be an option for deaf persons.
- Inform the survivor of the technological requirements to access the remote service she is being referred to.
- If necessary, explain to the survivor how to connect with the service (e.g. if she needs to download a specific app).



Due to the expansion of remote service provision, and the fact that remote communication does not involve travel, there may be cases in which the survivor is calling from another country. In this case, it is important to come to agree with the survivor and explain to her our capacity to help her to seek services in the location where she is at the moment. This is very important because:

1. These calls may be involving a significant cost for the survivor,
2. In the event of an immediate danger situation during any of the interactions with the operator, the operator would not be able to act appropriately, putting the survivor in even greater danger.

## REFERRAL TO IN-PERSON SERVICES

- Find out if the survivor needs help accessing the services.
- Inform the survivor of the COVID-19 infection prevention and control (IPC) measures as well as the PPE required to prevent a COVID-19 infection when accessing those services.
- Only make referrals to service providers who have COVID-19 prevention measures in place in their facilities (e.g. use of face masks and hand sanitizer, social distancing measures, etc.).
- Service providers should have up-to-date information about existing movement restrictions and how they might affect the survivor. That information should come from official sources, such as your country's Department of Health. Inform the survivor of any movement restrictions in place to make sure she can access the service.
- In some contexts, you can obtain safe-passages to ensure both the survivor and the service provider can have access to in-person services in the midst of movement restriction policies. If a safe-conduct is required to have access to in-person services in your particular context, the service provider should inform the survivor about the corresponding requirements.
- Find out if there are any special safety and infection prevention measures you must follow to access the service, such as use of face masks, gloves, etc.
- Ask the survivor if she has the PPE required to access the service or explain where and how she can get it.
- Provide information about the infection risks of COVID-19 and the modes of transmission of the disease.

- Explain the basic protection measures against COVID-19: a) wash your hands frequently with an alcohol-based hand sanitizer, or with soap and water; b) When you cough or sneeze, cover your mouth and nose in the crook of your bent elbow or with a handkerchief; throw away the handkerchief immediately and wash your hands; c) Maintain a distance of at least 1 meter (3 feet) between yourself and others; d) Avoid touching your eyes, nose and mouth; e) Avoid shaking hands.
- You should only share official information from the World Health Organization and your country's government agencies. You can share images, infographics and other communication resources with visual explanations of prevention measures, as long as they are from official sources.
- Ask the survivor if she has any questions about COVID-19 and answer her questions. You should clear up all her doubts to avoid spreading rumors and misinformation about the disease and its prevention.
- Before referring a survivor to an in-person service, determine whether she is showing COVID-19 symptoms. Survivors with COVID-19 symptoms should not be referred to in-person services, except for essential and emergency services. In cases of rape, referring the survivor to health services for clinical care, especially within 48 hours of the incident, is considered a life-saving medical emergency. Read the following section for instructions on how to refer a survivor with COVID-19 symptoms.

## REFERRAL OF SURVIVORS WITH COVID-19 SYMPTOMS TO IN-PERSON SERVICES

If a survivor needs an urgent referral to a GBV response in-person service, you should first ask her if she has any COVID-19 symptoms. The most common symptoms of COVID-19 are similar to those of a flu or common cold.<sup>25</sup> The most common symptoms of COVID-19 are: fever (not always), fatigue, dry cough, loss of taste and diarrhea. The severe symptoms of the infection are: difficulty breathing or shortness of breath, persistent pain or pressure in the chest, confusion and bluish lips or face, among others.

If the survivor reports any symptoms associated with COVID-19, you must first determine if the survivor is in imminent danger and conduct referrals according to national procedures.

Refer the survivor to the corresponding service and inform her of the infection prevention and control measures to follow and the correct use of PPE in accordance with current standards in your country. For those countries in an active community transmission stage, the World Health Organization recommends the universal use

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25. Some persons infected with COVID-19 do not experience any symptoms; they remain asymptomatic. For this reason, to determine whether a person is infected with COVID-19, they must be tested.

of face masks in health facilities; in other words, all health workers and any person entering the facility, regardless of their activities, must wear a face mask.

**Scenario 1:** A referral to a **non-essential service that can wait** for the number of days indicated by the national protocol to rule out the possibility of COVID-19 (e.g. referral to a gynecological routine exam for a patient with no STI symptoms, or referral to a legal service the survivor does not need urgently).

Suggested actions: In these cases, we recommend suggesting the survivor contact the government agencies in charge of the COVID-19 response in your country. The service provider should know the national protocols and explain to the survivor how to report her symptoms to a physician or the corresponding agencies. Before making any referrals, find out if there are any remote services in your area the survivor can visit for counseling and health advice. Avoid referring her to an in-person service, which she will only be able to use once COVID-19 infection has been ruled out or after a preventive quarantine.

**Scenario 2:** A referral to an essential service (e.g. to have access to PEP kits within 72 hours of a rape, or referral to an emergency service for risk of suicide, etc.).

Actions suggested: In this scenario, access to the service cannot wait, as this would put the survivor's life at risk. In this case, you should give the survivor additional instructions and recommendations to access the in-person service safely without the risk of infecting others. The survivor will have to wear appropriate PPE during her visit to the health facility, especially a face mask and, if possible, a face shield. She should wash her hands with soap and water or alcohol before entering the health facility. She should also follow social distancing rules and avoid using public transport to get to the health clinic. Once she arrives in the facility, in addition to reporting the violence experienced and its consequences, she should also tell the medical staff about her symptoms.

In these cases, we recommend only making referrals to service providers with training and experience in the identification of COVID-19 cases and are authorized to test for COVID-19.

## **ACCOMPANYING THE SURVIVOR TO IN-PERSON SERVICES**

Survivors will often ask somebody from your organization to accompany them to the services they are referred to.

In that case, you should consider the following: Can the person delivering the support service accompany her? Could that pose a safety risk for her? Will the person



delivering the support service need a special permit to access the service? Does she have the necessary PPE?

If the person delivering the service cannot accompany the survivor, ask the following questions:

- Is there a person in the survivor's inner circle (a friend or family member she trusts) who can accompany her?
- Alternatively, is there a women's organization or community transportation provider who can help her access the service?
- Have these persons received training in the GBV guiding principles?
- Do they have the necessary PPE?

### **INABILITY TO MAKE A REFERRAL**

A referral may not be possible (see referral checklist) due to the specific details of the survivor's context or prevailing movement restriction measures. It might be that the available services are not safe enough, do not meet the survivor's needs, or have been suspended due to the COVID-19 health crisis. If there are no in-person services available for the survivor, support them in exploring other alternatives in their community, such as women's or neighbors' groups, family members or friends willing to help her.

In these cases, we recommend the following:

- Let the survivor know this does not mean she will no longer receive any support from your organization. Explain that the context could change and, therefore, a future referral is still possible.
- Consider the possibility of offering the survivor basic emotional support remotely.
- Help the survivor develop a safety plan to meet her most immediate needs.
- Find out if there are any community strategies to meet the survivor's needs, such as neighbors or women's support groups or family members she can ask for help, and support her in establishing contact with them.
- Give the survivor all the information she needs, including the telephone numbers of essential services she can use.
- If necessary, refer her to alternative remote services.

## 6.4 Action protocol for situations where the survivor is in imminent danger

Survivors may call a helpline if they are in a situation of imminent danger. For this reason, organizations delivering remote services should have a protocol in place to help survivors in emergency situations in the safest way possible. Organizations should have action protocols in place to address situations of violence posing high risk to the lives of survivors. Those protocols should take into account the country's existing mechanisms and laws. In this regard, the protocol proposed in this chapter should be adapted in keeping with current laws, taking into account those actors with the mandate and responsibility to intervene in these situations in each country.

### DEFINITION OF AN IMMINENT DANGER SITUATION

An imminent risk or immediate danger situation is one where a survivor believes her life is at risk. There are no specific criteria, nor an exhaustive list of imminent danger situations, except for the perception of the person experiencing the situation of violence. Immediate action is required in these cases. One of the most common imminent danger situations involves physical aggression, which can occur during the call to the service provider, or an impending threat (e.g. if the abuser is trying to approach the survivor or attempting to break into her home).

### OBJECTIVES OF THE PROTOCOL

The purpose of an immediate danger protocol is to ensure immediate and appropriate support for a survivor in an emergency situation by giving her a safe environment and ensuring a timely mobilization of resources depending on the type of emergency. The objectives of assistance in an emergency situation are to:

- Ensure immediate and appropriate support through specialized staff.
- Implement a response to protect the survivor's safety.
- Follow up on the survivor's situation and offer support until the emergency is over.
- Mobilize appropriate resources and solutions to act quickly, depending on the type of emergency.

### BASIC PRINCIPLES OF IMMINENT DANGER RESPONSES

- All emergency calls received should be considered real and treated as such. You should NOT underestimate the survivor's perception of danger.
- Any service provider receiving an emergency call should stay on the line with the survivor until the situation is resolved or another actor intervenes.

## PREPARATION FOR THE PROTOCOL DESIGN AND IMPLEMENTATION

The immediate danger response protocol requires several stages of preparation for the organization to develop the skills, contacts and coordination mechanisms necessary to respond to life-threatening situations.

1. We recommend contacting law enforcement in your area to establish coordination with them. This is important because it will allow the service provider taking the call to contact the police. Officers can be dispatched to the address of the survivor, and ensure immediate action is taken so her life can be saved.
2. It is important to have a mechanism in place for referrals to, and coordination with, shelters for GBV survivors, because this is one of the main needs of survivors facing a situation of danger.
3. You should have a good relationship with police and judicial authorities in case the survivor requests precautionary measures and/or protective orders.
4. Police officers and medical staff should receive regular training in GBV-related topics, like the rights of survivors, psychological first aid and communication techniques. Survivors in emergency situations may receive support from police officers and/or medical personnel. If those professionals lack the knowledge and skills necessary to deal with GBV incidents, there will be a risk of revictimization and harm. Regular training for these professionals is, therefore, recommended.
5. The organization should have internal mechanisms in place or funds available for the quick mobilization of resources. These resources can be internal, such as funds allocated to cash or food voucher programs, or the delivery of dignity kits or essential items. They can also come from a different organization or institution, in which case you will have to establish agreements for the quick mobilization of resources to meet the survivor's needs and address the emergency.

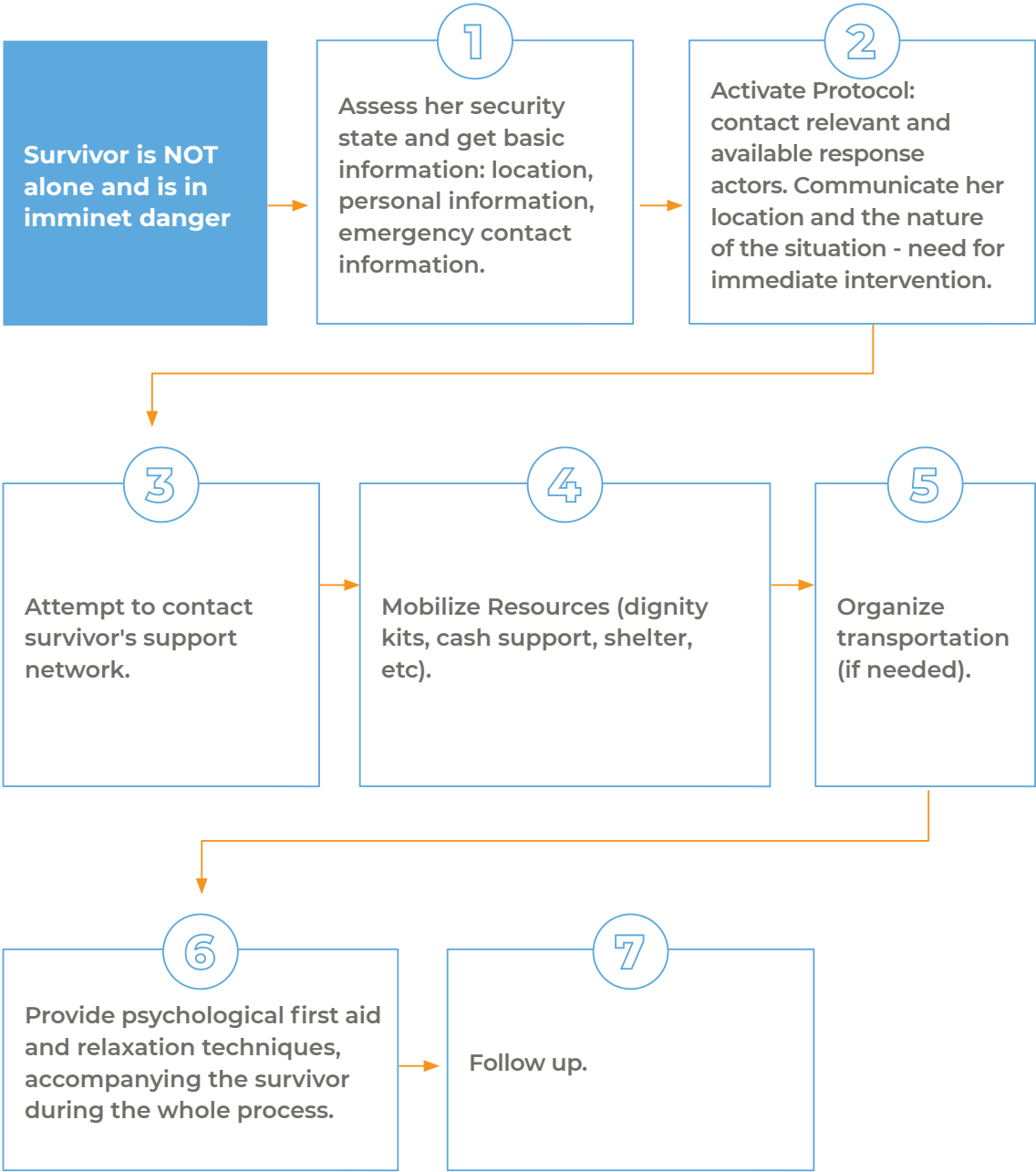
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### IMPORTANT

Service providers should be informed about:

- The possible need for humanitarian permits to be able to accompany GBV survivors to an emergency service.
  - The possible need for circulation permits for women in imminent risk or immediate danger situations.
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The following sample protocol<sup>26</sup> can help a service provider decide how to proceed in case the **survivor is NOT alone** and there is an imminent danger situation.



26. Note: This is not a comprehensive safety planning exercise. Safety planning is covered in more detail in the Inter-agency GBV case management guidelines.

The following is a brief description of the protocol steps to follow, in addition to **recommendations** for support and actions to take:

Steps	How
<p><b>1. Safety assessment and basic information request</b>            The service provider should listen actively and obtain information about the type and severity of the incident as quickly as possible.            The information to be obtained includes the following: Whether the survivor has sustained injuries or is bleeding, the number of abusers, whether there are children or other dependents with her, whether the abuser has any weapons on him and what kind of weapons, or whether he is under the influence of alcohol or drugs. The telephone service provider should also request the survivor's contact information: address, telephone number and name. If possible, obtain information about a trusted person or family member you can contact.</p>	<p><i>Do you want us to call the police now?</i>  <i>Do you need emergency medical care?</i>  <i>Please tell me your name, location, and a contact telephone number in case the call is cut off.</i>  <i>Can you share with me the telephone number of a family member or friend we can contact?</i></p>
<p><b>2. Activate the protocol: contact responders</b>            Do not hang up on the survivor.            Use another telephone line (or put the call on hold if you do not have another line) to contact emergency services in your area immediately. Emergency responders should be asked not to have their sirens on. If possible, we suggest asking the police dispatcher to include a policewoman in the team of officers dispatched to the survivor's address. During the COVID-19 pandemic, it is essential for rescue teams to have circulation permits.</p>	<p><b>Call to law enforcement:</b>  <i>Hi, my name is XX and I work with XX.</i>  <i>Our organization helps persons experiencing situations of violence.</i>  <i>I just received a call from XX, who reported being in danger, so we are asking for your help to dispatch officers to that address...</i>  <i>Please allow me to stay on the line to follow up on the situation.</i></p>

Steps	How
<p><b>3. Attempt to contact a trusted person</b></p> <p>If the survivor agreed to share a trusted person's contact information, the service provider can contact that person to inform him/her of the situation and ask for his/her help.</p> <p>Be careful not to cause the person contacted to panic.</p> <p>Only share the information the survivor authorized you to share.</p>	<p>Explain who you are and the mandate of the organization you work for.</p> <p>Inform the person of the steps already taken and what the next steps will be.</p> <p>Agree on a follow-up call.</p>
<p><b>4. Resource mobilization</b></p> <p>Depending on the situation, you may have to make arrangements to mobilize resources and provide initial support to the survivor.</p> <p>Depending on the complexity of the situation, the service provider can make all the calls needed or ask a colleague to help her with the necessary arrangements.</p>	<p>Resources needed can include lodging, a dignity kit, cash support or food vouchers and health supplies.</p>
<p><b>5. Make transportation arrangements</b></p> <p>Depending on the context, you may have to make transportation arrangements. For example, you may have to arrange for an ambulance to transport the survivor once she leaves the health facility.</p> <p>If the survivor expresses a desire to leave her current home and seek shelter, you will also have to make arrangements for her transportation to the shelter.</p>	<p>You can ask the survivor's trusted person to take her to the shelter or contact an organization providing transportation for GBV survivors.</p> <p>During the COVID-19 health crisis, it is important to make sure transportation services follow prevention measures.</p>

Steps	How
<p><b>6. Provide psychological first aid</b></p> <p>Once arrangements have been made to meet the survivor’s needs, the service provider should stay on the line with the survivor to help her deal with the crisis. In this stage, it is also important to prepare the survivor for the next steps and inform her about the essential documents and items she will need (her and her children’s birth certificates, her official ID, etc.).</p> <p>At this point, the main objective is to stay on the line with the survivor to:</p> <ul style="list-style-type: none"> <li>• <i>Help her understand she is not alone, know she has support, and to prepare her for the next steps.</i></li> <li>• <i>Monitor her safety.</i></li> </ul> <p>If the service provider knows help is about to arrive, she can inform the survivor about it.<sup>27</sup></p>	<p>In this situation, there are two possible scenarios:</p> <p><b>1. The survivor STOPS talking.</b> This may be for security reasons – she may be hiding or in a state of shock. In this case, the service provider can remind the survivor she is still on the line.<sup>28</sup></p> <p><b>2. The survivor is talking but is experiencing intense emotional reactions.</b> If she is crying hard, do not try to calm her down. Instead, try to normalize her emotional reactions.<sup>29</sup> Consider the use of breathing or distraction techniques to reduce the intensity of the emotional reaction.<sup>30</sup></p>
<p><b>7. Call follow-up</b></p> <p>The call will end once the survivor receives support from a specialized respondent or when the survivor asks for the call to end.</p> <p>Before you hang up, agree on the next steps and follow-up actions.</p> <p>In the stages following the emergency, you can help the survivor activate her personal support network.</p>	<p>If the survivor is taken to a shelter or health facility, we recommend scheduling a visit to her as soon as possible, following the applicable COVID-19 prevention measures and regulations.</p>

27. “I’m being told help is about to arrive. Things may get a little chaotic, you may experience fear, but that’s normal. I’ll stay on the line... If you need to hang up, once you leave the place you can call back. Otherwise, I’ll call you back in [one hour]. Is that OK with you?”

28. Sample script: “Hello? You don’t need to talk. If possible, just confirm you’re still there from time to time. Are you still there? I’ll stay on the line... We have notified... The most important thing now is to get out of there. You are not alone, I’m still here with you”.

29. Sample script: “It’s normal for you to feel like that. I cannot even imagine the fear you must be experiencing...You’re doing a great job. You took action and were brave enough to call this number...”

30. Example: “Tell me... Where are you now? What can you see? A bathroom? OK. What can you see inside the bathroom? Or “You told me you were from [city name]. Tell me a little about that place...” Before using this technique, consider if: 1. This might be too much of a distraction from the situation of danger the survivor is facing in that moment. 2. If the attempt to “control” that response might cause the survivor to feel more agitated.

## RESPONSE TO RAPE CASES

In case the survivor has been raped, the protocol to follow should include the following:

- The survivor should be informed of services available, including telemedicine, home care services, safe spaces for treatment, etc.
- The service provider should ask some basic questions to understand the survivor's urgent needs and be able to determine if she needs a PEP kit or emergency contraception.
- If the survivor has an urgent medical need, she should be referred immediately to an emergency service after her consent has been obtained.
- Inform the survivor about the importance of receiving urgent medical care as soon as possible (ideally within 72 hours of the rape), including HIV/AIDS prevention treatment, emergency contraception, sexually transmitted infections prevention, treatment of possible wounds, a tetanus vaccine, and psychological first aid, as applicable.
- In case the survivor calls after the 5-day period following the aggression, she should be advised to go to a health facility for sexual and reproductive health care.
- Inform the survivor of the COVID-19 prevention measures to follow during her hospital stay.



