

KEY COMPONENTS TO A SAFE & EFFECTIVE CONSULTATION REGARDING GBV RISKS

It is critical that **ALL** sector assessments take specific action to include the views of diverse groups of women, girls and other at-risk populations. This sheet captures the key components to a safe and effective consultation regarding GBV risks.

1

Ensure a safe space

- a. **Find a safe location** (including the route to/from the venue) where **privacy** and **confidentiality** can be assured; ensure the timing of the consultation is safe and appropriate (i.e., that participants are not travelling before sunrise/after dark, that it is not held at times that make it especially challenging for women to participate given household responsibilities, etc.)
- b. Have **trained, female facilitators**.
- c. **Provide a clear understanding** to participants of the purpose and outcomes of the consultation.
- d. Ensure **informed consent** by all participating.
- e. **Consider any restrictions or cultural sensitivities** that may prevent a woman or girl from participating in a consultation or lead to more harm for her.

2

Consider who you're targeting for participation, and why

- a. **Meaningful participation of women and girls in assessments is the key to identifying GBV risks & implementing mitigation strategies.**
- b. Women and girls are most at risk and are disproportionately affected by GBV – they know the GBV risks in their setting the best; they know **what they need and how they want to access and receive what they need.**
- c. **Despite being most at risk, women and girls are typically the least consulted for program design and implementation.**
- d. Women and girls **play critical roles in well-being of family members** and are the **main users of humanitarian services.**



3

Ask relevant, safe, and ethical questions

- a. **Remember your goal: improve service delivery (make programming safer and more accessible).**
- b. Keep questions **simple** and **straightforward**.
 - i. Only ask about community versus individual experiences, for example:
 - ii. To your knowledge, do women and girls feel safe moving around the camp at night/using latrines/accessing food distributions/etc.? [as relevant based on your sector]
 - iii. Are there certain times of day or locations (etc) that make women and girls feel more or less safe [using latrines/accessing food distributions (etc)]? Why or why not?
 - iv. Do you feel more safe, less safe or about the same since [program or service] began? What has made you feel more or less safe?
 - v. Additional categories/areas of inquiry are included in the sector-specific GBV Guidelines Assessment sections
- c. **DO NOT** ask questions about individual's experiences of GBV (e.g. "Have you been raped?") or questions about a specific person's experiences of GBV (e.g. "Did your friend/neighbor/cousin experience physical violence?")
- d. **DO NOT** convene a group of GBV survivors or identify and find GBV survivors to take part in consultations. This can be stigmatizing and put survivors at risk of further harm.

4

Managing disclosures and providing referrals

- a. Even when no direct questions regarding specific GBV incidents are asked, **consultations that focus on feelings of safety are common times for survivors to disclose an incident of GBV that happened to them.**
- b. Therefore, it is critical to **ensure that all facilitators are properly trained** in how to **safely and appropriately respond to a disclosure.***

*Please note that while this module won't focus specifically on responding to GBV disclosures, Module 3 of the course will. Key good practice here is to:

- Ensure all staff have up to date copies of the referral pathway for their location
- Ensure at least basic training of all frontline staff – including those conducting the consultations – on basic psychological first aid
- Refer to the GBV Pocket Guide for locations where GBV specialists/referral pathways are not available or functional

