NATWAMPANE

TOGETHER TO STOP
sexual & gender-based violence

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GBV Case Management

This third issue of the Natwampane Newsletter aims to explain the approach that the Natwampane programme is taking when it comes to case management for reported cases of GBV. Case management is an approach that GBV service providers are encouraged to take, on how to respond to each survivor's unique experience and needs, following the key principles of **respect**, **confidentiality**, **non-discrimination** and **safety**.

Case Management highlights the criticality of all response service providers working together. A **multi-sectoral response to GBV** leads to increased levels of safety and support for GBV survivors through an effective, immediate and consistent referral pathway. Coordination between response providers improves the quality and efficiency of services required.

It is our hope that the case management approach taken under the Natwampane programme will be a lesson for all on how to ensure all response services are survivor focused and led, and that staff are well trained in not only their area of work, but in how they interact with survivors who are having to cope with the most heinous of crimes. It is only when we can assure a survivor of GBV that she / he will be treated with respect and dignity that we will be able to encourage more and more survivors to come forward and seek help.

I call upon everyone to come together to ensure that no survivor of GBV should suffer in silence!

Mainga Kabika
Permanent Secretary
Gender Division

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What is GBV Case Management?

GBV case management responds to each individual's unique needs. It ensures that case management services are accessible, appropriate, timely and of good quality. It encompasses a structured and collaborative process that engages multiple service providers to meet a survivor's immediate needs and support long-term healing and recovery. It uses a **survivor-centered approach** that is guided by 4 key principles: Respect, Confidentiality, Non-discrimination and Safety.

What is a survivor centred approach?

Informs survivors of all the options available;

Refers survivors to **relevant services based on consent**;

Identifies & follows up on issues that a survivor (and her family, if relevant) is facing;

Provides the survivor with **emotional support.**

Survivor-centred Approach:

This is where the survivor's experiences, needs, rights and decisions are at the center of a relationship that is a space for healing and empowerment. It aims to create a supportive environment in which each survivor's rights are respected and in which the person is treated with dignity and respect. A survivor-centered approach recognizes that every survivor:

- Has equal rights to care and support
- Is different and unique
- Will react differently to their experience of GBV
- Has different strengths, capacities, resources and needs
- Has the right, appropriate to her/his age and circumstances, to decide who should know about what has happened to her/him and what should happen next
- Should be believed and be treated with respect, kindness and empathy.

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Why is GBV Case Management important?

GBV case management is important for varied reasons. For example, in Northern and Luapula province, it enables us to **identify and assess the survivor's needs**. Through this, we can enhance the survivor's access to timely, quality, appropriate, competent and well-coordinated services including safe referrals. Additionally, the case management process helps **build and establish trusted relationships**, empathy that allows survivors to feel comfortable to seek services and trust our processes.

Informed by the social work, feminism and trauma-informed theory and interventions, GBV case management enables us service providers to **recognize the strengths of survivors**, importance of empowerment to healing and reconnection of survivors with their communities as a pathway to recovery, resilience as well as renewing supportive, respectful and positive relationships.

The process is important for **healing and recovery of the survivor**. Each step contributes to the healing process. For example, the introduction gives a survivor to open up, and build trust and rapport as their share their situation. Helps them own the process and lead the decision making. They charge and control of every step of service delivery especially within the OSC.