# 6.5 Remote case management protocol

## Introduction

In many cases, organizations will have to transition from providing in-person to remote GBV case management services (e.g. through the use of hotlines). This chapter is only intended for organizations providing GBV case management. It offers case management service providers guidance on the best way to adapt their services to the remote format during the COVID-19 outbreak. It ensures a survivor-centered approach as well as the delivery of services in line with the minimum standards for GBV response and prevention; and in accordance with the GBV guiding principles of confidentiality, safety, non-discrimination and respect for the survivor.

The GBVIMS Steering Committee has produced a series of video shorts and podcasts on remote GBV case management in the context of the COVID-19 response. The series is aimed at supporting GBV case workers and supervisors adapting their service provision in response to government policies regarding the COVID-19 pandemic, such as movement restrictions, confinement, lockdown or other containment strategies. To access these resources click on this [LINK](#).

To deliver remote case management services, your teams should first receive in-depth case management training based on the [Inter-Agency GBV Case Management Guidelines](#). Organizations unfamiliar with case management or that have not provided GBV case management services in the past are not advised to start delivering remote services.

## 6.5.1 Preparation for remote service provision

Case management is considered an essential service that can be delivered remotely during the COVID-19 pandemic (in some cases it can also be delivered in-person as long as the necessary safety protocols are followed in compliance with public health guidelines <sup>31</sup>).

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31. For additional information on face-to-face case management during the COVID-19 outbreak, see this document prepared by the GBV AOR sub cluster in Iraq: [GBV AOR GBV Case Management Guidance Note during COVID-19 Outbreak, Iraq](#).

Before transitioning to remote case management, these steps need to be followed:

- 1. Ensure permanent secure storage of confidential documents during the remote service delivery** (see [Chapter 5.4](#)).
- 2.** Adapt case management supervision practices to the remote format. This can include remote individual supervision and peer-to-peer or group supervision using online platforms and/or telephone services. Strategies and supervision plans must be developed and adapted.
- 3.** Build the capacities and confidence of your case workers and social workers for an efficient delivery of remote services. This will require several planning meetings and capacity-building training sessions. This should include training your staff to operate any new technology used to provide the service. A sample training plan for remote work can be found in Chapter 8.
- 4.** Adapt internal case management procedures. We recommend organizing a session to discuss any changes needed and developing new procedures with input from all staff members involved in case management activities. The following are some key questions to ask in order to update the organization's procedures:
  - A.** What telephone lines and numbers will be used for case management?
  - B.** How often should staff members contact current clients? A distinction should be made between cases of survivors in a crisis stage and those who are on their way to recovery.
  - C.** How should clients contact the staff?
  - D.** Will you take new clients, in addition to following up on existing clients?
  - E.** What will be the protocol for new cases?
  - F.** How will calls be documented and followed up?
  - G.** Will the organization have a staff rotation system to ensure sufficient coverage?
  - H.** How long will each session last?

## 6.5.2 Differences between in-person and remote case management

For the delivery of remote services, you should also follow the six steps of case management and the methodology used for in-person services. However, for remote case management during the COVID-19 outbreak, you should also consider additional components for each stage.

The following is a summary of the different steps for the in-person and remote case management methods and their main differences.

Remember that, in both the remote and in-person case management modalities, it is important to explain to the survivor the different steps of case management and ensure they are understood.

Steps	Standard GBV case management steps and tasks	Remote GBV case management steps and tasks
<b>Step 1: Introduction and engagement</b>	Greet and comfort the survivor. Build trust and start the communication process. Assess their immediate safety situation. Explain the aspect of confidentiality and your organization's limitations to confidentiality. Obtain the survivor's informed consent to receive the service.	Greet and comfort the survivor. Build trust and start the communication process. Assess her immediate safety situation. Assess her general safety situation and the feasibility of remote case management. Explain the aspect of confidentiality and your organization's limitations to confidentiality. Explain the confidentiality risks associated with remote case management. Obtain the survivor's informed consent to receive the service. Inform them about the importance of using a communication code. Tell them what to do if you lose contact.

Steps	Standard GBV case management steps and tasks	Remote GBV case management steps and tasks
<b>Step 2: Assessment</b>	<p>Understand the survivor's situation and problems and identify their immediate needs. Provide immediate emotional support.</p> <p>Inform her of the different services available.</p> <p>Determine if the survivor is interested in receiving additional case management services.</p>	<p>Understand the survivor's situation and problems and identify their immediate needs. Provide immediate emotional support.</p> <p>Inform her of the different services available during the COVID-19 outbreak and the safety protocols involved in accessing them.</p> <p>Determine if the survivor is interested in receiving additional case management services.</p>
<b>Step 3: Case Action Planning</b>	<p>Develop an action plan for the case based on the assessment conducted together with the survivor.</p> <p>Obtain her consent for referrals.</p> <p>Document the action plan.</p>	<p>Develop an action plan, together with the survivor, for the case based on the assessment conducted.</p> <p>Obtain her consent for referrals.</p> <p>Give her instructions for access to remote services and in-person services.</p> <p>Before referring the survivor to other in-person services, find out if she has any COVID-19 symptoms.</p> <p>Document the action plan.</p>
<b>Step 4: Implement the case action plan</b>	<p>Advocate for and support survivors to access quality services.</p> <p>Provide direct services (if relevant).</p> <p>Lead the case coordination.</p>	<p>Advocate for and support survivors' access to quality services.</p> <p>Provide direct support (if necessary).</p> <p>Lead the case coordination.</p> <p>Keep informed of changes in access to services during the COVID-19 outbreak (services closed, prevention measures for access, etc.).</p> <p>Inform the survivor of COVID-19 prevention measures to follow for access to in-person services.</p>

Steps	Standard GBV case management steps and tasks	Remote GBV case management steps and tasks
Step 5: Case follow-up	<p>Follow up on the case and monitor its progress.</p> <p>Reassess the survivor’s safety and main needs.</p> <p>Revise the action plan (if necessary).</p>	<p>Follow up on the case and monitor its progress.</p> <p>Reassess the survivor’s safety and main needs.</p> <p>Revise the action plan (if necessary).</p> <p>Check periodically to confirm in-person services are still available.</p> <p>Be aware of the risk of somebody else posing as the survivor.</p> <p>Remind the survivor of the phrases and communication codes agreed in case of danger or in case she cannot talk.</p>
Step 6: Case closure	Assess and plan for case closure.	Assess and plan for case closure.

The following is a list of aspects to consider for case management programming:

- The basic responses to a GBV disclosure (e.g. statements that communicate validation, non-judgment and empathy) are the same as those used for in-person case management. However, due to the challenges posed by virtual communications, we recommend focusing on the use of statements that communicate empathy, considering electronic communication channels can be perceived as cold and distant. In those moments of silence and pauses, it is important to send the message that we are still listening, for example, by saying, “I’m here”, “We can resume the conversation when you’re ready” or “I’m listening”.
- In the case of text messaging (WhatsApp, chats, etc.), avoid using internet slang, acronyms or emoticons. Not everybody understands what they mean, and some may not be familiar with them at all or could misunderstand them.
- It is important to adapt to the survivor’s needs and be flexible with call times. In some cases, sessions may have to be shorter because the survivor does not have enough time to talk. Other sessions may take more time due to a bad connection or cell phone signal problems. You should discuss with your team the time they should dedicate to each session, as well as the breaks to take between sessions.
- Make sure you have sufficient staff. Chat conversations tend to be longer than telephone calls, and survivors tend to disclose more graphic information in them. Chat conversations, on the other hand, can end abruptly if the survivor stops

responding. For this reason, they may require different skills, as well as additional support and more staff compared to traditional services.

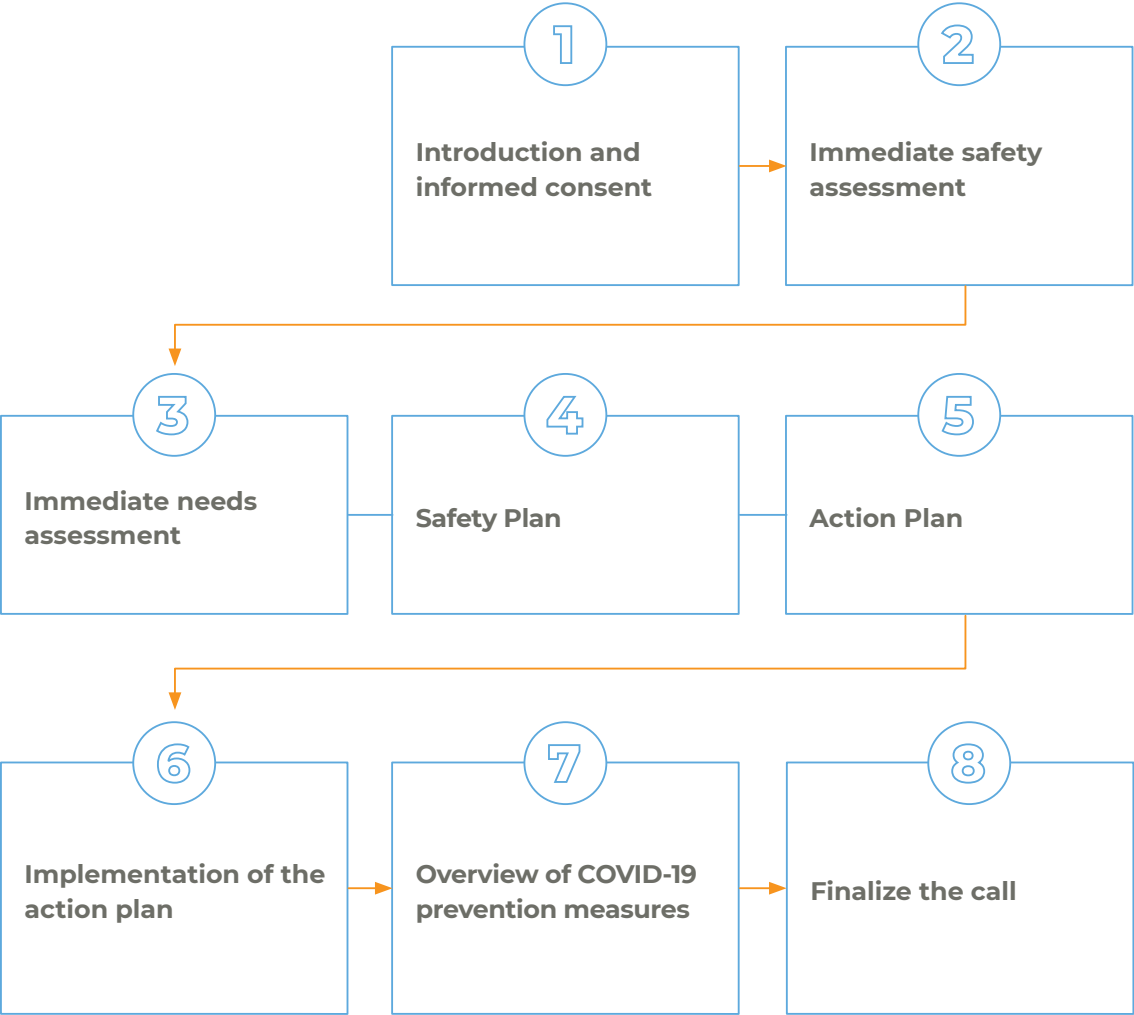
- The survivor's initial safety assessment will require additional questions. Since the service provider cannot see the survivor to assess her immediate safety situation, it cannot be taken for granted that it is safe for her to talk. We suggest asking the following questions:
  - *Do you feel comfortable speaking now? Would you like to continue this conversation by telephone? Or would you prefer to call later? Would you prefer to receive a missed call? Or would you prefer to text me once you're ready?*
  - *Is this the right number to call? Do you want me to call a different number?*
  - *Can you take my call in a room where you can have a private and confidential conversation?*
  - *Do you think somebody could enter the room during our conversation? If that happens, how would you prefer to respond? What course of action would you suggest in case that happens? If you think it can help, would you like us to agree on a code word to let me know you can no longer talk? What word do you suggest?*
- Assess the survivor's feelings, emotions and thoughts to end the remote case management session safely. Do not forget to ask the survivor how she feels about the virtual communication and if she has any suggestions to improve it.
- Make sure to inform survivors that if they have any COVID-19 symptoms, (such as dry cough, fever, fatigue, sore throat, diarrhea, nasal congestion, runny nose); are caring for someone experiencing those symptoms; or have been in contact with somebody who has traveled out of the country, they should call the corresponding agencies in your country.

# 6.5.3 Considerations regarding the first remote case management session

The following is an example of the different stages of an initial remote case management call. The first session has several differences compared to the rest of the case management stages, because you will have to give the survivor additional information about remote case management and establish communication codes.

## PROTOCOL FOR FIRST REMOTE CASE MANAGEMENT SESSION

Example - Stages of initial case management session with a new service user



The following are some suggestions on how to provide support and actions to take. The table also includes a script with sample conversations.

FIRST SESSION	
Steps	Actions
<b>1. Brief introduction, informed consent and contact protocol</b>	<p>Greet and comfort the survivor. <i>"Hi, my name is XX and I work with XX." Our organization supports people experiencing situations of violence.</i></p> <p>Inform the survivor of her rights and any limitations to confidentiality:</p> <p><i>"Everything you tell me in this call will be just between us, unless you and I make the decision to tell somebody else. There are three situations where I would have an obligation to report the case to the authorities and my supervisor:</i></p> <ol style="list-style-type: none"> <li>1. If you are attacked by a humanitarian worker (you have the freedom to tell me or not who the attacker was).</li> <li>2. If you're thinking about committing suicide or your life is in imminent danger.</li> <li>3. In case there is a minor in a situation of imminent danger. Do you want to continue with the call?"</li> </ol> <p>Explain the risks associated with remote support (the risk of somebody else posing as her, breaches of confidentiality related to electronic devices, etc.).</p> <p>Request informed consent.</p>
<b>2. Immediate safety pre-assessment</b>	<p>En muchos casos las sobrevivientes tendrán tiempo limitado para hablar de forma segura y pueden estar en riesgo inminente. Por esta razón el primer paso es averiguar la seguridad inmediata de la sobreviviente para saber si es necesario activar un protocolo de emergencia en caso de pérdida de la comunicación o si ella lo requiere.</p> <p><i>"¿Necesitas que llame a la policía inmediatamente? ¿Necesitas atención médica urgente? (Pedir dirección) ¿Es seguro para ti si vuelvo a llamarte?" (pedir el teléfono)</i></p> <p>Además, es importante averiguar con la persona sobreviviente:</p> <ol style="list-style-type: none"> <li>D. Si en este momento su vida está en riesgo</li> <li>E. Si tiene miedo de que alguien pueda atacar contra su vida</li> <li>F. Si está confinada con una persona agresora (por ejemplo, sin poder salir del domicilio o encerrada en el apartamento sin las llaves)</li> <li>G. Si la violencia está escalando y empeorando</li> <li>H. Si el agresor tiene armas/acceso a cuchillos, amenaza con matarla, amenaza con suicidarse, consume drogas o alcohol, ha intentado en otras ocasiones ahorcarla hasta que le falte el aire o le ha infligido una herida. De ser así, informarle que usted llamará a los servicios de emergencia y pedirle el favor de que se mantenga en la línea si es seguro hacerlo (a menos que tenga que esconderse y solo pueda chatear)</li> </ol>



FIRST SESSION	
Steps	Actions
<p><b>3. Immediate needs assessment</b> Focus on emotional support, needs assessment, sharing information, referrals and safety strategies.</p>	<p>Physical violence: <i>Do you feel any pain? Are you bleeding? Do you have incontinence of urine or stool? Have you sought any health services lately? Can you describe your symptoms?</i></p> <p>Sexual violence: <i>A rape victim should go to a health clinic within 72 hours of a rape. There, in addition to a physical exam, healing your wounds and relieving your pain, you will have access to emergency contraception and treatment to prevent sexually transmitted infections. Can you get to the nearest clinic? Can somebody go with you?</i></p> <p>Emotional support: Psychological First Aid</p>
<p><b>4. Develop a safety plan</b></p>	<p>If possible, and if the survivor has time, you can start developing a safety plan during the first session. <i>“You know your situation the best. We can work on a safety plan for you (and your children) in case you experience violence again. This will help you think of strategies to minimize risks or in case you make the decision to leave.”</i></p> <p><b>1. Assess the situation.</b> <i>“When do these acts of violence usually occur?” (Consider weekdays vs. weekends, use of drugs or alcohol, contact with friends/family, etc.)</i> <i>“What is his behavior when he resorts to violence?”</i> <i>“What is his frame of mind when he becomes violent? (alcohol, drugs, etc.)”</i> <i>“Can you think of a particular situation or argument that usually precedes those acts of violence?”</i> <i>If the survivor has children, ask her if the acts of violence occur in front of them or when they are not present. Example: “Is he usually violent in front of the children?”</i></p> <p><b>2. Identify persons, locations and resources the survivor can go to or use to feel safe.</b></p> <p><b>2a. Identify the safest room in the survivor’s home:</b> <i>a room she can lock with a key, her children’s room (unless the abuser is usually violent in front of them), a balcony, the house porch, etc.</i></p> <p><b>2b. Identify which times of the day are the safest for her.</b> <i>Does your abuser/husband work from home? Does he leave home at certain times of the day? At what time? For how long?</i></p>

## FIRST SESSION

Steps	Actions
	<p><b>2c. Identify the survivor’s social support network</b> and how she can contact the persons she trusts considering lockdown measures. <i>“Where would you go if you made the decision to leave your home or if you needed to leave in case of an emergency?”</i></p> <p>Remind her that some places may be closed or subject to a curfew. If she makes the decision to leave her home, help her figure out if she can go to a family member or friend, or if she needs be referred to a shelter. <i>“Do you have any family members you can tell about the situation? Is there anybody in your family or a neighbor who knows about the situation and can come to help you?”</i></p> <p><b>2d. Identify forms of communication with her support network.</b> <i>“Could you write down a message on a grocery list to ask for help? (especially for persons with disabilities or older adults).”</i></p> <p><i>“Is there any way you can alert your neighbors for help?”</i></p> <p><b>3. Together with the survivor, go over the plan to involve her support network in case she sees any warning signs</b> of a potential attack from her abuser. Confirm whether the plan is realistic and help the survivor think of all the variables involved, for example, if her cell phone has a credit balance, if she can get out of her home safely, etc.</p> <p><i>“You tell me he is often violent when he drinks and always complains about money. So every time he gets drunk and you’re having an argument over money, try to change the subject and go to your children’s room.”</i></p> <p><b>4. Think about temporary or permanent options for the survivor to leave the home.</b></p> <p>Ask the survivor to <b>have a backpack ready</b> with her most important belongings, medicines, identification documents and some cash. She can ask a family member or friend to keep it for her, or put it in a safe place at home. Ask the case worker if she can store digital copies of the survivor’s documents in case she has to leave home quickly and is unable to take her personal documents with her.</p> <p><b>5. Agree on how to handle imminent danger/emergency situations.</b> Help the survivor think of a <b>keyword/code she can use to let you know</b> she is in danger. Encourage her to share it with trusted persons she can contact via text messages, a cell phone call or WhatsApp. That code means they need to call the police immediately.</p> <p>You should also agree on a code/sign the survivor can use to let you know a police emergency response is needed or her support network must be activated.</p> <p>For example: <i>“You tell me you would feel comfortable texting me to let me know I should call the police. What words would you use to alert me? So, if you ever text me that message [word], I will call the police immediately explaining that your life is at risk and you have been attacked.”</i></p> <p><b>6. Review the plan.</b> Ask the survivor to repeat the safety plan in her own words.</p>

FIRST SESSION	
Steps	Actions
<p><b>5. Develop an action plan</b></p>	<p>The objective of the action plan is to figure out, together with the survivor, how to meet her needs, set personal goals and make decisions about what will happen next. The steps to follow for remote support are the same as those used for in-person services.</p> <ol style="list-style-type: none"> <li><b>1.</b> First, do a recap of the survivor's main needs.</li> <li><b>2.</b> Give information about support and services that are available and what can be expected from them. Inform her of any services that have changed or have special access requirements due to the COVID-19 outbreak. Give information about the following services: remote psychological support, medical services (in-person or telemedicine) and shelters/safe houses. Together with the survivor, plan how to meet her needs, set personal goals and make decisions about what will happen next.</li> <li><b>3.</b> Obtain the survivor's informed consent for referrals to other services. Discuss with her if and when she can leave home to meet the case worker in person at the organization's offices (in adherence to movement restriction measures).</li> <li><b>4.</b> Discuss how the survivor plans to access other services and whether accompaniment is needed. Discuss the IPC measures required to access those services.</li> <li><b>5.</b> Develop a simple written plan specifying what actions need to be taken, by whom and when. Include COVID-19 prevention and control measures in the action plan.</li> </ol> <p>If the survivor wants to take notes about the plan, make sure she will be able to keep that written information safe and confidential.</p>
<p><b>6. Implementation</b> The survivor's access to transportation and movement restrictions due to the COVID-19 health crisis may reduce support available.</p>	<p><b>For referrals made to in-person essential services, you should:</b></p> <ul style="list-style-type: none"> <li>• Give information about COVID-19 prevention measures.</li> <li>• Ask the survivor if she has any symptoms associated with COVID-19</li> </ul> <p><b>For referrals to remote services, you should:</b></p> <ul style="list-style-type: none"> <li>• Give information about the digital resources she will need to access them.</li> <li>• Give information about the risks associated with digital services and the corresponding mitigation measures.</li> </ul> <p>In case the survivor has COVID-19 symptoms and she must be referred to an in-person service, see Chapter 6.3.</p>

## FIRST SESSION

Steps	Actions
<b>7. End the call</b> End the call, close any applications used and delete key messages.	<ol style="list-style-type: none"><li><b>1.</b> Schedule a follow-up call through remote case management services (or refer the survivor to an available service if the call was made to an operating center).</li><li><b>2.</b> Agree on a follow-up plan (consider if it is safe for the case worker to contact the survivor or if the latter prefers to be the one making the call).</li><li><b>3.</b> During the last minutes of the call, try to help the survivor calm down to prevent her from getting more agitated.</li><li><b>4.</b> Delete any call records as soon as you hang up.</li></ol>

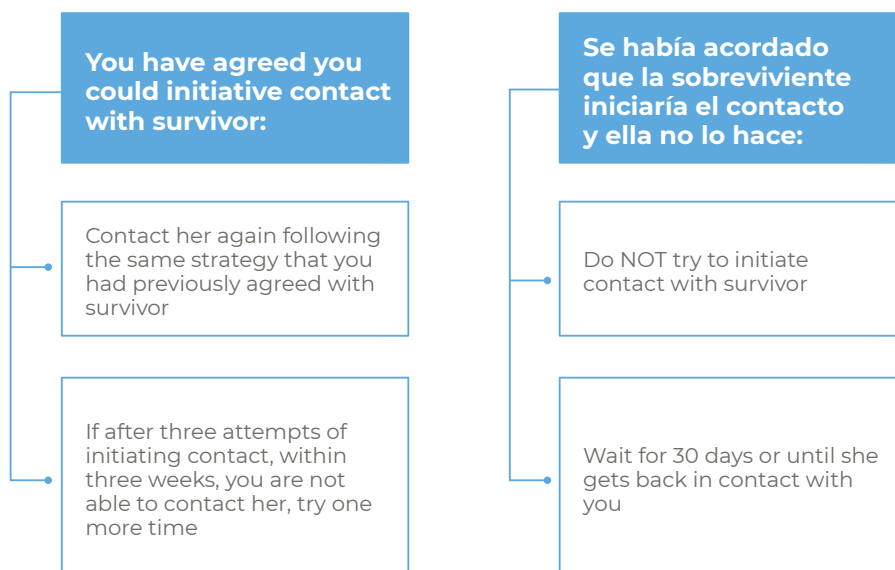
## 6.6 Loss of contact protocol

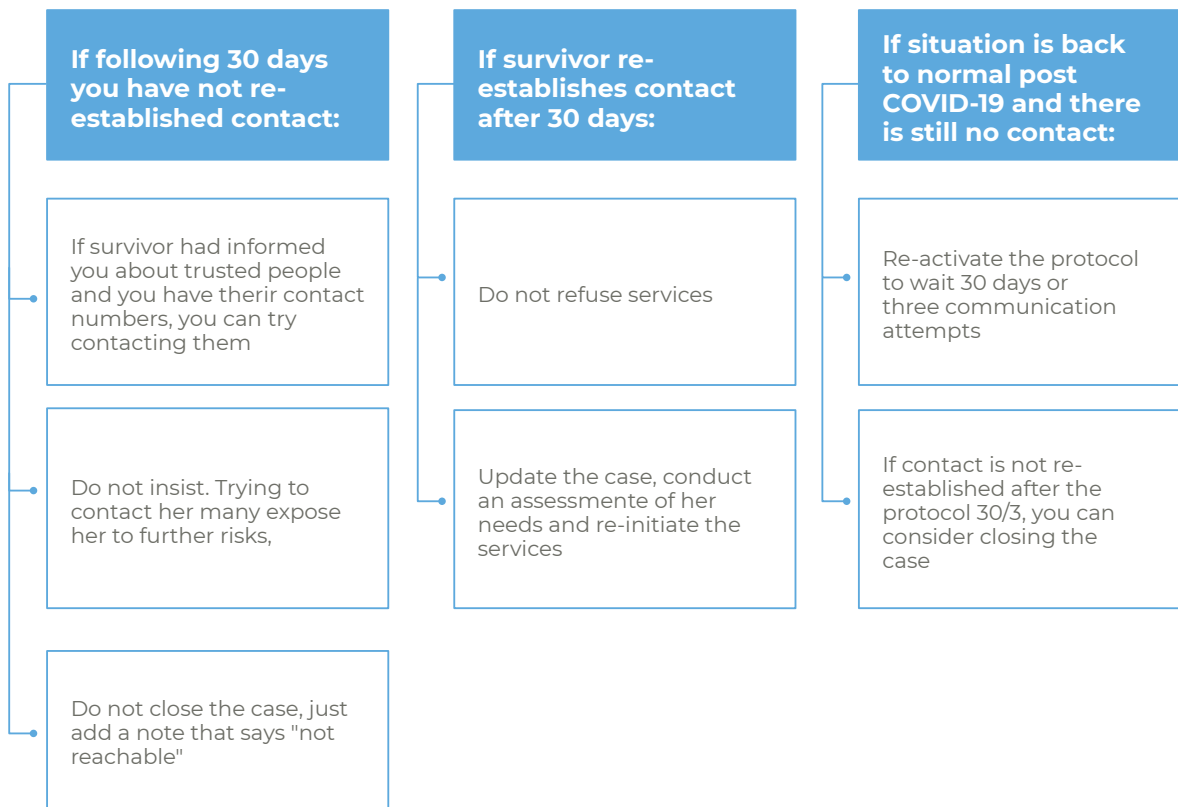
This section describes the protocol to follow in case contact is lost during the call and there is not an immediate danger situation.

Sometimes communication with the survivor may be lost during the remote support process, for example, because she changed her cell phone number, lost interest in the service, or feels calling can put her at risk.

The following is the 30/3 action protocol we recommend activating in case contact is lost with the user during the provision of remote psychosocial support:

### LOSS OF CONTACT WITH SURVIVOR PROTOCOL (30/3 PROTOCOL)





## 6.7 Conditions for in-person care during the COVID-19 outbreak

In some cases, organizations delivering GBV services have access to safe-conducts and special permits to accompany survivors to in-person activities, mainly case management and psychosocial support. But, even if your organization is mainly delivering remote services, there may be circumstances requiring in-person accompaniment. This chapter describes the conditions required for in-person services.

To be able to provide in-person support, organizations should follow applicable bio-security measures and their staff should wear items that identify them (e.g. vests, caps, T-shirts, name badges).

## CRITERIA FOR IN-PERSON SERVICES

1. Support should only be provided within the organization's coverage area.
2. Remote support alternatives (WhatsApp, video call, telephone, e-mail) are offered first, but none of them guarantee access to services or meet the survivor's needs.
3. In the following cases:
  - GBV survivors with complex diseases.
  - Survivors with depressed mood, depression symptoms, or depression diagnosis (risk factors include, among others, recurrent insomnia and suicidal thoughts).
  - The survivor is at high risk of becoming a victim of femicide.
  - Need for accompaniment to specialized services (health clinic, prosecutor's office, police, etc.).
  - Need for accompaniment to file a complaint if the survivor feels she cannot do it on her own or lacks a support network.
  - Need for accompaniment to a health facility in cases of recent sexual violence (the survivor is highly vulnerable and lacks a support network).
  - The survivor does not have the resources required for telephone support (she does not have a cell phone or money to buy a prepaid cell phone card to call).
  - She does not have internet access.
  - She does not have access to a private and confidential space away from her abuser.
  - Underage survivors contacting the service, who are highly vulnerable or unaccompanied and require accompaniment for services provided by organizations or agencies responsible for children's well-being.
  - The survivor does not show any symptoms associated with COVID-19.

## RULES FOR IN-PERSON SUPPORT DURING THE COVID-19 OUT-BREAK

- Inform your supervisor of the place, date and time of the service you will go to with the survivor beforehand.
- Report to your supervisor after the event and share any relevant information about its results.
- Support should only be provided in the previously agreed-upon location, which should be a private, confidential and safe space with minimum hygiene and COVID-19 IPC measures (face masks, handwashing, hand sanitizer, 6-feet social distancing).
- Follow the measures and protocols established by your country's health authorities, including keeping a 6-feet distance from other people, wearing face masks,

washing hands frequently, using hand sanitizer before the visit, taking the user's temperature, and no hugging, kissing or handshaking.



# Chap. 7

**Emotional  
support  
for staff  
delivering  
remote  
services**

# Chap. 7

## Introduction

This chapter explores the risks remote support service providers are exposed to and the development of protocols to support them. It also describes how the organization can adapt its technical supervision practices and create a culture of self-care among those delivering direct remote services. These measures will have a positive impact on their well-being and the sustainability and quality of services.

### **WHY PRIORITIZE SUPPORT FOR YOUR REMOTE SUPPORT SERVICES TEAM?**

The delivery of specialized services to GBV survivors has a direct impact on the well-being of the persons delivering those services and, in particular, on their personal and family life. Even before the COVID-19 outbreak, professionals faced major emotional health challenges due to the constant exposure to survivors' traumas, in addition to the lack of material resources and limitations to protect the life and integrity of survivors asking for help. In addition, survivors' expectations can have a negative influence on these professionals, who may think they have to carry the burden of the person's recovery.<sup>32</sup>

As has been widely documented in the fields of psychology and social work, social service professions often create emotional burdens and involve the risk of secondary or vicarious traumatization. This happens when, due to the constant exposure to stories of trauma, the persons providing support experience adverse reactions and stress symptoms that affect their well-being.

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32. Loyd, King and Chenoweth discuss how social workers' and psychologists' overinvolvement with individuals seeking psychological support can lead to stress and burnout. For additional information, see Lloyd, Chris & King, Robert & Chenoweth, Lesley. (2011). *Social Work, stress and burnout: A review*.

Vicarious traumatization, which can manifest with different levels of severity and symptoms, is typically an overwhelming experience that affects the quality of life, familial relationships, personal relationships and general well-being of individuals. Vicarious traumatization affects productivity and the quality of psychologists' work. Over time, due to the high emotional demands implicit in providing support to GBV victims, psychology professionals experience progressive fatigue and feelings of despair and disempowerment that undermine their ability to empathize with survivors and equip them with the coping tools they need under the treatment plan. Vicarious traumatization can also affect work motivation and lead to high turnover, which affects the continuity of services and makes organizations less effective.

The COVID-19 outbreak adds other risk factors, because movement restriction policies are affecting the lives and routines of support staff. A significant number of them are working from home at the same time as they care for their families and fulfill family responsibilities. This has led to additional work-life balance challenges for these professionals. In addition, they are facing uncertainty and concerns over the impact of COVID-19 on their health and financial situation and the welfare of their families.

For this reason, institutions and organizations should intensify their efforts to create a culture of staff well-being. Prioritizing the well-being of human resources contributes to organizational and individual resilience and creates a long-lasting and positive impact on all the persons involved. But fulfilling that responsibility through the adoption of protocols in the organization goes beyond the mere implementation of a "good practice". On the contrary, it should be a basic requirement for the creation of an organizational infrastructure to ensure the emotional health of staff in charge of providing psychosocial support. This, in turn, will build the organization's capacity for the sustainable delivery of quality services to GBV survivors.

This chapter suggests a series of strategies organizations can use to improve their staff's well-being and incorporate specific actions to achieve these objectives in their procedures. The suggested strategies are the following:

- 1.** Monitor your staff's well-being.
- 2.** Promote an organizational culture of support to your staff, and
- 3.** Ask individual staff members to commit to evaluating and following self-care plans during the telecommuting period.

# 7.1 Remote supervision and duty of care to staff

In addition to being essential to compliance with ethical and technical standards in the provision of psychology services, clinical supervision is a form of professional and personal support for staff working on GBV cases. Supervision is typically used as a methodology to monitor quality and follow up on case management and documentation protocols. It also provides an opportunity for psychologists to express their needs and ask for help. Given the need to improve staff well-being, we suggest adapting your organization's supervision practices so your staff can express their needs and concerns and, together, solutions can be found through dialog. The following are several suggested measures that can be implemented by supervisors during and outside of the supervision session:

- Create a non-structured space as part of weekly supervision meetings so case workers and psychologists can share any issues affecting their professional life.
- Encourage your staff to share how their work has been disrupted by the effects of the pandemic on their personal and family lives.
- In her capacity as a specialized staff member, the supervisor should listen attentively, validate feelings and convey empathy.
- Share information about self-care resources to deal with stress and improve emotional well-being. This can include, for example, the telephone numbers or websites of experts who can help them. Ideally, the cost of these services should be paid by the organization or its health insurance plan. The services can also be made available to the psychologists through ad *honorem* interinstitutional agreements.

Outside of regular supervision contexts, we recommend the following:

- Call or text your support staff to follow up briefly on their frame of mind and offer them informal personal support. If possible, share daily tips and suggest self-care exercises via text or WhatsApp groups and follow up on them.<sup>33</sup> Calling your staff will convey a positive message that the staff's emotional well-being is a priority for their supervisor and a commitment for the organization.
- Monitor stress levels. Help your staff identify and monitor stress factors in their lives after lockdown.
- Promote online peer support meetings during the telecommuting period, as well as occasional team meetings to discuss non work-related topics.
- Make calls outside of regular supervision settings to discuss the staff's well-being. Suggest conducting gratitude exercises and encourage your psychologists

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33. GBV AoR Help Desk Eskrine and Yaker 2020, p. 8.

to share during their group meetings how they implemented a self-care practice during the week. If possible, we recommend leading a brief practice session during the same meeting: ask each psychologist to lead a breathing exercise or physical activity, tell jokes or practice these self-care recommendations.

- Show flexibility and empathy. Be flexible with your staff's work hours and personal circumstances during the quarantine.
- Organize a 'staff support' session so employees can gather to do something fun or relaxing once you are allowed to resume work from the office.
- Encourage your staff to select a 'self-care partner', i.e. someone else on the team with whom they can connect regularly during the quarantine period. Encourage them to find ways to support each other.
- Create a mutual support environment: follow up on your staff's well-being regularly and create an environment where the group feels comfortable sharing information and concerns with you. To get your staff to open up and improve your interaction with them, we recommend using less formal language and creating a friendly atmosphere (for example, by using their first names instead of their titles, encouraging discussions about the 'human' side of professionals on the team, asking questions about their families or the challenges of dealing with uncertainty, and sharing information about habits that produce happiness). If necessary, the head of the organization or somebody in a leadership position should be the first one to share his/her feelings and concerns, as long as they are not too personal or inappropriate for the work environment. This will allow others to know the leader's human side and will also contribute to a healthy environment.
- Encourage your organization's psychologists to develop a self-care plan and share it with the rest of the team (For self-care planning ideas, see Annex 17).
- Show your appreciation for your staff regularly. This can be as simple as expressing your gratitude and acknowledging the individual and unique contributions of the organization's psychologists.

While supervisors play a key role in the process of monitoring staff well-being, it is worth noting that their role has some limits. They should not be responsible for providing specialized care and/or coping support to their colleagues. This work should be done by other professionals, preferably from outside the organization, and in different settings.

## 7.2 An organizational culture that incorporates staff support

While each organization should develop its own staff support strategies and approaches, based on its own financial and human resources, infrastructure and organizational structure, the following are several team protocols and standards we suggest incorporating (after consulting your psychology team) into the new telecommuting operation.

This section offers a series of recommendations your organization's management can follow in its everyday interactions with staff members. We suggest reviewing these recommendations together with your organization's telecommuting policies and procedures to determine if they apply.

This section also offers several tips to help organizations complement these measures and facilitate the creation of a team support culture.

### 7.2.1 Team support protocols and standards

Part of your staff's motivation will come from feeling supported and valued by the organization. To this end, we recommend the following:

- Show your appreciation and create a collaborative work environment. Promote horizontal communication. You should regularly share information about the organization's policies and create an environment of transparency. In case your organization's management must make decisions that affect psychologists, you should ask for their input. This will show them they are valuable members of the team.

You should:

- 1. Identify the scope of the service.** Figure out what you can offer and what is beyond the reach of your team of professionals. The persons in charge of providing support are also dealing with their own family crises and this, without a doubt, also affects their professional life. Therefore, we highly recommend assessing their particular needs and, together with them, finding solutions for an equitable distribution of activities. Ideally, this should be done as part of a group

discussion (with the participation of supervisors and psychologists) and duly documented.

- 2. Find a balance between work hours and responsibilities.** Staff providing support for cases of violence is usually insufficient to meet the demand for services. Therefore, it is important to establish schedules and assign responsibilities as equitably as possible.
- 3. Limit the number of appointments and try to assign an equal number of cases to each service provider.**
- 4. Organize for breaks.** Your organization's staff should not be taking constant calls without taking a break. A single person shouldn't be assigned to take all the calls, especially those that do not have a time limit and involve long support sessions. In these cases, service providers should get a short break every hour and a half.
- 5. Identify and manage resources available to support your staff.** Your organization's human resources department or management should support your staff so they can work from home and make the recommendations necessary to make their job easier (e.g. taking active breaks, having a dedicated work space, etc.).
  - Psychologists should not use their personal or home telephones to deliver services. You should have dedicated equipment or devices, paid for by the organization, so they can do their job.
  - Your organization's human resources department or management should establish flexible telecommuting schedules, taking into account your staff's individual situations (children, persons they care for, care roles, etc.).
  - Make sure their work schedules are compatible with their everyday realities.
  - The organization's work schedules should allow them to meet their basic needs, such as eating and taking breaks.
  - Make sure they get days off. Ideally, they should get two full days off per week.
- 6. Share with your team the organization's recommendations for self-care during the telecommuting period.**
  - Service providers should be encouraged to strive for work-life balance. While it is true that the work of GBV support organizations involves a constant process, professionals in your staff should be able to get off work on time and dedicate the rest of their day to personal activities.
  - If your organization's staff is telecommuting, they should be asked to work from a private, well-lit and well-organized space. If possible, that space should be separated from common areas.
- 7. Encourage balance.** The organization's staff members, especially those who have care responsibilities, should strive to find a balance between work and their everyday activities.
- 8. Provide support.** Provide regular emotional and psychological support to the professionals on your team through a free quality external service.
- 9. Hold training courses or sessions during work hours.**

## 7.3 Self-assessment methodologies and self-care planning

Ensuring the well-being of your telephone service providers is a shared responsibility for the organization, the supervisors and the psychologists themselves. The latter should also take advantage of resources made available by the organization to improve their well-being. We recommend the survivor support program's supervisors or managers encourage psychologists to conduct a self-assessment and develop a specific and measurable self-care plan.

A self-assessment will allow staff members in charge of providing support to participate more actively in the organization and take responsibility for their own health. It will also allow them to engage in a self-listening and self-awareness process to determine the areas of their well-being they have neglected and which require attention. They will also be able to identify the areas they are satisfied with and recognize their own contribution to those results. Once they have completed the self-assessment, the self-care plan will be a useful tool for psychologists to incorporate activities to improve their physical, emotional, social and spiritual well-being into their daily routine.

This process should be as simple and easy-to-follow as possible to prevent it from becoming a burdensome task. In this new context, this process will help psychologists learn self-care and emotional management strategies through the use of varied and flexible techniques.

### **HOW SHOULD SELF-CARE BE ASSESSED?**

Considering the well-being of individuals involves different dimensions, we recommend selecting an evaluation tool your team can use to answer simple questions in different categories: physical health, emotional health, spiritual health, support relationships and professional well-being. In the annexes to this document you will find a sample assessment and an explanation of its different categories.

We recommend adapting the different self-assessment forms to your organization's needs. The supervisor should call the staff member to explain how to answer the questionnaire, which should be assigned as a task (voluntary but highly recommended) to start the individual planning process.



The explanation about this questionnaire should include a description of the process and the needs assessment, as well as an invitation for the staff member to practice self-listening and self-analysis. Evaluating the results in each category of questions will be an opportunity for them to listen to their minds and bodies. For example, if a person has medically unexplained chronic fatigue symptoms, digestive disorders or back pain, those problems could be produced by stress.

The supervisor should guide her team of professionals to interpret the results of the self-assessment with self-compassion and encourage them to change.

## 7.3.1 Self-care planning

A self-care plan can help individuals make small and realistic commitments to develop healthy habits and improve their well-being.

In the self-care plan found in [Annex 17](#), we recommend including the different commitments made in each category<sup>34</sup>:

1. In the **health** category, include genuine and realistic small commitments to engage in new activities to improve hygiene habits. Eating healthier, based on a diet including fruits, vegetables and grains; working out; 7-8 hours of sleep; drinking more water; routine medical exams; not postponing doctor's appointments and treat mild, chronic or alarming pathologies as soon as they are detected.

Some examples of things that can be included in the self-care plan health section are: *"I'll eat three meals a day"*, *"I'll eat more fruits and vegetables"*, *"I'll watch a workout video and exercise for 20 minutes three times a week"*, *"I'll set up an alarm on my cell phone to remind me when to go to bed and sleep for 7 hours"*, *"I'll wash my hands 10 times a day"*.