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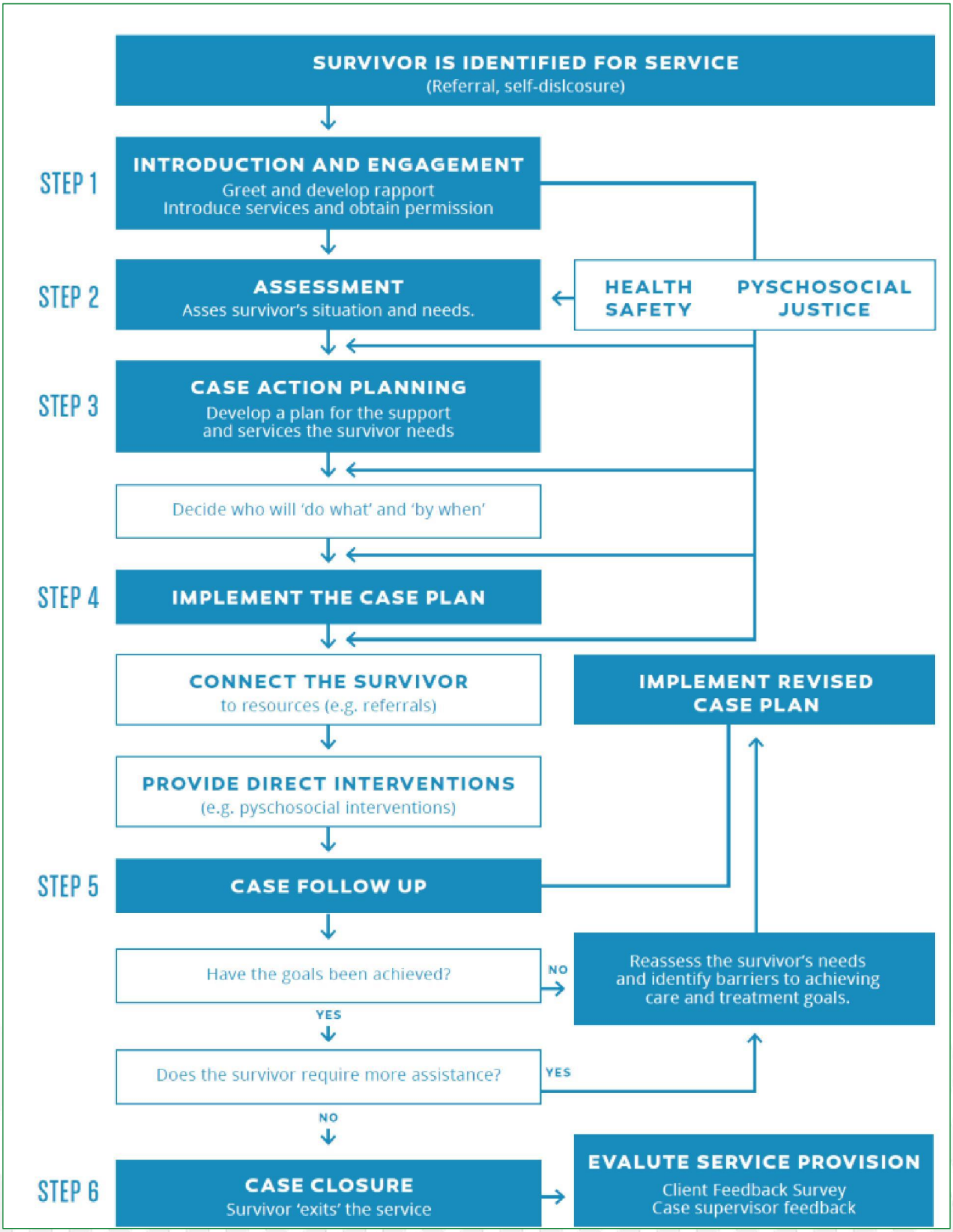
6 Steps of GBV Case Management



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6 Steps of GBV Case Management

1) Introduction and Engagement

This the first and critical step which can either create a safe environment for the survivor or subject them to further harm if not done properly. This is the stage where the counsellor develops rapport with the survivor and builds a foundation for healing. Immediate safety and medical needs are established at this stage, confidentiality and its limitations explained and **informed consent** obtained from the survivor to continue with the case management process.

2) Assessment and Intake

Enables the counsellor to understand the survivor's situation and identify immediate needs. During stage, survivor information is gathered and carefully assessed so that his/her immediate and long-term needs are determined. All this is done in a private and confidential environment to help the survivor feel comfortable telling their story.

Informed Consent

Is the voluntary agreement of an individual who has the legal capacity to give consent. To provide "informed consent," the individual must have the capacity and maturity to know about and understand the services being offered. It is an ethical obligation, and it is a survivor's right that must be protected. In GBV case management, getting informed consent is also an important part of building trust with a survivor. It is a way to promote the person's self-determination and start restoring their power and control.