2. In the **mental health** category, we recommend including individual emotional well-being activities and commitments to improve relationships with friends and family.
3. In the category of **individual well-being activities**, you can include small realistic commitments that involve actions to feel well, in harmony and peace. For example, the person can make a commitment to improve his/her self-esteem (for example, putting together a list of 10 personal positive traits or repeating positive statements about himself/herself), or describe his/her plans to enjoy plea-

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34. Studies conducted with case workers working at shelters show this individual support process can be more effective in organizations that promote a shared-power work culture, with respect for diversity and joint decision-making, compared to those with hierarchical organizational structures. (Slattery and Goodman, 2009, 1358).

sant sensory experiences (for example, sitting in the sun, using aromatherapy, listening to upbeat or relaxing music, or watching a sunset).

Some other examples are: "I'll go to the park to do breathing exercises", "I'll watch a sunset twice a week", "I'll listen to a song by my favorite band every Friday", "I'll sit in the sun while drinking coffee in the morning", or "I'll repeat to myself the ten traits that make me unique and special".

**4.** In the section on **improving relationships with friends and family**, the person can include commitments such as how, and how often, the person will contact trusted friends or family members who can be a source of emotional support.

They can also describe how, and how often, they will contact friends or family members with whom to have fun, in order to shift the person's attention away from problems.

Other examples of commitments involving friends and family members are: "I'll call my older sister twice a week", "I'll Skype my mother to check on her health status and help her deal with this period of uncertainty" or "I'll play with my son and read him a book every evening".

**5.** In the **spirituality** category, the person can describe how he/she will connect with a higher power or an expression of divinity, which could be the universe or whatever name he/she uses to refer to the divine (God, etc.).

Some examples of things to include in this category are: "I'll practice silence and meditation for 10 minutes a day", or "I'll pray for myself, my loved ones and for the world to heal every morning and before I go to bed".

The process of developing a self-care plan is as valuable and important as its output, given the motivation and empowerment resulting from these commitments. Once the self-care plan has been developed, we recommend using the document as a sort of contract. We also recommend using it as a pocketbook or putting it up on a visible location in the workplace to serve as a reminder.

# Chap. 8



**Staff  
training**

# Chap. 8

## Introduction

Professionals delivering remote services should receive training regularly. Even new staff members with years of experience will find remote support poses new challenges they may not be familiar with. Some of the particular challenges of remote support include: listening attentively and conveying warmth on digital communications, choosing the right words upon communicating via text messaging or chats, avoiding misunderstandings with survivors and the need to adapt procedures to protect confidentiality.

In addition to the usual training subjects for GBV frontline response workers, you should include specific modules on the delivery of digital services. As a minimum, the organization's training should include topics such as 'written communication skills', 'technological security planning' and 'obtaining informed consent through digital services'. The use of practical simulations to address the most common challenges your staff members can find while delivering remote support will also be very beneficial.

Your training should also include role-playing exercises where the supervisor plays the part of the survivor, a family member, a service provider or an angry caller, to assess the staff's case management skills. For the role-playing sessions, the supervisor should pretend to be a survivor and make several calls requesting support for the most common forms of GBV in your context. The purpose of the simulations is to allow service providers to practice how to respond to a variety of possible cases and situations arising while providing remote support. Training also presents an opportunity to build new skills and address doubts on how to act in high-risk and difficult cases.

## 8.1 Suggestions for virtual training

Implementing remote technical training can be challenging. One of the main challenges is maintaining the participants' attention throughout the sessions. To overcome this challenge, you should use adult learning techniques adapted to the virtual format. We recommend designing the course structure so it includes short sessions to be delivered over half a day, instead of working the full day, considering eight (8) continuous hours of virtual training can be demanding. Also, make sure the participants have free time for personal learning (for example, exercises and readings). One useful strategy to improve learning and engagement can be organizing discussion forums. You can also include virtual quizzes for a more interactive session.

From a methodological standpoint, we recommend promoting collaborative work strategies and using group learning techniques that focus on presenting information and collaboration between participants.

Another challenge of virtual training is that of getting the group to participate in exercises and simulations. For the exercises, we suggest dividing the participants into groups (with a maximum of 4-5 persons) and assigning virtual spaces so groups can work together on the training exercises and simulations.

### Ongoing training

Getting a new staff member to participate in an initial training activity is not enough, considering remote service delivery can pose unexpected challenges not covered by the initial training. If remote service delivery is a completely new area for your organization, you should put in place an ongoing training program that includes regular training sessions, Q&A sessions and tools to assess needs and identify challenges. In this regard, a member of your team should be appointed to lead the ongoing training program. We suggest appointing the most experienced person in the team or the team coordinator. This person should regularly ask staff members about their training and support needs and organize the sessions necessary.

The following is a sample training plan for staff providing remote support to GBV survivors.

## Sample training course for staff providing remote support

Module	Title	Content	Time	Who's responsible
Module 1	Basic principles and differentiated approaches	Adaptations required for the implementation of the human rights, interculturality, life-cycle and gender approaches, in addition to a survivor-centered approach to remote support for ethical service delivery.	2 hours	GBV specialist
Module 2	Informed consent	How to obtain digital informed consent.	2 hours	GBV specialist
Module 3	Crisis intervention and emergency management	Possible crisis intervention scenarios adapted to remote support. Some examples of risk scenarios are: yelling is heard in the background and communication is cut off; the survivor stopped answering your calls several days ago and has missed several sessions; etc. Your organization's protocol to handle emergencies during an online conversation.	4 hours	Service coordinator and/or GBV specialist

Module	Title	Content	Time	Who's responsible
Module 4	Remote communication techniques	<p>How to listen actively, convey warmth and choose the right words to express what we want to the survivor during a text message or chat conversation.</p> <p>This module includes simulations for the use of different communication techniques (for example, how to deal with moments of silence during a call, how to respond to confusing text messages, etc.).</p> <p>How to assess the survivor's frame of mind or tone in a text message conversation.</p> <p>Techniques to convey empathy and practice active listening on online platforms.</p>	4 hours	GBV specialists with remote support experience
Module 5	Protecting the survivor's privacy and safety	<p>How to choose the safest communication channel for a survivor.</p> <p>How to help a survivor understand the privacy and safety risks associated with an online platform, thus permitting her to make a conscious decision before using it.</p> <p>Safe techniques to protect the privacy of conversations with survivors.</p> <p>How to communicate with survivors while minimizing security risks.</p>	3 hours	GBV specialists

Module	Title	Content	Time	Who's responsible
Module 6	IT security	Privacy and security aspects specifically related to remote support and the computer resources used in it (software, information management systems, anti-spyware programs, etc.). Supervision of devices.	3 hours	IT security specialist
Module 7	Legal framework	National legislation and survivors' rights: access to protection, justice and health services under national laws; legal framework for survivor protection; legal framework for services and measures implemented during the COVID-19 pandemic (circulation permits, etc.).	2 hours	GBV specialist or coordinator
Module 8	Mapping of services and referrals	How to make referrals during the COVID-19 outbreak: instructions for referrals to remote services; instructions for referrals to in-person essential services; COVID-19 prevention protocols for in-person referrals.	3 hours	GBV specialist
Module 9	Remote psychosocial support	Basic psychosocial support: limitations and scope; remote psychosocial support techniques; exercises and simulations.	4 hours	Psychologist/ Psychosocial Support Specialist



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## Additional resources

- **GBV guidelines knowledge hub.** This website was created to disseminate the IASC Guidelines for the Integration of GBV Interventions in Humanitarian Action. Reducing Risk, Promoting Resilience and Aiding Recovery (2015). The site features numerous resources on GBV and COVID-19, including the document Identifying & Mitigating GBV Risks Within the COVID-19 Response: <https://gbvguidelines.org/en/knowledgehub/covid-19/>
- **Gipuzkoa Official College of Psychology.** This association promotes the technical and scientific development of professionals in psychology, professional solidarity and the service of psychology to society. <https://copgipuzkoa.eus/>
- **GBV Area of Responsibility.** The GBV AoR works collectively to improve the effectiveness and accountability of humanitarian responses for risk prevention and

mitigation and response to all forms of GBV. Materials on GBV and the COVID-19 response are available at the GBV AoR website: [https://gbvaor.net/thematic-areas?term\\_node\\_tid\\_depth\\_1%5B121%5D=121](https://gbvaor.net/thematic-areas?term_node_tid_depth_1%5B121%5D=121)

- **GBV Guidelines.** This website contains all the materials related to the *Pocket Guide: How to Support Survivors of GBV When a GBV Actor is not Available in Your Area: A Step-by-step Pocket Guide for Humanitarian Practitioners*: <https://gbvguidelines.org/en/pocketguide/>
- **National Network to End Domestic Violence (NNEDV).** The WHO is continuously monitoring and responding to the COVID-19 health crisis. Their website includes up-to-date information about the COVID-19 response as well as global data on the pandemic: <https://www.techsafety.org/>
- **World Health Organization (WHO).** The WHO is continuously monitoring and responding to the COVID-19 health crisis. Their website includes up-to-date information about the COVID-19 response as well as global data on the pandemic: [https://www.who.int/es/emergencies/diseases/novel-coronavirus-2019/advice-for-public/q-a-coronaviruses?gclid=EA1a1QobChMImqzDnfbF6QIVDYnICh3bbQSkEAAAYASAAEgLI1vD\\_BwE](https://www.who.int/es/emergencies/diseases/novel-coronavirus-2019/advice-for-public/q-a-coronaviruses?gclid=EA1a1QobChMImqzDnfbF6QIVDYnICh3bbQSkEAAAYASAAEgLI1vD_BwE)
- **Mental Health and Psychosocial Support Network.** This network offers a mental health and psychosocial support COVID-19 toolkit: <https://app.mhpss.net/?get=354/spanish-mhpss.net-covid19-toolkit-v.1.pdf>
- **GBVIMS, GBV Case Management and COVID-19.** GBVIMS released a remote GBV Case Management video and podcast series to support the COVID-19 response: <http://www.gbvims.com/covid-19/>
- **UNICEF podcast series on GBV and COVID-19.** UNICEF has started a podcast series on GBViE prevention, response, and risk mitigation in the context of the COVID-19 pandemic. <https://gbvguidelines.org/en/unicef-podcast-series-on-gbv-and-covid-19/>



# Annexes

# Annex 1. Topics to include in the security protocol for the use of digital services

Topic	Recommended protocol design
<p><b>Voice messages</b></p>	<p>If the survivor is not answering your calls, do not leave a voice message, to avoid putting her at risk, or leave a generic message, e.g. <i>“Hi, this is (your name). This is in response to your call this morning.”</i></p> <p>You should not mention the words “psychology services” or “support for survivors of violence”, because you do not know who could listen to the message.</p>
<p><b>Call interrupted</b></p>	<p>In case the call is abruptly interrupted, consider if it is safe to call back. If the telephone number where you receive calls is a toll-free number, the survivor should be able to call if the interruption was accidental. A protocol on how and when to contact the survivor should have been previously agreed upon with her. We recommend trying to contact the survivor by sending her a generic text message or calling her during the hours previously agreed as “safe”.</p>
<p><b>Cell phone use</b></p>	<p>The organization’s protocols should specify the rules for use of cell phones in the workplace. Every employee should also sign a ‘Cell Phone Use Agreement’. The organization should have clear policies regarding support telephone calls for off-duty staff members.</p> <p>We recommend that the organization’s policies prohibit the use of personal cell phones for case management and psychosocial support services. The telephone numbers and devices used for these services should be those of the organization. This will allow the organization to control and configure their features and any accounts they are linked to. This applies to all data stored on those devices and any data stored in the cloud-based accounts linked to them.</p> <p>To protect data privacy, the organization’s cell phones should be configured by expert IT staff, who should supervise them regularly. That supervision should include necessary upgrades, malware detection analysis, control of apps installed and other security aspects.</p>
<p><b>Device access codes</b></p>	<p>All electronic devices (cell phones, tablets and computers) should have an access code, password, biometric features or other security features set up to unlock the device. Use a different access code for each cell phone, but bear in mind that supervisors or the IT staff should have access to those devices in case the service provider is unable to do so. Also, all cell phones should lock themselves automatically if not used after a few seconds.</p>

<b>Topic</b>	<b>Recommended protocol design</b>
<b>Antivirus and anti-malware programs</b>	All electronic devices (cell phones, tablets and computers) should have antivirus software or anti-malware applications installed and updated regularly. It is recommended that the organization seek professional advice to select the most appropriate programs. Antivirus and anti-malware software updates are essential and should be scheduled and monitored.
<b>Remote data deletion</b>	<p>Programs installed should have remote data deletion capabilities in case the cell phone is lost or stolen. Your policy should describe the situations where data should be deleted remotely and how to do it, for example, in cases of theft, loss or suspected hacking of the device.</p> <p>Another risk associated with the use of personal cell phones is that, in case of loss or theft, the organization would not be able to request the remote deletion of data on the device or, in case an employee resigns, the organization would not be able to access any data stored on the cell phone.</p>
<b>Call log storage and deletion</b>	If possible, text conversations should not be stored but deleted immediately. Your protocol should require the periodic deletion of call logs. We suggest doing this every day at the end of the work day.

## Annex 2. Remote service informed consent

### CONFIDENTIAL

#### REMOTE SERVICES CONSENT

**The purpose of this form is to document the first conversation between the social worker and the survivor regarding remote psychosocial support services, the terms of confidentiality and its exceptions, and the survivor's rights. This form must be kept in a file separate from the case file.**

I, [name of the person receiving the service], hereby grant my authorization to receive case management services as follows:

The main purpose of my [*select as applicable: social worker, case worker, psychologist*] is to look after my safety, dignity and well-being according to my desires. The organization's staff understands that no one knows my situation better than me. Therefore, I will lead the process of identifying my needs, goals and the help I would like to receive.

I have the right to decide the information I want to share with my [*social worker, case worker, psychologist*]. He/she will never pressure me to share any information I do not want to share.

In case I am not satisfied with the services I am receiving, I have the right to discuss it with my [*social worker, case worker, psychologist*] or his/her supervisor, or to cancel those services at any time.

My [*social worker, case worker, psychologist*] will not refer me to other services without first informing me of the service options available, the purpose of the referral, how it would take place, the consequences I can expect, as well as its potential risks, without my consent.

If the context allows it, at my request, my [*social worker, case worker, psychologist*] can accompany me to a meeting or act on my behalf with the agency/organization I have been referred to.



My name and all the information about my case will remain confidential. My [social worker, case worker, psychologist] will not share this information with anyone, with the following exceptions:

1. My [social worker, case worker, psychologist] can seek advice in connection with my case from a supervisor. My [social worker, case worker, psychologist] will only share information if it is necessary to help me, and will not disclose any information that could identify me.

2. In case I share any thoughts or plans to physically harm myself or others, my [social worker, case worker, psychologist] will take measures to protect my safety and the safety of those around me. This may include talking to other persons in my community about my situation.

3. If there is a risk of immediate danger, my [social worker, case worker, psychologist] will not have to request my consent, but would do everything he/she can to inform me of the measures taken.

User's signature/fingerprint<sup>36</sup>: \_\_\_\_\_

[Social worker, case worker, psychologist]'s code: \_\_\_\_\_

\_\_\_\_\_

"[Person's name] agrees to receive the [organization's name]'s services on [date]."

\_\_\_\_\_

Signed on [date]

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36. Include a space for the signature of the person receiving the service. She can sign the form once you have the opportunity to meet in person.

## Annex 3. Sample script to obtain remote informed consent

This script is only a sample and should be adapted to meet the information needs of the person receiving the service.

Hi, my name is *[name of service provider]*.

I am a *[social worker, case worker, psychologist]* with *[organization's name]*. I'll be the person in charge of helping you with *[indicate services]* via *[indicate communication channel: telephone, WhatsApp, e-mail, video calls]*.

To be able to do that, you will need *[indicate technical requirements: Internet access, cell phone, app name, etc.]*.

The session will last *[indicate duration]*.

The service will be free of charge *[indicate if there are any costs associated with the service]*. The potential risks of receiving this remote service are *[indicate potential risks, such as loss of connectivity, information security risks or loss of confidentiality in case somebody else hears her, etc.]*.

This service will be provided with full respect for your confidentiality and the privacy of any information you share with me *[explain how you will protect the survivor's confidentiality, including information about her actual location, if she is alone or in the company of others, in a private place, etc.]*.

However, there are some limitations to the confidentiality of your case *[explain exceptions to confidentiality]*.

Your personal data and any information you share will be securely stored *[give information about your organization's secure data storage system]*.

You have the right to *[explain the survivor's rights]*.

Do you have any questions or need additional information?

**If the answer is yes > Address her doubts.**

Do you agree to receive the services?

**If the answer is yes > Obtain her informed consent and proceed to offer the services.**

**If the answer is no >** Accept her response without judging. Tell the survivor she can seek the organization's services at any time in the future.

**Once you have filled out the form, store it together with the informed consent form.**

## Annex 4. Information disclosure consent

### CONFIDENTIAL INFORMATION DISCLOSURE CONSENT

**This form must be read to the beneficiary in her native language. Clearly explain to the beneficiary that she can select any or none of the options presented.**

I, \_\_\_\_\_ [name of the person receiving the service],  
authorize [name of organization] to disclose information about the incident I have reported, as follows:

1. I understand that, by granting the authorization below, I am authorizing [name of organization] to disclose the specific information of the case, based on my statement about the incident, to the provider or providers I have indicated so I can receive the help necessary to meet my safety, health, psychosocial or legal needs.

I understand the information disclosed will be treated confidentially and respectfully, and it will only be disclosed if necessary to give me the help I have asked for.

I understand that disclosing this information means a member of the organizations or services indicated in the boxes below could contact me. I have the right to change my mind at any time in connection with the disclosure of such information to any of the organizations or contact persons indicated below.

I would like the information to be disclosed to the following services:

- Police (specify): \_\_\_\_\_
- Psychosocial services (specify): \_\_\_\_\_
- Medical or health services (specify): \_\_\_\_\_
- Safe house or shelter (specify): \_\_\_\_\_
- Legal counseling services (specify): \_\_\_\_\_
- Protection services (specify): \_\_\_\_\_
- Livelihood services (specify): \_\_\_\_\_
- Others (specify type of service, name and organization): \_\_\_\_\_

2. I have been informed, and understand, that part of the information may be disclosed for reporting purposes without revealing my identity. Any information used to that end will not make specific reference to me or the incident. Nobody

should be able to identify me based on such information. I understand the information disclosed will be treated confidentially and respectfully.

***[Name of person receiving the service]*** <sup>37</sup>

**Beneficiary's signature or fingerprint:** \_\_\_\_\_

***[Name] agrees to receive services from [organization] on [full date].***

**Once the document is signed in person, add the phrase: *Signed on [date]***

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37. Include a space for the signature of the person receiving the service. She can sign the form once you meet in person.

## Annex 5. Breathing exercises for relaxation

The objective of breathing techniques is to learn how to control our breathing so we can get to a point where we can do it naturally even in the most stressful situations<sup>38</sup>. Controlled breathing techniques are easy to learn and can be used in any situation to control physiological activation.

Controlling our breathing is one of the easiest strategies to address stressful situations and deal with the increased physiological activation levels produced by them. Good breathing habits are really important to provide the body with the oxygen it needs to function properly. Low blood oxygen levels can produce increased states of anxiety, depression and fatigue. Today's fast-paced life causes us to engage in incomplete, shallow breathing, which only uses a limited amount of the lungs' functional capacity.

In situations of stress or tension, many persons' breathing tends to be either very rapid and shallow or too deep. This form of breathing can eventually lead to the appearance of somatic symptoms such as difficulty breathing, palpitations, chest pain or tightness, dizziness, tremor, etc. Breathing correctly, on the other hand, will help the person feel better both physically and mentally. Most people only breathe by expanding and contracting their chest (thoracic breathing), and sometimes they even lift their shoulders to fill the upper part of the lungs (clavicular breathing). However, these forms of breathing do not use the diaphragm and are insufficient and inappropriate.

Diaphragmatic or abdominal breathing allows for an efficient and effortless exchange between the oxygen we breathe and the carbon dioxide we exhale. The diaphragm is a vault-shaped muscle located at the base of the lungs that separates the thorax from the abdomen. At rest, the diaphragm muscle is bell-shaped, but during inspiration, it flattens out. When we practice abdominal breathing, the vault formed by the diaphragm flattens out during inspiration to allow more air to get into the lungs. When we exhale, the diaphragm returns to its original bell-shaped position and lungs contract.

When our lungs are filled with air, the diaphragm flattens out, activating the vagus nerve of the parasympathetic autonomic nervous system (ANS) and producing relaxation. The average person breathes 12-16 times per minute if he/she is not excited or is deeply relaxed. When we breathe deeply and keep air in our lungs, on the other hand, our body maintains its CO<sub>2</sub> levels in the blood. This will reduce the exchange of oxygen and result in lower levels of muscular activation in our bodies.

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38. Marks, I.M. (1987). *Fear, Phobias, and Rituals. Panic, Anxiety, and Their Disorders*. New York: Oxford Press University.

Combined with the distraction of trying to control how we inhale and exhale, this form of breathing will help us diminish our negative thoughts in moments of stress. The purpose of this controlled breathing technique is to achieve a slow, regular and not too deep breathing. This technique can be used to deal with anxiety and, in general, reduce physiological activation. Controlled breathing, like any other technique, is something we can all learn. As with other techniques or skills, frequent practice is needed to master it. If you practice it, you will achieve good results in a short time. However, you must understand this improvement will be gradual.

## Annex 6. Diaphragmatic breathing instructions

The following are the steps to be followed to learn the controlled breathing *technique*<sup>39</sup>:

- 1.** Choose a moment to practice when you know you will not be interrupted. Find a calm place without distracting lights or sounds.
- 2.** To begin, adopt a **sitting position**. If you feel you cannot breathe correctly, you can begin with a reclined or lying position, for example, by sitting on a recliner or lying down on a bed. Once you have learned how to breathe in this position, you can practice breathing in a sitting position.
- 3.** Loosen your belt or any tight clothing, especially around the waist or abdomen. Adopt a **comfortable position** and place **one hand on your chest and another on your abdomen, with the little finger just above the navel**.
- 4. Breathe in through your nose**, as this will make the air you breathe warm and wet. Air will also be filtered and cleared of harmful particles. **Breathe out through your nose or mouth**. If you have any difficulty breathing through the nose, use your mouth, but don't open it too much.
- 5. Breathe in through your nose for 3 seconds using the diaphragm**. You will feel your abdomen expand against the hand placed on it. Do not lift your shoulders or move your chest.
- 6. Breathe out slowly through your nose or mouth for 3 seconds**. Your abdomen will return to its original position. Take a brief pause before breathing in again. If you breathe in and out for 3 seconds and make a pause before breathing in again, you will breathe between 8 and 10 times per minute. If this pace is too slow for you, you can increase your pace to 12 breaths per minute, but reduce the breathing in and out time to 2 seconds. Once you do that, you should be able to gradually go down to 8 or fewer breaths per minute.
- 7. Do not breathe too deeply**, as doing so may result in hyperventilation, but your breathing should not be so shallow that it makes you feel uncomfortable. The depth of your breathing should be such that you can breathe almost effortlessly after some practice.
- 8.** Here are some useful tips you can use while practicing:
  - Repeat mentally a phrase like **“calm down”, “relax” or “take it easy”** every time you breathe out.
  - **Focus on the air coming in and out** with every inhalation and exhalation.
  - **Feel how your tension goes away** every time you breathe in.
  - **Do a mental count** of 8 during your breathing cycles (3 to breathe in, 1 in the first pause, 3 to breathe out and, again, 1 before beginning the next cycle).
  - **Make an audio recording of these steps** and use it to practice your breathing.

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39. Source: Bados, A. *Agorafobia y ataques de pánico*. Madrid: Pirámide, 2000

**9. Practice controlled breathing TWO/THREE TIMES A DAY**, for 10 minutes each time.

**10.** For the **first four days, practice with your eyes softly closed**. Then, do it with your eyes open.

**11.** If you have difficulty breathing slowly and regularly, you can do the following: breathe in slowly but a little more deeply, hold your breath for approximately 5 seconds and then breathe out slowly for approximately 10 seconds. Repeat this exercise once or twice and then return to the controlled breathing procedure.

After a couple of weeks, you can practice controlled breathing while standing and while walking. You can then practice in situations with many distractions (for example, places with a lot of noise) or after exercising. Finally, you should practice the technique every time you experience physical or emotional tension in order to reduce it. You can start by practicing this technique in less stressful situations then, as you become better at it, gradually apply it to more stressful situations.

Of course, you don't need to use the controlled breathing technique all day long, but you should practice it often and use it as a strategy to deal with stressful situations. In these situations, you may not be able to breathe slowly and regularly in the beginning, but don't worry. Remember this is a gradual process that requires practice.



# Annex 7. Controlled breathing log

Day/Time/ Place	Activation Level - Before (0-10)	Activation Level - After (0-10)	Comments/ challenges

## Annex 8. Problem-solving support

This annex describes a work methodology<sup>40</sup> service providers service providers can use to provide support and help a survivor make decisions to solve a problem.

It is important to remember that the service providers' role is to help the survivor make decisions. Service providers should not give advice or pressure the survivor to choose a particular solution or influence their decision-making process by expressing their own opinions or perspectives.

### INTRODUCTION TO THE PROBLEM-SOLVING METHODOLOGY

As explained later in the document, this technique requires several steps. The operator has 3 options for applying this technique remotely with the survivor:

**OPTION 1.** Carry out all the steps specified below in one session. Keep in mind that these will require at least 45 minutes.

**OPTION 2.** In case it is not possible to do it in a single session, divide the process into three stages of 15 minutes over three consecutive days.

1. Definition of Problem Solving; Flexible and non-flexible ways of doing it.
2. Identifying a problem to work with.
3. Applying the problem solving technique to the chosen problem.

**OPTION 3.** In case the problem is already defined, or the survivor has already identified it but lacks the skills required to make a decision, it is suggested to work with the survivor only on the decision-making component (steps 2 and 3 within this annex). This option is very suitable for empowering the survivor to make a decision about whether to report or not the incident of violence.

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40. This methodology has been inspired by and adapted from: Carrillo, F.X; Rodriguez J.O, Rodrigues, F.A (1998) Técnica de Resolución de Problemas, in Olivares and Méndez. Técnicas de Modificación de Conductas. Madrid: Biblioteca Nueva.

## DEFINITION

Problem solving is an explicit and active process to identify and apply a solution or deal efficiently with a situation that is producing (or may produce) negative or undesirable consequences. The problem-solving process is a response/action to minimize the negative consequences that make the person feel uncomfortable and maximize the benefits<sup>41</sup>. Weighing those negative consequences and benefits is something strictly personal.

The way a person perceives problematic situations and the passive or active role he/she assumes in response to these situations can mainly adopt two forms:

- Think OF a concern: in this scenario, the person starts to brood over the problem. This causes the person to worry about it, but he/she doesn't know how to act upon it, is not willing to try or cannot do it.
- Think ABOUT a concern: in this scenario, the person actively and practically analyzes what is making him/her feel uneasy (the problem) and attempts to solve it. The person perceives the situations that are making him/her feel uneasy as problems that have a solution.

If you find the survivor is feeling uneasy because she is having trouble making decisions or engaging in problem solving, stress the fact that:

- It is not the survivor's fault; she is doing the best she can in a difficult context.
- Decision making is a process that can be learned, and the service provider can help the survivor learn how to do it.

To address this topic with the survivor, you can use cooking as a metaphor: *"Sometimes we learn how to cook something by watching others, or we can learn intuitively, and the result can be good. Or we may decide to follow a recipe, but the result is not good and we don't know why. But then, somebody may share with us a few tips for that recipe and, with it, we will do a better job. And the more we practice, the better we will get at it."*

## DECISION-MAKING AND PROBLEM-SOLVING SKILLS AND TECHNIQUES

Problem solving requires having the right attitude, that is, perceiving those situations that make us feel uneasy as problems that can be solved. In this regard, problem solving requires decision-making skills and techniques. The following are the different steps or activities required for effective problem solving.

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41. Note that this definition implies a loses and gains balance in the sense that any problem solving process, which inherently requires making decisions, means 'something will always be left aside'. And this is precisely the aspect that can make the person feel uncomfortable.

## 1. Problem formulation and definition.

*Objective:* To shift from a general and vague definition to a concrete definition of the problem.

To this end, we recommend helping the survivor to:

- Find all the information related to the problem.
- Formulate an operational definition of the problem in clear and specific terms.
- Identify the truly relevant variables to solve the problem.
- Attempt to determine the causes that led to the emergence and persistence of the problem.
- Formulate and set specific and realistic objectives.
- Who are the persons involved? What is happening? Where? When? How? How do I feel? What do I want?

## 2. Identification of alternatives.

*Objective:* To identify the largest possible number of alternatives.

We suggest identifying more than one alternative. The service provider plays a key role in the process of helping the survivor to identify solutions.

When discussing the different alternatives, you should observe the following principles:

- 1. Deferred judgment principle:** At this moment, you are not trying to assess if the alternative is good or bad, adequate or inadequate. This is only a brainstorming exercise to identify any alternatives the survivor can think of. Assessing whether an alternative is good or bad, adequate or inadequate, and discarding those alternatives that are not suitable will be done at a later stage.
- 2. Principle of quantity:** In line with the previous principle, at this stage the objective is to identify the largest number of alternatives possible. The larger the number of alternatives, the more options you will be able to explore. One common problem during the decision-making process is that the person may have already discarded alternatives before assessing whether they are suitable, which makes the decision-making process difficult. In this stage, our priority should be to give free rein to our imagination and identify the largest number of alternatives; their suitability will be assessed at a later stage.
- 3. Principle of variety:** Whereas the principle of quantity refers to the number of alternatives, the principle of variety refers to the different elements required for each alternative, for example: *Is this something we can implement on our own or do we need somebody else's help? Can it be done at night or during the day? Do we need any resources?* As with the principle of quantity, in this case, we are only trying to come up with alternatives. The determination as to whether they will meet the survivor's needs will be made at a later stage.

### 3. Decision-making.

*Objective:* To select the most appropriate alternative(s).

Once you have selected one or more alternatives to solve the problem, you should discuss how to transform those ideas into actions with well-defined stages. In this regard, the service provider can help the survivor to:

- Assess the short, mid and long-term positive and negative consequences of each alternative.
- Compare and assess the potential outcomes of each alternative against the initial objectives.

To reduce the time it takes to analyze the pros and cons of each alternative, we suggest discarding:

- Those alternatives that cannot be put into practice due to a lack of resources.
- Those alternatives that are likely to produce negative consequences.

During the process of identifying alternatives and actions to solve the problem, we suggest that the service provider talks to the survivor to help her assess each alternative against the following criteria:

- Conflict resolution: to what extent the alternative can solve the conflict.
- Emotional well-being.
- Time-effort relationship.
- Individual and social well-being.

Upon selecting the best alternative, you should bear in mind that some problems may not have an ideal solution. In these cases, the service provider's main role is to provide psychosocial support.

By the end of this stage, the survivor should be able to answer the following questions:

- Can I solve the problem?
- Do I need more information before deciding what to do?
- What solution or combination of solutions is the best for me?

### 4. Implementing the decision made and verifying the results.

- **Implementation:** Determine if the solution is feasible. Does the survivor have the resources, time and skills required? Here, the service provider's role is to assist the survivor during the process and support her efforts to change.
- **Self-observation:** Watch the survivor's behavior during the implementation. In this stage, the service provider can help the survivor analyze her achievements, obstacles and changes, and learn coping strategies or strategies to deal with similar problems.
- **Self-evaluation:** Compare results achieved vs. expected results:

- **olf the result is satisfactory:** Acknowledge the effort.
- **olf the result is not satisfactory:** Analyze the reason for the failure so the survivor can understand she is not the problem, but there is something else making it difficult to solve the problem.
- **Self-reinforcement:** Once the change has been made, the decision has been implemented and the problem is over, we suggest the service provider discuss with the survivor the successes and achievements made during the problem-solving process. This will contribute to the survivor's learning and empowerment.

## INEFFECTIVE WAYS OF DECIDING OR WAYS “NOT TO DECIDE”

This section demonstrates some common situations that are not very efficient because they do not meet the ultimate goal of effective decision-making.

In order to support the survivor to carry out an effective decision-making process, it is important that operators know how to recognize and prevent these situations. It is also beneficial to show the survivor that her poor wellbeing may be worsened by this dynamic, and that by learning new ways of making decisions, she will feel better.

### **A. Implement two problem-solving strategies and see which has the best result.**

It has been mentioned before that identifying several strategies can be part of the decision-making process. However, the proper process is: apply one; evaluate if it has been effective; if it is not, apply the second. Sometimes, instead of following this process, people apply both options at the same time. The consequence of this is that decision-making is delayed while the two options are implemented. Therefore, this option is not recommended since the survivor is confronted with the dreaded moment of decision-making more than once.

### **B. Get very nervous and show signs of very intense emotional responses every time the person has to make a decision.**

There are two reasons why this can happen:

1. *Naturally:* The person does not know/is not used to making decisions. This reaction is completely natural and the more times the person is exposed to making a decision, the less intense the response will be.
2. *Instrumental:* The person has a very intense emotional reaction, and the people in their social circle react by taking away their agency in decision-making. As a consequence, the person does not learn to make decisions and instead she learns that an intense emotional reaction can prevent the decision-making process.

**C. Thinking about the problem for too long until nothing can be done.**

Most decisions have a deadline after which none of the alternatives can be put into action. The classic way of not-deciding is to postpone the decision until this deadline without reaching any conclusion. In this case, the person delays the decision until they avoid it. This strategy is very functional when in reality the person wants to stay in the current situation, but she suffers some kind of pressure to “improve” her situation based on criteria that are not hers (other people’s criteria).

## Annex 9. Guidelines for work with coping strategies

This annex offers a sample script the service provider can use with a GBV survivor to explain and reinforce coping strategies.

### SAMPLE SCRIPT

“To develop and identify appropriate coping strategies, we must be able to identify the impact a particular situation is having on us:

- 1.** Without judging how we feel or feeling pressured to do it in a particular way.
- 2.** In the most concrete form possible. By identifying the name of our emotions, the feelings in our body and our actual concerns.
- 3.** Frequently. Considering we experience many different emotions throughout the day, we should pay particular attention to how these emotions occur and affect us throughout the day.

Something that can be helpful in this regard is writing down how we feel, particularly in those moments where we're about to explode, but we don't really know what's happening to us. If you don't feel like writing, one alternative is to discuss the issue with somebody you trust.

The idea is to start putting how we feel into words so we can identify what we need.

Once we understand what we need, we can take action accordingly.”



## SAMPLE COPING STRATEGIES

The following are some needs you may find during your remote work and how to meet those needs. Use this list as a reference to discuss with the survivor the most appropriate coping techniques in her context. It can also be used to help her to identify the actions she can incorporate into her routine activities.

Need	Actions <sup>42</sup>
<b>Evasion:</b> Focus on more relaxing things instead of focusing on the problem	<ul style="list-style-type: none"> <li>• Physical activity</li> <li>• Relaxation techniques</li> <li>• Distracting activities: talking to a friend, playing with your children, engaging in a fun activity</li> <li>• Singing/listening to music</li> <li>• Spiritual practices (praying, attending church)</li> </ul>
<b>Emotional relief:</b> Release accumulated tension	<ul style="list-style-type: none"> <li>• Write down how you feel in a journal</li> <li>• Write a letter to somebody you hold dear and tell him/her how you feel</li> <li>• Take advantage of the moments of communication with the service provider to express how you feel</li> </ul>
<b>Interaction:</b> Feel supported, understood and active	<ul style="list-style-type: none"> <li>• Talk to somebody you trust about everyday things</li> <li>• Look for opportunities to have fun with persons who are safe and trustworthy</li> <li>• Reconnect with persons you haven't talked to in a long time</li> </ul>
<b>Strategy:</b> Identify potential scenarios and actions to deal with the uncertainty of the situation	<ul style="list-style-type: none"> <li>• Think of actions that can help you improve your situation</li> <li>• Seek advice to make decisions</li> </ul>
<b>Control:</b> Improve the perception of control over your own reality.	<ul style="list-style-type: none"> <li>• Create order in your immediate environment (change spaces in the house, make repairs, move things around in the house).</li> <li>• Delete images from your cell phone.</li> </ul>

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42. These are only suggestions. It is essential to adapt them to the survivor's context and assess whether they pose any risks. For example, an action that requires material changes in the survivor's house could trigger a conflict with her abuser.

# Annex 10. Basic emotions log

Day/ Time	Situation	Emotion	Intensity of emotion 0-10	Where do I feel it? How does it manifest in my body? What are my behaviors? Does it affect the way I speak, move...?	What am I saying to myself? How do I describe the situation?

# Annex 11. Psychoeducation for emotional regulation

This psychoeducation methodology<sup>43</sup> can support and complement the work methodologies used for coping strategies.

This annex offers a script for emotional regulation support to GBV survivors and other groups of women. The content of the script and the methodology can be adapted to the context. You can also include participatory exercises.

We recommend using this emotional regulation psychoeducation methodology in two sessions:

- Session 1: Topics: What are emotions? Emotions as a problem, how emotions work.
- Session 2: Topic: Steps to emotional management.

Note: all the concepts mentioned in this script are explained in Chapter 3.5.3.

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## Step 1 Session introduction

We suggest starting the session by explaining the topics to be covered:

- What is an emotion?
- What is its function?
- How to achieve effective emotional regulation

You can give a few examples of 'bad' emotional regulation, so the survivor can become familiar with the topic of the session.

*"What is there in common between:*

- *A person who overeats every time she gets nervous,*
- *A person who always denies her emotions and one day explodes in anger because she cannot take it anymore, and*
- *A person who is so worried that she cannot help brood over a problem, but does not make any decisions about it?*

*All the persons in the examples are having trouble dealing with their emotions."*

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<sup>43</sup>. Source: Patel, V. *Where There is no Psychiatrist. A Mental Health Care Manual*. London: Gaskell. 2003..

## Step 2 Definition of emotion

- A. Share with the survivor the definition of the word emotion.
- B. Ask the survivor to close her eyes and picture a situation such as a fire, a flood or a dangerous animal:<sup>44</sup>:

*“Imagine the building where you are right now is about to collapse. To save your life you would have to run out of the building. But you don’t run out of a building quietly. To save your life you will have to run as quickly as possible: your heart will beat really fast, and you will run without looking back, gasping for air, with tunnel vision, thinking you may die. You will experience all these reactions we call ‘panic’. Your heart beating fast is part of that panic. Thinking you may die is part of that panic. Running without looking back is part of that panic. All these responses are part of an emotion that has a single objective: your survival”.*

- C. Explore the nature of emotions with the survivor.

*“Have you ever experienced the same or similar emotions?”*

*In these situations, while you may feel like you’re losing control and those emotions are unpleasant, the reality is that our body triggers these reactions to save us from a building on fire or a difficult situation.*

*What I’m trying to say is that these reactions are not our fault and they are not necessarily negative.*

*In this session, we are going to explore how we can identify and control them. The more we know about our emotions, the better we will be able to manage them.”*

- D. Explain the concept of emotions and also that emotions are natural and involuntary.

Exercise:

The purpose of this exercise is to explore everyday situations experienced by the survivor, but not situations that involve acute violence.

1. Help the survivor identify situations that have made her feel uneasy and situations that made her feel well.<sup>45</sup>
2. Help the survivor identify the emotions she felt in those situations, give them a name and determine the part of her body where she felt them. You can use the following questions:
  - *“What did you feel in this situation? If you had to live that situation again, would you be able to identify where exactly in your body (your chest, stomach) you felt that emotion?”*

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44. Give examples of an objectively dangerous situation that does not involve violence.

45. It can be useful for the service provider to identify specific situations before the session to better guide the discussion.

- *Did the intensity of that emotion vary depending on the situation? Can you give me an example of a really intense situation?*
- *What happened in that situation?"*

**E.** End the exercise.

*"As you can see, you didn't do anything wrong. And there was nothing wrong with you either. Your body was preparing for, and reacting to, the different situations. You were doing the best you could to handle them. So now let's talk about why you, or your emotions, are not the problem."*

### **Step 3: Emotions as a problem**

**A.** Explain the following to the survivor:

*"As we already discussed, emotions as such are not the problem; the situations that create them and what we do about them are. Emotions alert our body to the fact that something is affecting us. Therefore, if we understand what our emotions tell us, we can fix/change the things that affect us, instead of ignoring the emotion, which is not the problem.*

*Emotions can become a problem if we try to ignore, eliminate or inhibit them, and we can do that in different ways. But doing so would be killing the messenger, because we would ignore what that emotion is trying to tell us out of fear we won't like it or we won't know what to do with it "*

**B.** Conduct the following exercise:

To conduct the exercise, give a few examples of negative coping strategies (for example, using psychoactive substances, locking yourself at home and not going out if you feel sad), and then ask the survivor if she has used any of these strategies in the past. It is important to give her a few minutes to think before engaging in the conversation.

After sharing these negative coping strategies, explain the following:

*"In these circumstances, it is normal for a person to feel overwhelmed, especially if nobody has explained what emotions are and what their function is.*

*When faced with an emotional reaction, we can focus on two things:*

- 1.** *Addressing the situation that created it.*
- 2.** *Eliminating our emotional response.*

If we try to eliminate an emotion instead of using it as a guiding tool, what will happen is the following:

- *The situation that created the emotion will remain the same*
- *You will be angry at yourself.*
- *Paradoxically, the emotional response you are trying to eliminate will only grow in intensity."*

#### **Step 4: How emotions work**

- A.** Explain to the survivor the two types of emotions: automatic and learned.
- B.** Help the survivor identify situations where automatic emotional responses and learned responses occur. Depending on her response, explain how most of the emotions that make her think she is doing something wrong are only the result of her personal history of violence and particular situations.
- C.** Once you have completed the emotions exploration exercise, we suggest explaining to the survivor the principles of how emotions work.
- D.** Conduct the following exercise. To close the session, ask the survivor to think of any situation(s) where she has experienced emotional reactions. This exercise can be used as a guide to reflect on the situation-emotion-consequences relationship. To prepare for this exercise, see Annex 10, Basic emotions log.

You can encourage the survivor to use the log to keep track<sup>46</sup> dos o tres situaciones donde identifica emociones.

#### **Step 5: Emotional Regulation**

- 1.** Do a recap of the concepts explained in the previous session, and ask the survivor if she used her log to keep track of particular situations, and what the experience was like.
- 2.** Introduce the topic of the session: *“One of the most difficult aspects of emotional management is putting it into practice. The basic idea consists of dividing a complex skill, such as emotional management, into multiple easy-to-follow sub-actions. Today we will talk about the situations you wrote about in your emotions diary/log.”*
- 3.** Introduce the steps to emotional regulation.<sup>47</sup>
- 4.** Based on the situations used as examples, review and analyze possible actions based on the steps to emotional regulation previously explained.
- 5.** Next, stress that you are only practicing and do a recap of the survivor’s bodily responses to the different basic emotions. The service provider can take notes and then prepare a table of the survivor’s emotions to share it with her. Explain that she can use that table to gain a better understanding of the physical aspects of emotions, and the Basic Emotions Log can help her to that end. In this part of the session, you can guide her with the following questions:

*What kind of reactions do you notice in your body when this particular emotion occurs? Can you be more specific? Do you feel any pressure in the chest, tension in your shoulders, a heavy feeling in your arms, a dull ache in your temples*

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46. Before asking her to do this, it is important to assess if the survivor can do it in her context. If you consider this exercise is not appropriate for her, you can use the situations already identified during the session where you explained the steps to emotional management.

47. In preparation for this session, we recommend putting together a document with a brief description of the steps to emotional management that can be shared with the survivor by email/WhatsApp. If the survivor does not know how to read, you can prepare a document with images that represent each of the different actions. Send it to the survivor before the session so she can associate each step with an image.

*or have an upset stomach? What changes do you notice in your behavior? For example: Do you speak louder, walk faster or avoid making eye contact?*

6. Next, explain that, *"The adaptive function of emotions helps us identify what we need to be able to deal successfully with major events in our lives. They are like a compass. However, if our emotional language is limited to saying 'I'm fine' or 'I'm not OK', then our choices to understand and manage our emotions are limited. Unless we give our emotions a name, the physiological sensations that take over our body will be a tangle of incomprehensible reactions. And we won't know why they occur in our body or what causes them. If we want to become better at managing our emotions, the first thing we need to do is understand what they are all about. The steps we need to follow in order to identify and measure our emotions are the following: first, we must give them a name so we can understand them through the use of language, and second, we need to identify our sensations and locate them in our body."*

### **Step 6: Closing the Session.**

Before closing the session, you should do a recap of the main points covered and the most important concepts and teachings. We suggest first asking the survivor to summarize the content of the session. The service provider can then do a brief summary and emphasize the most important points.

*"In these two sessions we covered important aspects, such as what emotions are. We also learned that identifying and working with our emotions can help us understand our needs and the changes we can make. We also mentioned that poor management of our emotions can have a significant impact on our well-being. It is important to bear in mind that this is a learning process, and the first step is to identify these emotions. Practicing these steps can help us understand what is happening in our body and give it a name. To do that, you can use a small emotional diary, just like we did with the table of emotions we used in these sessions. You may find it difficult in the beginning, but you shouldn't feel discouraged by that. Emotional management is a process that requires time but, in the long run, can produce great benefits. We will continue to analyze other situations so that, little by little, you can feel more comfortable doing it."*

# Annex 12 A. Psychoeducation: difficulty sleeping

**Instructions:** This is a script for use in a psychoeducation session. It can serve as a guide to conduct a session to address sleep problems. This sample session<sup>48</sup> can be applied by any service provider in charge of delivering remote support services to survivors. In other words, social workers and case workers can conduct these sessions, even if they are not psychologists.

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## **SAMPLE SESSION**

**Step 1:** Prepare and adapt the sleep diary BEFORE the session!

**Step 2: EXPLAIN.** *“On average, a normal person sleeps from six to eight hours a day. Sleeping gives our body and mind the time they need to rest, boosts our energy levels and helps us feel fresh in the morning. But having difficulty sleeping is a common challenge in moments of tension, uncertainty and anxiety. After a moment of crisis, it is common for people to experience insomnia. Many factors can easily lead a person to experience insomnia. Sleep problems can manifest and be identified through different signs.”*

### **Step 3: IDENTIFY SIGNS OF SLEEP PROBLEMS.**

**Ask the survivor if she has any of the following signs:**

- She wakes up repeatedly at night or in the middle of the night
- She wakes up very early in the morning and cannot sleep again
- She has difficulty sleeping
- She feels sleepy throughout the day
- She sleeps but does not rest due to lack of sleep
- Fatigue
- Mood swings
- She feels irritable and in a bad mood
- She loses focus and attention
- Anxiety
- Headaches
- Lack of energy
- She is more prone to making errors

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<sup>48</sup>. Adapted from Patel, V. Where there is no Psychiatrist. A mental Health Care Manual. London: Gaskell. 2003.



#### **Step 4: EXPLAIN THE RELATIONSHIP BETWEEN SLEEP AND HEALTH**

*“As you can see, there is a clear connection between mind and body. If our body doesn't get enough rest, our mind cannot find peace, and that is why sleeping drugs should not be the first choice to solve the problem.”*

Let's talk about the things that can prevent us from getting a good night's sleep:

#### **Step 5: ASK ABOUT THE CAUSES**

*“In your opinion, what things can prevent us from sleeping well?”*

#### **Step 6: PUT TOGETHER A LIST OF CAUSES AND FACTORS AND THEN SHARE IT AND REPEAT IT WITH THE PERSON**

If the survivor cannot identify any causes, you can help her with some examples and explanations:

- *The experience of domestic violence or traumatic incidents. A GBV case leads to severe mood swings and anxiety that make sleeping difficult.*
- *Addictions: the excessive use of sleep drugs, alcohol abuse and excessive smoking can lead to a lack of sleep.*
- *Medical problems, particularly those that cause pain, shortness of breath (for example, due to heart failure) or urinary tract infections that cause frequent urination, as well as stomach pain and psychosomatic symptoms.*
- *Changes in the environment or a bad sleeping environment: frequent changes in our sleeping environment or changing sleeping locations can make sleeping difficult. There are also environments that, due to existing conditions (limited space, number of people) are not suitable for sleeping.*
- *Long-term insomnia.*
- *Poor sleeping habits: routine consumption of alcohol, nicotine or caffeine, taking frequent naps during the day, eating a heavy meal before going to bed, insufficient sleep time or a sedentary lifestyle.*
- *Worrying too much about our sleep, anticipating we won't be able to sleep: sometimes we worry so much about not being able to sleep that we cannot stop thinking about it, anticipating how bad we will feel the next day. And this only makes sleeping even more difficult. This situation may result in a cycle where going to bed every night will make the person nervous.*

#### **Step 7: SUMMARIZE THE FACTORS IDENTIFIED**

*“We have found that there are many reasons that can make sleeping difficult. The purpose of this session is to understand why we have trouble sleeping, and share some tips to start dealing with that problem. We will discuss more details in the next session.”*

## DAILY SLEEPING EXERCISE

### Step 1: Introduce the sleep diary

*“This week we will start keeping a sleep diary. But before learning and practicing different ways to sleep better, we need to have an idea of how you will sleep next week”.*

### Step 2: Explain how to create a sleep table

	Sunday	Monday	Tuesday	Wednesday	...
Time to sleep 					
Times I woke up in the middle of the night					
Time to wake up 					

### Step 3: Share practical tips

Explain that the person should try to follow at least two of these tips during the week. For example:

- Not taking any naps during the day.
- Start engaging in some physical activity during the day, but not close to bed-time.

Stress that the practice of these tips should be constant throughout the week.

# Annex 12 B. Psychoeducation: Sleep hygiene

**Instructions:** This is a script for a psychoeducation session. It can serve as a guide to conduct a session to address sleep problems. This session can be applied by any service provider in charge of delivering remote support services to survivors; in other words, social workers and case workers can conduct these sessions even if they are not psychologists.

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## SAMPLE SESSION

### Step 1: INTRODUCTION

*"In the last session, we discussed the reasons why some people cannot sleep well. Do you remember any of them? Have you identified any of them in you?"*

### Step 2: GO OVER THE SLEEP DIARY

Going over the diary is the first step in motivating the person to change her sleeping habits and identify any adjustments needed.

If necessary, explain that people often think they sleep less than they actually do. "On many occasions, people think they sleep less than they actually do."

### Step 3: CONTINUE

*"Today we will learn different strategies to help you sleep..."*

Conduct a breathing exercise.

### Step 4: EXPLAIN THE CONCEPT OF SLEEP HYGIENE

Upon explaining the process, you should bear in mind the challenges the survivor is experiencing and try to adapt the explanations to her environment.

*"Just like we take care of ourselves and our loved ones to avoid getting sick, we eat regularly and take showers, we also need to take care of our sleep."*

*Let's now talk about the main non-medical interventions to solve sleep problems. There are several steps that can improve the process of developing and maintaining good sleep patterns. Sleep hygiene consists of the following strategies:*

- *Sleep as much as you need to feel rested. Don't stay in bed if you are no longer sleepy.*
- *Keep a consistent sleep schedule. Go to bed and get up at the same time every day.*

- *Don't try to force yourself to sleep. Go to bed only once you feel you're ready to sleep.*
- *If you don't fall asleep within 20 minutes, get up and try some relaxation techniques until you're ready to go back to sleep.*
- *Use your bed only to sleep; not to work, eat, talk, or stay during the day.*
- *Do not drink caffeinated drinks or other stimulants in the afternoon or evening.*
- *Do not drink alcohol before going to bed.*
- *Don't smoke, especially at night.*
- *Change your bedroom environment to be sleep-inducing.*
- *Avoid watching TV in bed, especially 30 minutes before sleeping. (Adapt this as needed)*
- *Don't go to bed hungry and avoid eating foods that can cause acid reflux.*
- *Exercise regularly, but not 4-5 hours before going to bed".*

### **Step 5: Closing and commitments**

After the conversation with the survivor, ask her to write down or draw on a piece of paper or notebook any leisure activities she will engage in and the tips she will practice.

# Annex 13. Psychoeducation: Psychosomatic complaints

**Instructions:** This annex is a script for a psychoeducation session. It can serve as a guide for conducting a session to address psychosomatic problems. This session<sup>49</sup> can be applied by any service provider in charge of delivering remote support services to survivors; in other words, social workers and case workers can conduct these sessions, even if they are not psychologists.

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## SAMPLE SESSION

### 1. BASIC QUESTIONS

Start by asking the following:

1. Have you or anyone close to you experienced the following?:
  - Joint pain
  - A burning sensation
  - Gastrointestinal upset
  - Headaches
  - A skin disease
  - Weakness in general
  - Tachycardia (very fast heart rate - over 100 beats/minute)
2. How have you tried to deal with these problems in the past? What have you done about them?
3. How effective were those attempts?
4. Did you have similar problems when you had a more stable life?"
5. Once you have identified the signs, remind the survivor that *"The context we live in can affect our physical and mental health. All these signs are normal reactions to an abnormal situation."*

### 2. SHARE THE DEFINITION

*"Let me explain: What you may be feeling is what is known as a psychosomatic problem. As the name itself suggests, we're talking about physical (somatic) problems caused by psychosocial/emotional factors. The reason for these problems can be emotional, but the pain and its symptoms are very real, and detecting an organic cause is difficult or impossible. People who experience psychosomatic problems are not intentionally ill, nor are they aware of the cause of the problem."*

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49. Adapted from Patel, V. (2003), Where there is no Psychiatrist. A Mental Health Care Manual. London: Gaskell.

### 3. CONFIRM

Confirm if the survivor understands what a psychosomatic problem is.

To introduce the next topic, you can ask, *"In your opinion, what can cause a psychosomatic problem?"*

### 4. EXPLAIN

*"Psychosomatic problems are caused by mental and emotional stress, which manifest in the form of physical illnesses without biological causes. These causes can include:*

- **Mood-related problems:** extreme sadness, feelings of despair, lack of energy, weight loss or gain, trouble sleeping.
- **Feeling anxious or very nervous / alert / thinking too much or worrying about the future / fear of something bad:** sweating, heart palpitations.
- **Exposure to violent / traumatic events:** tremor, bodily reactions.
- **Social problems:** Tension with family members, uncertainty about the future.
- **Even those symptoms that have physical causes are worsened by the emotions associated with them.**

*For example, if we have a stomach ache, we may start connecting emotions and thoughts, and ask things like, "Why am I feeling this pain? What's happening to me? I was feeling well before this... What will happen if I don't get better?"*

### 5. SHARE WITH THE SURVIVOR THE MOST COMMON PSYCHOSOMATIC DISORDERS

*"Some of the most common psychosomatic problems that people experience are:*

- *Feeling weak and tired all the time*
- *Chest and back pain*
- *Upset stomach or stomach ache*
- *Dizziness*
- *Blurry vision*
- *Weight loss*
- *Nausea*
- *Difficulty breathing*
- *Migraines - headaches*
- *Skin problems*
- *Constant fatigue*

*The list is endless and can include more severe symptoms, such as loss of vision or voice, memory problems, etc. "*

## 6. IDENTIFY SOLUTIONS

*How can you deal with a psychosomatic problem?*

- *While psychosomatic problems are real, they can be avoided to some extent. This is a list of them, and today we are going to learn two specific ways to deal with them.*
- *If you have gone to the doctor but haven't found an organic/biological explanation to your problem, you should know that your health is not at risk. It's not that the doctor is trying to lie to you. If you continue to experience pain after one week, go back to your doctor to be on the safe side.*

## 7. EXPLAIN AND PRACTICE EXERCISES:

We recommend practicing some exercises. The following are two exercises you can use.

### EXERCISE 1: CHALLENGES AND MY BODY

#### 1. ASK THE SURVIVOR ABOUT PHYSICAL PROBLEMS

- "What problems are you having right now? Are they more than you used to have?"
- "At what times do physical problems appear or become more intense?"
- "Does it happen after negative thoughts, during a negative/stressful event or afterwards?"

If it is difficult for the survivor to answer these questions, examples can be provided to help her identify physical problems and their relationship to specific events (for example, after a conflict with someone, on a day that she has not slept well, after waiting a long time for something she needs).

#### 2. REFLECT AND DISCUSS

It is important to allow time for the person to reflect. Do not push for answers. Ask the survivor to share her reflections when she feels ready.

#### 3. EXPLAIN

"Identifying the link between our problems and the pain in our bodies shows us that the physical is connected to the mental/the mind, and that is why these things are happening."

Once the survivor has identified those moments or things that intensify her physical feelings, it can help her to identify which distracting activities to engage in.

#### **4. IDENTIFY DISTRACTING ACTIVITIES**

Give some examples of distracting activities.

- Speak with someone about something different that is not related to the problem
- Help someone to do something
- Walk.

#### **5. FOCUS ON A LITTLE PLEASANT MOMENT**

1. Encourage the person to sit down at the end of the day and think about 2 small moments of the day that were positive.
2. If the person cannot think of anything, make suggestions.
3. Let the person describe the day and help her to find pleasant moments (children playing, someone helping another person, a sunrise or sunset, etc.)
4. When you identify the pleasant moment, ask the survivor to visualize it and ask her how it makes her feel.

#### **6. CLOSURE AND COMMITMENTS**

Close the session by agreeing on a list of distracting activities and pleasant moments to turn to.



## **EXERCISE 2: RESPIRATORY PRACTICE**

### **1. INTRODUCE THE RESPIRATORY EXERCISE**

"In general, the way we breathe does not help us calm down, it can make us more nervous. We are going to learn a different way of breathing that will help our body to recover from the stress to which it is constantly exposed. By breathing in the way we will learn today and practicing it during the week, we will help our body to activate the part that helps to relax and release tension. Because we have been breathing in a different way for so long, now we need to learn this new way. Learning things can take time. For example, when our child begins to walk, at first she falls frequently, but the more she practices, the less she falls."

### **2. EXPLAIN THE RESPIRATORY PRACTICE (see Annex 6).**

"First sit up straight.

If you have something that is putting pressure on your body, try to spread it a little so you don't feel it. Inhale through your nose for 3 seconds, trying to send air to the end of your stomach (you can draw a picture of the lungs and an arrow indicating that the air is going down), your shoulders should not go up but stay still. Breathe out through your mouth for 3 seconds, your belly will return to the same position. Do not inhale too much or too fast, otherwise you may get dizzy.

You will have to breathe (inhale / exhale) about 8 times per minute, if this is too slow you can do it 10-12 by doing 2 second inhales / exhales.

To help you while you practice, you can:

- A.** Repeat yourself when you breathe out: relax, breathe, calm down.
- B.** Focus on the air entering / leaving your body.
- C.** Imagine how your tension or pain disappears in the air.
- D.** Count each breath cycle: 3 inhale + 1 stop + 3 exhale up to 8 times.
- E.** During the 4 days, you can practice this with your eyes slightly closed. Then you should practice this with your eyes open. "

After explaining the breathing technique, practice for at least 5 minutes during the remote session.

### **3. ESTABLISH A ROUTINE TO PRACTICE THE EXERCISE**

Help the person to identify the most appropriate spaces and times to do the breathing exercise.

### **4. CLOSURE AND COMMITMENTS**

Explain to the survivor the importance of practicing twice a day for 10 minutes.

# Annex 14. Feelings of despair/intrusive negative thoughts

**OBJECTIVE:** The objective of this session is to raise awareness about the risks of feelings of despair.

## BEFORE TAKING THIS SESSION

1. Read and understand Annex 15 Suicidal Behavior Management document.  
**Remember:** Without being familiar with or understanding this document, DO NOT drive this session.
2. During the session, if you come across a person who clearly expresses that she is thinking about committing suicide:
  - Don't panic, thank the person for being brave and sharing it.
  - Do not alarm the person.If necessary, check with your supervisor.
  - If the person shows clear signs of distress or is very upset, stop the session and follow the steps outlined in the document Annex 15 [Suicidal Behavior Management](#).

## 1. INTRODUCTION:

This session can be combined with the session [Psychoeducation: psychosomatic complaints](#):

*"We already discussed that, sometimes, our concerns and problems affect us more than we think, to the point where they affect our bodies."*

## 2. INTRODUCE the topic more directly:

*"Today we will talk about those feelings and thoughts that sometimes make us feel sad, desperate and anguished."*

## 3. ASK ABOUT SIGNS OF SADNESS AND SUICIDAL THOUGHTS

- A.** "What other things can cause us to have feelings of despair or get very worried?"
- Uncertainty
  - Problems with family/husband-wife/friends
  - Not sleeping well
  - A chronic illness
  - Not doing anything all day long, holed up at home, thinking about the same things over and over.

- Substance abuse
- Experiencing violence

**B.** How can people feel in these situations?

*In these situations, people may think or feel:*

- Their life is not worth living.
- They are the cause of their problems.
- They should not exist.
- They are a burden to their family and others.
- Desires to run away, disappear, vanish.
- Ashamed/weak because they are thinking about running away or even taking their life.
- Desires to take their life.

**C.** What are the kind of things that can happen in those moments?

- Having those thoughts can be scary, and a person can experience fear or guilt, which will make these thoughts even more intense and uncomfortable.
- These feelings only intensify our negative thoughts.

**D.** What can we do if we have these thoughts?

- Talk to a friend who always makes us feel good.
- Exercise (it can also be done indoors).
- Engage in a fun activity."

**You can tell the survivor the following:**

*"Estos pensamientos son consecuencia de que intentamos escapar de algo que nos hace muy infelices y tristes. En este ambiente actual es normal que a veces termine teniendo estos pensamientos.*

*"The reason we have these thoughts is that we're trying to run away from something that makes us very unhappy and sad. In your current environment, it is normal for you to sometimes end up having these thoughts.*

*Negative thoughts ARE NOT a psychological disorder in and of themselves BUT are often an expression of being emotionally overwhelmed that could be related to different concerns and challenges...*

*You're not going crazy, nor are you a bad person.*

*Having these thoughts doesn't mean you want to die or that you're actually going to try it."*

### **Suggest exercises**

If the person feels particularly sad, you can suggest the following:

- BREATHING EXERCISE (see Psychoeducation: psychosomatic complaints)
- DISTRACTING ACTIVITIES (see Psychoeducation: psychosomatic complaints)

### **Suggest other practices**

Share with the survivor other useful techniques and practices:

- Share your feelings with a person you trust that you know will not have a negative reaction.
- Contact the case worker through the channels, and at the hours, previously agreed.

### **4. IDENTIFY SUPPORT TECHNIQUES. ASK YOURSELF:**

"What could I do if someone close to me was contemplating suicide?"

- *You should not avoid talking about the suicide attempt with the person.*
- *During the critical phase, you should not leave the person alone. Remove any object(s) he/she can use to harm himself/herself.*
- *Encourage the person to talk openly about his/her feelings.*
- *Do not take the following attitudes: jokes, criticism, blaming the person, being rude, etc.*
- *Never take a suicide threat lightly.*
- *Do not judge the person's behavior.*
- *Do not minimize the situation by trying to calm him/her down. Show your understanding.*
- *Do not make the person feel guilty, weak or that he/she is going crazy.*

# Annex 15. Suicidal behavior management

## ANNEX 15 A. SUICIDAL BEHAVIOR ASSESSMENT AND INTERVENTION PROTOCOL

This protocol has been adapted for remote suicidal behavior management and is based on different sources<sup>50</sup> you may consult if you are interested in getting additional information.

This protocol was designed to support suicidal behavior interventions by staff members who have received basic training in suicidal behavior management or training in psychology. **This protocol does not replace specific technical education on the subject.**

It is designed to address the following situations:

- During a call/exchange of messages with a survivor, the service provider identifies a possible risk of suicide (negative intrusive thoughts, suicidal thoughts, feelings of despair, description of risk behaviors, etc.)
- It also explains what to do once you have stabilized a suicidal survivor and confirmed the survivor is out of danger.

Remote suicidal behavior management	
Definitions	
<b>Suicidal thoughts</b>	A situation where a person is contemplating taking his/her own life during a difficult period. He/she may say things such as "I no longer have the strength", "I can't do it anymore", or "Life has no meaning".
<b>Suicide plan</b>	A person's structured strategy to die by suicide.
<b>Self-harming behavior</b>	<ol style="list-style-type: none"><li>1. A person's attempt to hurt himself/herself without the intent of dying, with the objective of:<ul style="list-style-type: none"><li>• Achieving a change in his/her social environment (support, attention, etc.).</li><li>• Feeling alive and in control by pushing the limits.</li><li>• Escaping difficult emotions/thoughts.</li></ul></li><li>2. In these situations, a person usually engages in behaviors that may lead to his/her death: self-inflicted injuries, risk behaviors (drug use, reckless driving, constantly getting into conflicts...).</li></ol>
<b>Suicide attempt</b>	A situation where a person attempts to take his/her own life, but that attempt does not result in death.

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50. WHO (2000). Preventing Suicide. A Resource for General Physicians. Geneva: Mental and Behavioral Disorders. Department of Mental Health, 2000.

## Remote suicidal behavior management

### General principles

- Never take a suicide threat lightly.
- Do not judge the person's behavior.
- Do not minimize the situation by trying to calm him/her down.
- Do not be afraid to ask the person about his/her suicidal thoughts and behaviors, but do not insist if the person is reluctant to talk about it (of course, you should be careful upon doing so, but there is nothing wrong with talking about suicide).
- Try to address the person's feelings about life.
- Acknowledge the person's suffering.
- Assess the level of negative affect: intense sadness, feelings of despair, verbalizations around the impossibility of making changes/finding a way out of the current situation and/or apathy.
- Make sure the person is out of immediate danger, in other words, that the person is not currently trying to take his/her life. If the person is in the process of committing suicide, see Annex 15 B.
- Assess the risk of suicidal behavior or repetition of the attempt (reasons, means, planning, etc.).
- Create a trusting environment where the person feels comfortable and calm so he/she can openly share his/her real thoughts.

### Procedure

#### **STEP 1. Assess current/past suicidal thoughts**

*"I'm going to ask you some questions that may be difficult to answer, but I'm worried about you, so I want to know that you'll be OK."*

#### **You can ask questions such as:**

*"Have you ever wanted to sleep and never wake up? How often? Since when?"*

*"Have you thought about taking extreme measures to escape this situation? Have you ever thought about hurting or killing yourself?"*

*"Has all that pain you're going through made you think about hurting yourself?"*

#### **STEP 2. Assess the risk: lethality and safety needs**

Assessing the risk, either remotely or in person, involves two elements:

- Evaluate past suicide **ATTEMPTS**.
- Determine if the person has **A PLAN** to harm himself/herself.

If the person has made previous attempts and has a plan to harm himself/herself, go to

#### **STEP 4. Establish a safety agreement.**

If the person has not made previous attempts or does not have a plan to harm himself/herself, go to **STEP 3. Acknowledge the person's feelings and provide support.**

Assessing a suicide risk during a phone call or virtual communication poses additional challenges compared to a face-to-face suicide risk assessment. The lack of personal contact and non-verbal communication (glances, etc.) brings additional challenges to a conversation on such a sensitive topic. For example, it may be difficult to interpret a survivor's moments of silence if she does not answer the service provider's questions. In this case, we suggest using communication facilitation techniques. One strategy can be to change the subject momentarily so the person can relax, and return to the subject of suicide once the person is more open to it.

## Remote suicidal behavior management

### **STEP 3. Acknowledge the person's feelings and provide support.**

*"I truly understand how you feel. I know it was difficult for you to share that. You are very brave for telling me all of this. It is really important to me that you don't hurt yourself. And I'd like us to come up with a plan so we can help you not to do this. Is that OK with you?"*

#### **IMPORTANT:**

**1. Normalize her feelings and emotions.** You should also let the survivor know:

- Having these ideas does not mean, in any way, shape or form, that she has a mental health
- The situation is not her fault and she is not responsible for it at all, but it is the result of the violence she is experiencing.

*"In a situation like this, it is normal for you to feel like this. But it is NOT your fault. The problem is the context in which you find yourself and the situation your abuser has put you in. Your reactions and feelings are normal. Remember that it is not your fault. You're doing the best you can. You're very brave for telling me all of this."*

**2. Acknowledge the feeling that may be causing those thoughts.** Help<sup>51</sup> the survivor talk about the feelings that have brought her to this point. *When exactly do you have these thoughts? What do you feel? Again, your emotions are not abnormal. They are normal responses to the situation. And, in this regard, how do you feel?"*

**3. Help the survivor find coping strategies that do not involve hurting herself.** Help the survivor explore her strengths and realize that, before this extreme situation, she had access to resources that do not involve hurting herself. *"I know this is a new and really difficult situation, and right now it is difficult for you to find ways of dealing with it. I'm going to help you... Tell me, if you think about other times in the past when you felt really sad, scared or very angry, what helped you feel better?"*

- 4.** You should tell her clearly that you are there for her and you do not want her to hurt herself.
- 5.** Check how she feels after having gone through the previous steps. Stress how she has been able to handle the situation so far and you have only been a guide. Insist on her strength and resilience.
- 6.** Remind her that she can call back at any time. If your organization does not offer support 24/7, make sure the survivor has other emergency numbers written down so she can contact them in case of an emergency.
- 7.** Suggest scheduling a new call the next day to see how she feels.

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51. We are not talking about psychological debriefing here. You do not have to ask direct questions; all you want is the survivor to sit down in a safe space so she can talk about how she feels. The only objective is to facilitate emotional venting.

## Remote suicidal behavior management

### **STEP 4. Establish a safety agreement**

*"We want to find other things you can do to feel better", "Have you thought about dying by suicide before?", "What stopped you from doing it?", "Tell me some things you could do to feel better when you start thinking about hurting yourself or taking your life.", "What has helped you feel better in the past?" "Is there someone you can talk with or turn to?", "Will you use these strategies when you start to feel this way to help you get better?"*

1. Identify strategies to deal with suicidal thoughts/manage emotions.
2. Identify any obstacles to these strategies.
3. Identify support services and/or a safe contact person. Obtain the contact person's information and, with the survivor's permission, contact that person to inform her/him of the situation and the agreed safety plan.
4. Sign a verbal or written safety agreement.

### **IMPORTANT:**

If the person CANNOT identify a strategy: consider the possibility of an urgent referral to mental health services or, if these are not available, to emergency medical care.

### **Challenges and suggested techniques for the remote development of a safety plan:**

If the support service is delivered in person, the service provider and the survivor can draft the safety plan and the survivor can keep a copy. However, given the limitations of remote support, the service provider must ensure that both parties have a written copy of the safety agreement. To do that, the service provider should ask the survivor to take a notebook or piece of paper to write down the part of the safety plan with the commitments.

If this is not possible, the service provider can volunteer to draft the agreement and send it via WhatsApp or email.

If possible, we suggest the first choice, that is, getting the survivor to write down the commitments part of the safety agreement. This will increase her accountability and reinforce her commitment. If the survivor cannot write down anything at that moment, ask her to write it down at her earliest convenience.



## Communication

**IMPORTANT:** Self-observation during the situation: What am I feeling? What feelings does the fact that someone is attempting to take her own life cause in me?

DOs	DON'Ts
<ul style="list-style-type: none"> <li>• Listen attentively.</li> <li>• Use a calm and warm tone.</li> <li>• Show empathy and respect. <i>“You are very brave for telling me this. I cannot even imagine what you must be feeling.”</i></li> <li>• Show respect for the person’s opinions and values.</li> <li>• Speak honestly and sincerely. <i>“I’m worried you may hurt yourself. Therefore, we should work together to find ways to control this situation.”</i></li> <li>• Show concern, warmth and a caring attitude.</li> <li>• Focus on the person’s feelings. <i>“What are you feeling now that you’re telling me about it? What are the situations that make you feel that way?”</i></li> <li>• Normalize the person’s feelings.</li> </ul>	<ul style="list-style-type: none"> <li>• Interrupt the person.</li> <li>• Pressure her to talk.</li> <li>• Be condescending.</li> <li>• Make intrusive or confusing comments.</li> <li>• Judge or express disagreement with her ideas.</li> <li>• Make her feel her thoughts are not ‘normal’.</li> </ul>

## Suicide risk intervention

Suicide Risk	Sign	Assessment	Action
<b>1</b>	The person shows intense negative emotions. The person expresses feelings of despair over life and the future.	Ask her about suicidal thoughts.	<p>If the responses to the suicide risk assessment questions do not reveal any signs of risk, proceed with the following actions:</p> <ul style="list-style-type: none"> <li>• Listen with empathy.</li> <li>• Offer emotional support: remind the survivor that, if she still feels the same or the feeling becomes more intense, she can always talk to you.</li> <li>• Continue to monitor her feelings in the next appointment.</li> </ul>
<b>2</b>	The person expresses feelings of despair and concern over an uncertain future.	Ask her if she has suicidal thoughts.	<p>If the person does not express any suicidal thoughts:</p> <ul style="list-style-type: none"> <li>• Offer emotional support: remind the survivor that, if she still feels the same, or the feeling becomes more intense, she can always talk to you.</li> <li>• Listen with empathy.</li> </ul> <p>If the person expresses suicidal thoughts or you identify any risks in that regard:</p> <ul style="list-style-type: none"> <li>• Offer emotional support.</li> <li>• Make sure the person has support.</li> <li>• Make sure you can contact the survivor again (by telephone, WhatsApp, etc.).</li> <li>• Refer her to specialized services. Explore the possibility of someone accompanying her to specialized services or ask her if she can go on her own.</li> <li>• Follow up the next day, as previously agreed.</li> </ul>

## Suicide risk intervention

Suicide Risk	Sign	Assessment	Action
<b>3</b>	The person is thinking about dying or disappearing or says she cannot deal with her life anymore.	<p>Ask her if:</p> <ul style="list-style-type: none"> <li>• She has a plan to do it.</li> <li>• She has already attempted to do it.</li> </ul>	<p>If the answer to these questions is yes (she has plans to do it and/or has already attempted to do it):</p> <ul style="list-style-type: none"> <li>• Establish a safety agreement (See <i>Step 4: Establish a safety agreement above</i>).</li> <li>• Together with the survivor, explore the possibility of seeking specialized services.</li> </ul> <p>Option 1: Ask her if somebody can accompany her.</p> <p>Option 2: If the service provider cannot accompany the survivor in person due to social distancing measures, we recommend offering her remote support (via telephone or WhatsApp).</p> <p>If the answer to these questions is no (she does not plan to do it and/or has not attempted to do it):</p> <ul style="list-style-type: none"> <li>• Schedule an appointment to continue to provide emotional support the next day. Follow up regularly.</li> <li>• Work with the survivor on: emotional management, coping strategies and relaxation techniques.</li> <li>• Offer to refer her to specialized psychology services and explain their advantages.</li> <li>• Develop a safety plan and agreement (see Annex 15C).</li> </ul>

## Suicide risk intervention

Suicide Risk	Sign	Assessment	Action
<b>4</b>	The person has suicidal thoughts and has already thought of a plan, but has not attempted to commit suicide.	Ask her if: <ul style="list-style-type: none"> <li>• She has support from anyone close to her.</li> <li>• She can contact a safety/support person.</li> <li>• She is interested in being referred to specialized psychology services.</li> </ul>	<ul style="list-style-type: none"> <li>• Together with the survivor, identify a support/safety person.</li> <li>• Develop a safety plan.</li> <li>• If the organization has somebody with training in clinical psychology or a clinical psychologist on its team, the service provider can offer a referral with the survivor's informed consent.</li> <li>• If the organization's team does not have anyone with training in clinical psychology, the service provider should explain to the survivor the benefits of receiving that type of help.</li> <li>• If the person is interested in receiving other services, request her informed consent and refer her as appropriate.</li> </ul>
<b>5</b>	Suicidal thoughts, self-harm behaviors, previous attempts, severe stress factors in her life, other intense psychosocial risks.	Ask her if: <ul style="list-style-type: none"> <li>• She has support from anyone close to her.</li> <li>• She can contact her safety/support person.</li> <li>• She is interested in being referred to specialized psychology services.</li> </ul>	<ul style="list-style-type: none"> <li>• Together with the survivor, identify a support person close to her and recommend contacting that person. If she does not want to provide the name and information of a contact person, confidentiality must be breached.</li> <li>• Make an immediate referral to the authorities responsible, depending on the referral pathway and applicable laws in your country.</li> <li>• If the service provider believes there is an imminent risk of suicide, this scenario would require breaching confidentiality protocols and explaining to the survivor that, to save her life, you will have to inform the competent authorities so she can get help.</li> <li>• Stay on the line with the person until help (a trusted person or emergency response) arrives.</li> </ul>

## ANNEX 15 B. ONGOING SUICIDE ATTEMPT INTERVENTION

This protocol suggests a series of steps to follow during a suicide attempt<sup>52</sup>.

### Objectives:

- This protocol provides guidance on how to appropriately **communicate** with, and **stabilize**, a person in an ongoing suicide attempt or at immediate risk (e.g. substance ingestion, vein cutting, etc.).
- Its objective is to **complement** the national protocols of the country where the service provider is providing support. It does not replace any measures established by the laws regarding the management of suicidal behavior in your country.

### Steps to follow:

The following are the different steps to follow, a series of considerations to bear in mind, and questions that can be asked.

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52. This information is part of a presentation delivered by psychologist Pedro Martín Barrajón at the seminar 'Management of psychological intervention protocols required as a result of COVID', organized by Spain's General Council of Psychologists and the Ibero-American Network of Emergency Psychology.

<p><b>Step 1. Evaluate if the person is already engaging in harmful behaviors</b></p>	<p><i>"You are very brave for calling, and this is certainly the right place to call for help. I want us to talk about what you're telling me, but before doing so it's important for me to know if your life is in danger. Are you injured, have you cut yourself or are you bleeding? Have you consumed a lethal drug or substance in large quantities?"</i></p>
	<p><b>SCENARIO 1:</b> The survivor <b>HAS</b> engaged in harmful behavior and <b>HAS</b> shared her location.</p> <ol style="list-style-type: none"> <li><b>1. Find out where the survivor is</b> and if she is <b>accompanied</b>.</li> <li><b>2. Gather</b> as much information as possible regarding the <b>severity</b> of her <b>health</b> situation (e.g. any self-inflicted injuries, the kind of medication she has used, how much, etc.) from the survivor herself to facilitate her referral to emergency services.<sup>53</sup></li> <li><b>3. Inform</b> the survivor you will call <b>emergency services</b>.</li> <li><b>4. Call emergency services</b><sup>54</sup>.</li> <li><b>5. Stay</b> on the line with the survivor until emergency services arrive. At this time, you should help her not to lose consciousness, stay on the line and know she has support. If the survivor shows signs she can <b>hold</b> a conversation, <b>follow steps 2, 3, 4, and 5</b>.</li> </ol>
	<p><b>SCENARIO 2:</b> The survivor <b>HAS</b> engaged in harmful behavior but <b>DOES NOT</b> share her location.</p> <ol style="list-style-type: none"> <li><b>1. Try to assess the severity of her health situation</b> so you can share that <b>information</b> with <b>emergency</b> services.</li> <li><b>2. Notify emergency</b> services and explain the situation so they can <b>prepare</b> to do their job.</li> <li><b>3. Follow steps 2, 3, 4 and 5</b> described in this table.</li> </ol>
<p><b>Step 2. Do not deny the fact and ask:</b></p>	<p><b>SCENARIO 3:</b> The survivor <b>HAS NOT</b> engaged in <b>harmful behavior</b>.</p> <ul style="list-style-type: none"> <li>· Proceed with the steps described below.</li> </ul> <ul style="list-style-type: none"> <li>· <i>What's happening to you?</i></li> <li>· <i>What got you into such a difficult situation?</i></li> <li>· <i>Was it the result of anything in particular that happened today? What was the straw that broke the camel's back?</i></li> </ul>

53. IMPORTANT: the survivor may not be able to share this information, so do not pressure her to do it. The most important thing is to know the address emergency responders must go to.

54. You can consider the possibility of getting another person from the team to call the emergency services while you stay on the line with the survivor.

<p><b>Step 3.</b> Delay the decision.</p>	<p>In an ongoing attempt of suicide situation, <b>the goal is to delay</b>, not just eliminate, any suicidal thoughts.  <b>DELAYING THE DECISION IS ALWAYS POSSIBLE.</b>  <i>"You can take your life suicide later. I can't stop you from doing it, but let me first talk to you about the situation you're going through. That is an important decision that can wait."</i></p>
<p><b>Step 4.</b> Listen and validate.</p>	<p><b>A.</b> Facilitate the <b>'emotional drainage'</b> process. Keep in mind that allowing the survivor to vent her feelings is better than questioning her decision. Let the person explain why she wants to take her life.  <b>B. Acknowledge her suffering</b> and the intense anguish she is going through.  <b>C.</b> Introduce some form of <b>positive reinforcement</b> on how she is managing the situation:  <i>"If you're contemplating suicide as the only solution, you must be going through really hard times."</i>  <i>"You have the right to feel that bad, and thinking about suicide doesn't make you a bad person. Many people have suicidal thoughts at some point in their lives. We have helped people in similar situations and have found other solutions. Perhaps you're going through a really difficult time, and it's normal to have a hard time finding a way out. It is completely normal; anyone in your shoes would also find it difficult. [Name of place/hospital]<sup>55</sup> can give you the support you need and the help you deserve".</i>  <i>"The fact that you're talking to me and reconsidering your decision despite your suffering is highly commendable and shows your courage and maturity. The majority of the people (80% of those who have survived) regret having tried it. It's an important decision that can wait."</i></p>

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55. Give information about referral services service providers know are available for suicide attempt cases.

<p><b>Step 5.</b> Create ambivalence.</p>	<p>This is one of the most complex steps. However, as outlined in STEP 1, the <b>goal is to delay the decision</b> and get the person out of imminent danger.</p> <p>Once you reach this stage and the intervention is over, hopefully, the person will be more willing to receive help and, therefore:</p> <ul style="list-style-type: none"> <li>• If <b>THERE IS</b> an immediate risk of death: <b>suggest the intervention of emergency services one more time</b> (in case the person has attempted suicide by drug intake, ask the survivor to leave the door open, if it is safe, to facilitate access to medical services).</li> <li>• If <b>THERE IS NO</b> immediate risk, or the person is no longer close to the object she intended to use to take her life, proceed with the <b>safety plan and agreement</b> (see Annexes 15 and 17).  <i>“Listen: what will you achieve by dying by suicide? How do you know your future will not be better? Did you know this can be slow and quite painful? What you’re telling me is very important. Have you said goodbye to someone? Would you mind sharing what you told that person with me?”</i>  <i>You should be careful upon asking the survivor about the relationship with her support network (family, friends ...), because that may be one of the main reasons behind her suicide attempt. Instead, ask: ‘Who is the person closest to you right now?’</i></li> </ul>
<p><b>Step 6.</b> Safety plan and closing.</p>	<ul style="list-style-type: none"> <li>• The <b>Safety Plan</b> to deal with suicidal behavior and the Suicidal Behavior <b>Agreement</b> should specify the <b>actions and commitments</b> to access <b>specialized psychosocial/mental health support services</b>.</li> </ul> <p>Once you have developed the safety plan:</p> <ul style="list-style-type: none"> <li>• Make the <b>referral</b>.</li> <li>• Thank the survivor for her call and her courage.</li> <li>• <b>Emphasize</b> that, if necessary, <b>she can call</b> the hotline again.</li> </ul> <p>If the service provider is qualified to deliver specialized psychosocial support/mental health services, schedule an appointment for the implementation of a support plan to reduce the risk of another suicide attempt.</p>
<p>If the person makes the final decision to end her life, you should always keep in mind as a professional that:</p> <ul style="list-style-type: none"> <li>• It was her own decision.</li> <li>• <b>We are not responsible</b> for that event.</li> <li>• <b>We cannot force anyone</b> to live against their will.</li> <li>• The person will always find a reason to do it.</li> </ul>	



## ANNEX 15 C – NON-SUICIDE CONTRACT

Contract valid until : \_\_\_\_\_

I, \_\_\_\_\_ hereby agree with my psychologist-case worker, \_\_\_\_\_ the following:

- I undertake to share with my psychologist/case worker real information about my emotional situation, suicidal thoughts, plans to attempt suicide and self-harm behavior.
- I agree to follow the protocols agreed upon with my psychologist or case worker to deal with the situation, and also to participate in the sessions scheduled with the recommended frequency.
- I authorize him/her to inform the agreed-upon safety person. And I have been informed that, if I do not grant said authorization, after assessing the risks to my physical integrity, and as established by current laws, the specialist will have to inform the competent authorities of my current situation and the risks it involves.

I hereby express that, if I feel really bad or have suicidal thoughts, I will not harm myself or attempt suicide.

In that case, I will:

- Engage in a physical activity to get distracted (for example, taking a walk, exercising, etc.).
- Do something I find, or used to find, pleasurable.
- Use the rest of the strategies agreed upon with my psychologist.
- Call and talk to a friend or somebody else, such as (list of names and telephone numbers):
  - Psychologist or Case worker:
  - Physician:
  - Emergency services:
  - Safety person:
  - Hotline:
- Others:

Signature \_\_\_\_\_

Date \_\_\_\_\_

# Annex 16. Remote support checklist

## 1. ADAPTATION OF GUIDING PRINCIPLES TO REMOTE ASSISTANCE

Action	Yes	No
The organization has established a confidentiality protocol for remote work.		
All service providers/case workers and psychologists have received the instructions and materials necessary to protect survivor's confidentiality during remote work (binders, personal computers, cell phones, appropriate software, etc.).		
The organization's staff has received training in remote empathetic communication techniques.		
The organization has developed new tools or adapted existing ones for the development of survivor's safety plans.		
The organization's staff has received training in support for vulnerable population groups: persons with disabilities, LGTBIQ+ persons, and indigenous or Afro-descendant populations.		
If relevant to the context: the organization has services for translation into survivors' native languages.		
All staff members share and know how to implement the principles of the survivor-centered approach.		

## 2. ADAPTATION OF DIGITAL SERVICES

Action	Yes	No
The organization has consulted the target population about their preferences regarding communication channels.		
The organization has conducted a review of the different digital services available.		

Action	Yes	No
The organization has an IT security consultant.		
The organization's staff has received training in the use of digital services.		
All staff members know the pros and cons of each communication service and how to explain to survivors, in easy-to-understand language, how to use the digital service of their choice.		
The organization has developed a protocol to resume contact with the survivor in case communication is interrupted unexpectedly.		
The organization has equipped its service providers with efficient mechanisms to ensure confidentiality and has provided the necessary support.		
The organization's staff follows a series of minimum standards to ensure confidentiality while delivering services from their homes.		

### 3. LISTA DE CHEQUEO PARA HACER UNA REMISIÓN REMOTA

Action	Yes	No
I have verified the availability of GBV services in my area during the COVID-19 health crisis through established referral pathways, if in a humanitarian context, or through my own service mapping.		
I am in permanent contact with the different medical, psychosocial, justice and legal counseling services, survivor shelters and emergency contacts (ambulance services, law enforcement, etc.) available in the area during the COVID-19 pandemic, and their contact information is up-to-date.		
I informed the survivor of all the different services available during the COVID-19 pandemic.		
I explained to the survivor the benefits and risks of the different services available during the COVID-19 pandemic, as well as their access requirements.		
Together with the survivor, I identified the potential safety risks associated with access to those services, as well as the corresponding mitigation measures.		

I gave the survivor different choices to put her in touch with the service provider, as well as alternatives for support to access those services safely.		
I obtained the survivor's informed consent before getting in touch with the service provider of her choice and making the referral.		
I have followed the protocols for the secure exchange of survivors' information (use of standard forms, password encryption, persons' non-traceable information, etc.).		
I have considered other choices for the survivor in case she refuses a referral or a referral is not possible due to the lack of services.		
Before referring the survivor to an in-person service, I asked her if she had any COVID-19 symptoms.		
Before referring the survivor to an in-person service, I explained in detail the infection prevention measures she should follow and made sure she understood them.		
I have made sure the survivor accessed the service appropriately and safely.		

#### 4. CHECKLIST FOR STAFF SUPPORT PROTOCOLS

Action	Yes	No
The organization has provided, at least once, information about the problem of stress and its impact on the service providers' health and well-being (by e-mail, through a webinar, etc.).		
The organization has held at least one training session on stress management and self-care during the telecommuting period.		
The organization has made available to its psychologists free (or almost free) clinical psychotherapy services or specialized psychosocial services as part of their benefits through an external service provider.		
During the telecommuting period, the supervisor has incorporated into her clinical supervision process questions and discussions about staff members' well-being.		
During the telecommuting period, the supervisor has called the service providers to monitor their well-being and shared the tools to improve it.		
The organization has implemented and shared information about rules regarding flexible work hours and promotes work-life balance.		

<p>The organization has made recommendations regarding workspaces at home for the delivery of remote psychological support services and how to do it (separation of spaces, privacy, confidentiality policies).</p>		
<p>The organization has expressed, in an explicit and personalized fashion, its gratitude for the service providers' work and acknowledges the value of the work they do.</p>		
<p>The organization has reviewed its self-care policies as a result of the COVID-19 pandemic.</p>		
<p>The supervisor or the human resources department has encouraged service providers to conduct a well-being self-assessment.</p>		
<p>The supervisor or the human resources department has shared with every service provider a self-assessment template and a self-care plan template.</p>		
<p>The supervisor or the human resources department has followed up on the progress of service providers' self-care plans during the telecommuting period.</p>		

## Annex 17. Personal self-care assessment

This annex consists of a staff self-care assessment template<sup>56</sup>.

**Instructions:** This self-assessment explores the following categories. Read the definition of each of the different aspects of well-being. Once you have read them, answer the questions below.

Categories of the self-assessment questionnaire:

- **Physical health:** Physical health refers to the body's well-being and optimal functioning. The questions to assess physical well-being included in the questionnaire cover aspects such as hygiene, eating habits, sleep time, drinking water, use or abuse of sleeping pills or tranquilizers, gastrointestinal problems or inexplicable back pain and chronic fatigue.
- **Emotional well-being:** Emotional health refers to a person's ability to accept and deal with feelings and, therefore, be in control of his/her thoughts and behaviors, in response to changing and challenging circumstances. The questions address coping mechanisms, setting limits, positive thoughts about oneself and others, and reflection and leisure habits.
- **Spiritual health:** Spiritual health consists of finding meaning and purpose, the will to live and faith in oneself, others and a higher power (not necessarily limited to one religion). The assessment questions are designed to find out if the person has moments of self-reflection, follows practices to connect with a higher power, practices silence, and has feelings of hope.
- **Professional self-care:** Professional self-care refers to all those practices implemented to meet the needs of an individual in his/her work environment. Professional self-care involves valuing yourself as a professional and maintaining a work-life balance. Therefore, the questions in this category in the self-assessment questionnaire have to do with the ability to negotiate and participate in projects leading to growth and satisfaction, and the separation between personal and family life.

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56. Source: The National Center for Family Homelessness.

## INSTRUCTIONS

How often do you do the following? (Assign a score based on the following scale):

- 5** | Frequently
- 4** | Occasionally
- 3** | Rarely
- 2** | Never
- 1** | It never occurred to me

### Physical self-care

Activity	Score
Eat regularly (3 times a day).	
Eat a healthy diet mainly consisting of vegetables, grains and fruits.	
Exercise your body at least three times a week.	
Drink enough water (at least 6 glasses a day).	
Think you are at a healthy weight.	
Get regular medical care for prevention.	
Avoid drinking alcoholic beverages or smoking.	
Avoid using sleeping pills/tranquilizers/energy drinks.	
Request sick leave if you feel sick.	
Get massages or physical relaxation therapies.	
Engage in fun physical activities.	
Take time to be sexual (with yourself or with a partner).	
Get enough sleep.	
Wear clothes you like.	
Take days off.	
Take day-trips or weekend trips.	
Make time away from stressful technology such as cell phones or the Internet.	

## Psychological self-care

Activity	Score
Make time for self-reflection.	
Seek help from a psychologist when you need it.	
Write in a journal.	
Read literature unrelated to your work.	
Find tranquility in sources other than alcohol, smoking, eating, medications or drugs.	
Engage in activities to decrease stress in your life.	
Notice your inner experience (your thoughts, dreams, imagination and feelings).	
Let others know different aspects of you (your skills, who you were in a different period of your life).	
Be flexible. Fulfill your responsibilities despite changing circumstances.	
Engage your intelligence in a new area (practice new skills, learn hobbies during the quarantine).	
Practice receiving from others.	
Be curious.	
Say no to extra responsibilities if you feel you cannot fulfill them or they are not necessary.	
Observe nature/the sky from your home.	
Express your anger constructively without harming yourself or others.	



## Emotional self-care

Activity	Score
Spend time with (or call) family members or friends whose company you enjoy.	
Stay in contact with important people in your life.	
Treat yourself well and talk to yourself with a positive/compassionate dialogue.	
Feel proud of yourself.	
Reread your favorite books and find activities you enjoy.	
Identify and look for comforting activities, persons and places and healthy relationships.	
Allow yourself to cry.	
Find things that make you laugh.	
Be optimistic/practice optimism as you look into the future.	
Play with children or pets whose company makes you feel well.	
Prepare a list of affirmations of how good you are.	
Know your loved ones love you.	
Be honest with those closest to you.	
Set limits with others if they are being unfair to you or ask you to do things that are not reasonable.	

## Spiritual self-care

Activity	Score
Make time for prayer or meditation.	
Spend time with nature.	
Participate in a spiritual retreat, community or group.	
Open your heart to inspiration.	
Cultivate hope and faith.	
Be aware of non-material and intangible aspects of life.	
Open up to the unknown and accept that there are things about the universe and life we know nothing about.	
Singing or any other form of creative expression.	
Express gratitude.	
Celebrate milestones with rituals that are meaningful to you.	
Remember and celebrate deceased persons who were important in your life.	
Support others and help them grow.	
Find experiences that evoke the best aspects of life/make you sigh.	
Contribute to, or volunteer for, causes you believe in.	
Read or listen to inspiring music.	

## Professional self-care

Activity	Score
Make time to take your lunch break.	
Make time to talk to co-workers about matters unrelated to your work.	
Make time to complete unfinished tasks.	
Identify exciting and rewarding tasks that will help you grow.	
Set limits with co-workers and survivors.	
Limit your number of patients to avoid getting overwhelmed.	
Arrange your workspace so it is comfortable and comforting.	
Ask for regular supervision or professional advice.	
Negotiate for your needs.	
Find personal meaning in your work.	

## SCORE RESULTS

### Less than 180

You are experiencing serious difficulties in the area of self-care. Take the time to think about what is creating those challenges, if they are the result of a sudden change or are chronic. If that is the case, we encourage you to develop a structure to take care of yourself in this difficult period of your life. You need to redirect your habits towards self-care and achieving a level of satisfaction and vitality. You should acknowledge your effort to be honest with yourself because this is the first step towards your personal growth.

**Between 181 and 285**

You need help to improve your self-care system. Pay attention to those areas that require action from you and commend yourself for those areas where you take care of yourself. Continuing with this self-analysis and implementing your self-care plan will help you develop new habits.

**Above 285**

This result shows you enjoy well-being and have serenity in this moment of your life. Some aspects of your well-being can still improve. Congratulations on your habits, choices and a lifestyle that prioritizes self-care. You should also analyze those aspects not covered by this assessment so you can achieve a better result.

# Annex 18. Self-care plan

This annex consists of a sample self-care plan<sup>57</sup>.

## INSTRUCTIONS

How to respond, analyze results and develop your self-care plan:

### 1. Acknowledge your strengths.

Make a list of good habits you are currently practicing

- Good habit no. 1
- Good habit no. 2
- Good habit no. 3

### 2. Identify positive habits you would like to develop.

Remember that you can change your habits if you set out to do so and invest time in practicing them.

- Suggested habit no. 1
- Suggested habit no. 2
- Suggested habit no. 3

### 3. Analyze the obstacles to putting them into practice.

Plan how to overcome those challenges.

Every time \_\_\_\_\_, I will \_\_\_\_\_

### 4. Write down your commitments on your personal plan! Complete the following template:

This is the plan of \_\_\_\_\_ to take care of myself!

**Mind**

**Body**

**Spirit**

THE PEOPLE WHO SUPPORT ME

WHAT I WANT TO ACHIEVE

57. Adapted from *Transforming the Pain: A workbook on Vicarious Traumatization*. Saakvitne, Perlman and Staff of TSI/Norton 1996. Consulted at: <http://www.homeless.samhsa.gov/%5CResourceFiles%5C2cs4epqp.pdf>

# Annex 19. Sample protocol for communication codes

## EXAMPLE OF COMMUNICATION CODE

Code phrase	Actual meaning
Today I had coffee with sugar for breakfast.	There are tensions at home, but there is no violence.
I didn't have breakfast today.	You have experienced abuse and threats.
I haven't digested breakfast.	You have experienced physical violence.
I haven't digested breakfast and have a stomach ache.	You have experienced physical violence and fear for your life.
Today I have many things to do at home.	I can't talk, because it's not safe.

## SUGGESTED PHRASES TO CONFIRM YOU ARE TALKING TO THE SURVIVOR

- **We recommend using the same identity confirmation phrase for all survivors.** If you use a different phrase for each survivor, you will have to remember many different phrases or write them down and keep them in a safe place. The risk of doing this is that you could forget individual phrases assigned to each survivor and make mistakes.
- Identity confirmation phrases should be specific enough so that anyone trying to pose as the survivor cannot know the answer.
- Avoid questions such as: 'What is your mother's name?' or "In which city were you born?"
- We suggest choosing a general phrase that does not raise any suspicion in case anyone hears the answer.
- You can use a phrase such as:  
 Service provider: *"Today the weather is really nice"*  
 Survivor: *"I don't like the weather today; yesterday it was nicer."*

## Annex 20. Holistic support services for survivors

The most common services survivors have the right to receive are:

- **Health services and medical treatment:** to address the immediate and long-term effects of GBV on the survivor's physical and mental health. They can include:
  - Rape clinical management. It is essential to have information about health centers that have PEP kits available.
  - Initial treatment and exams, or follow-up medical care.
  - Mental health care and health-related legal services.
- **Case management services:** to ensure a holistic follow-up on the survivor's recovery process and facilitate referrals and access to timely services.
- **Psychosocial support services:** for the healing of, and recovery from, the emotional, psychological and social effects of violence on GBV survivors and their families. They can include:
  - Psychological first aid and group or individual psychosocial support.
  - Education services in the areas of GBV, sexual and reproductive health and rights, etc.
  - Psychoeducation around psychosocial problems and how to handle them under quarantine conditions.
  - Individual psychological intervention with the considerations described in Chapter 4.
- **Legal services** to assist and help survivors to claim their rights and receive legal counsel. They can include:
  - Legal advice on complaint filing options and the investigation process. This form of advice must take into account the survivor's citizenship, the place where the facts took place, her immigration status and jurisdiction.
  - Filing of complaints.
  - Investigation and criminal trial.
  - Legal advice and assistance.
  - Free legal counsel.
- **Security and protection services:** for survivors and any family members at risk of experiencing more violence and want protection. They can include:
  - Judicial and protection measures such as police or community protection, patrolling or police checks, eviction of an abuser, judicial protection measures, etc.
  - Shelters, safe houses or temporary housing.
  - Relocation and options for alternative care in the case of unaccompanied children.
- **Capacity building and livelihood opportunities:** to support survivors and their families so they can live independently, with safety and dignity. They can include:
  - Referral to existing livelihood and education programs or services.
  - Informal education and learning opportunities for adults.
  - Specific economic interventions to mitigate GBV risks and contribute to recovery and empowerment.
  - Cash transfer programs for GBV survivors.

- **Other protection services:** including long-term solutions for displaced populations. They can include:
  - Resettlement, local integration
  - Voluntary repatriation



## Annex 21. First-contact communication script

Moment • Considerations	Sample script
<p><b>Introduction</b> The objective is to create an open and welcoming environment ('telephone smile').</p>	<p><i>My name is... and I am... with the women's hotline. Is it safe for you to talk? My job is to provide support to persons like you and help them with their emotional recovery process. Our interaction will help you develop a plan to improve your safety (to the extent possible) and obtain the tools you need to deal with your situation and improve your emotional well-being.</i></p>
<p><b>Establishing alternative communication channels</b> From the beginning, establish alternative channels to communicate with the service provider between calls, but also in case communication through regular calls is lost or the user thinks a different channel is required (e-mail, chat, cell phone,<sup>58</sup>text messages, video or audio, posts on social media platforms, etc.).</p>	<p><i>Since we know communication can fail and I want to make sure we're there for you, if the call is cut off, how would you like me to communicate with you?</i></p> <p><i>Another reason for that is for you to have alternative communication channels in case we need to communicate between sessions or if you want to inform me or alert me of something...</i></p>
<p><b>Explanation about the service, confidentiality and limitations to confidentiality</b></p>	<p><i>If you decide to proceed, we can schedule weekly calls at a time you're safe so we can have privacy in our conversations. Of course, you can always notify me of any changes through the other communication channels we have already agreed. Everything we talk about will stay between you and me. If one day you prefer to talk to a different psychologist, you can request it. You can change the time of your sessions if you think it is not safe to talk. We can use keywords to describe emergency situations or feelings, so that we increase your level of privacy or safety. There are some limitations: I cannot talk to your husband or act as a mediator. If you ever tell me he wants to hurt you or hurt somebody else, I will have to share that information with my supervisor. If you call and tell me that your life is at risk, I will call the police. If you agree that we can work together, we can proceed with our first consultation. Tell me a little about you. Tell me about your family situation. What motivated you to contact us? How can I help you?</i></p>

58. It is important to bear in mind that some of these recommendations are not applicable to imminent danger or crisis support situations. Annexes 15 and 16 describe the protocols for use in suicidal behavior situations. Also, section 5.5 of this chapter describes the procedure for support in immediate danger situations.

Moment • Considerations	Sample script
<p><b>Explain Remote Communication Difficulties Or Interruptions</b>            Try to overcome any difficulties with an empathetic and kind attitude to avoid making the survivor feel guilty.</p>	<p><i>Communication may be difficult sometimes, but I'm here for you, so we can talk... If we need to talk some other time or use a chatroom, that won't be a problem. The most important thing is that you get support and we can find ways to help you.</i></p>
<p><b>Normalize remote communication difficulties</b>            It is important to explain that having these conversations remotely may seem difficult and weird. This will allow you to normalize and overcome difficulties more easily.</p>	<p><i>I understand that talking about such personal things to someone you can't see or who is in a different place is difficult... It's normal to feel weird or have doubts about it... My job is to make you feel more comfortable... Other women in similar difficult situations also use this service, and they feel a little weird in the beginning. In fact, even I felt weird about that change in the beginning. But I've learned that, despite the distance, I can help persons in these situations.            How do you feel now?</i></p>

# Annex 22. Call log form

**Note:** This is a sample form that you can use to keep track of your calls. It can be used in a paper or electronic form.

**IMPORTANT:** Remember every form must strictly follow your organization's confidentiality and information security policies:

SERVICE PROVIDER'S NAME										
CALL REGISTRY										
MONTH:										
NO.	LOCATION	SERVICE PROVISION DATE DAY/MONTH/YEAR	PHONE NUMBER (IF CALL DROPS)	LLAMADA ENTRANTE O REMISIÓN FROM OTHER ACTORS	CALL MOTIVE (DESCRIBE CLEARLY AND BRIEFLY)	INTERESTED IN CASE MANAGEMENT (YES / NO)	AGE	GENDER	HEALTH SERVICES	

COMPLETE THIS PART ONLY IF THERE IS CASE MANAGEMENT SERVICE PROVISION

REQUEST INFORMATION ON THE FOLLOWING

MENTAL HEALTH AND PSYCHOSOCIAL SUPPORT	JUSTICE OR SECURITY	LEGAL SERVICES	SOCIAL PROTECTION (CASH, VOUCHER, DIGNITY KITS)	EDUCATION	HUMANITARIAN	SAFE HOUSE / SHELTER	OTHER (SPECIFY)	THE INFORMATION WAS PROVIDED

# Annex 23. Sample service mapping form

SECTOR (SELECT ALL THAT APPLY, WITH AN X)								
Health	Education	Information	Protection	Justice	Public Ministries	Mental Health	GBV Case Management	

	<b>TYPE OF ENTITY</b>	<b>NAME OF ENTITY</b>	<b>PREVENTION OR RESPONSE TO GBV</b>	<b>TARGET POPULATION</b>

**CONTACT MODALITY / SCHEDULES**

Telephone Line	Opening hours	Whatsapp	Opening hours	Online chat	Opening hours	E-mail	Opening hours	

	In-person (dirección)	Opening hours	AVAILABILITY OF THE SERVICE (END DATE OF PROJECT)	FOCAL POINT: name, position, phone, e-mail





**Guidelines  
for the  
provision  
of remote  
psychosocial  
support  
services for  
GBV survivors**