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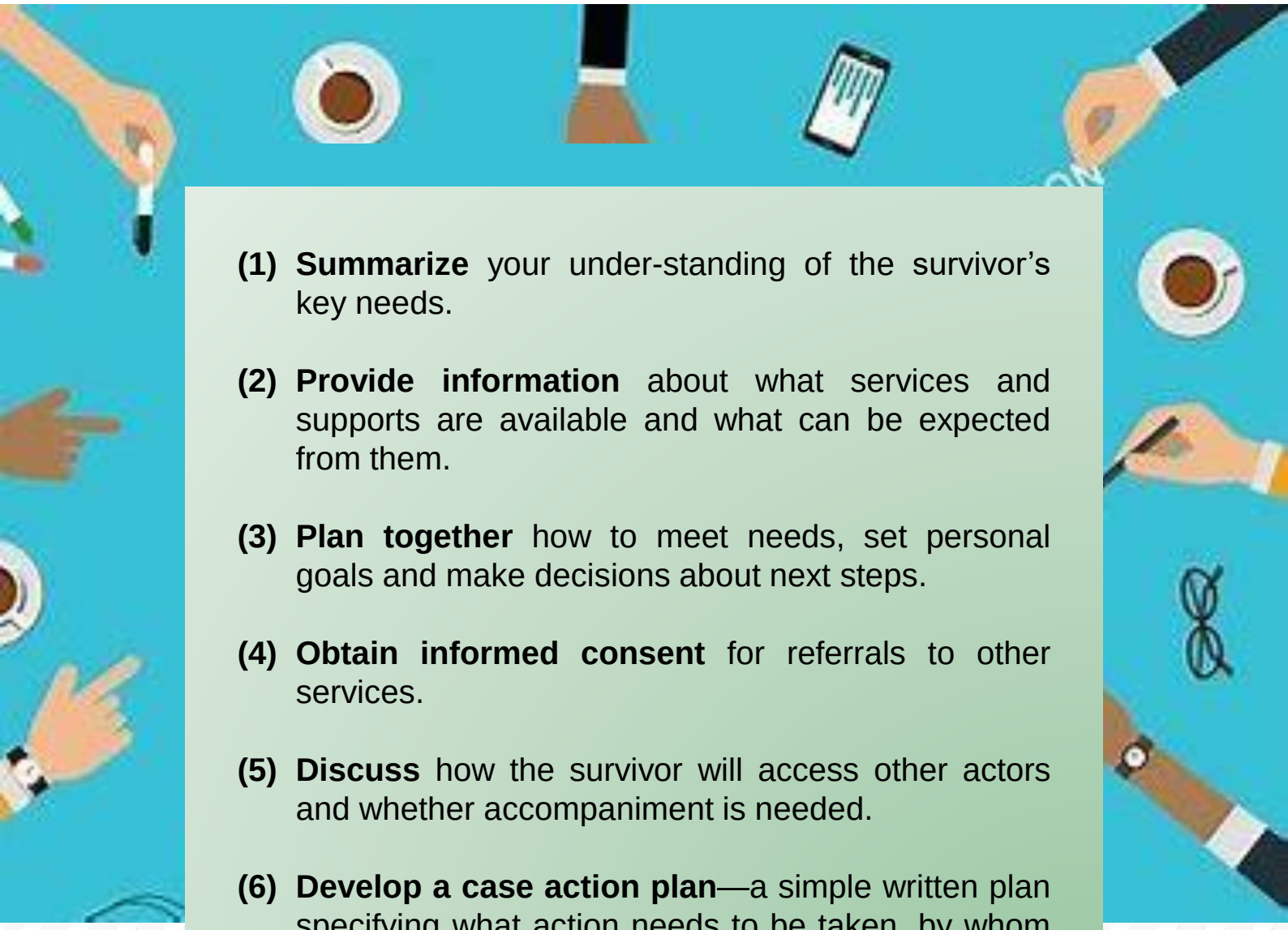
3) Case Action Plan

The survivor and counsellor agree on an action plan informed by the survivor's needs following the assessment and consent for any referrals obtained. Examples include; legal, medical, safety services etc. In this step, you and the survivor will plan how to meet her/his needs, solve problems and make decisions about what will happen next. You will:

How to develop a case action plan:



(1) **Summarize** your under-standing of the survivor's key needs.

(2) **Provide information** about what services and supports are available and what can be expected from them.

(3) **Plan together** how to meet needs, set personal goals and make decisions about next steps.

(4) **Obtain informed consent** for referrals to other services.

(5) **Discuss** how the survivor will access other actors and whether accompaniment is needed.

(6) **Develop a case action plan**—a simple written plan specifying what action needs to be taken, by whom and when.

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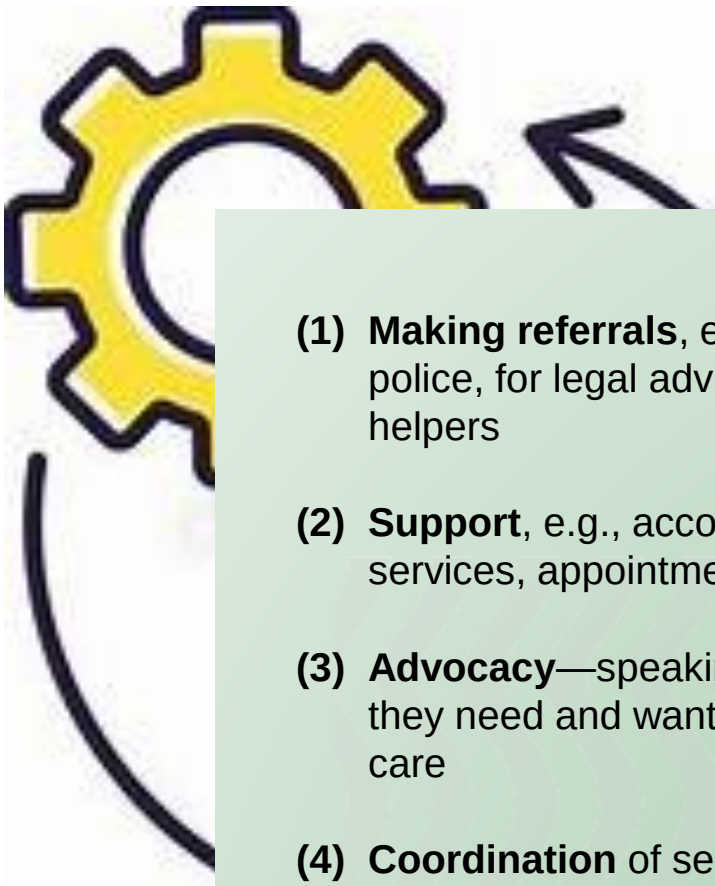
4) Implementation of Case Action Plan

At this stage, survivor receives all services indicated in the action plan, referrals are made. The service provider also supports advocacy for quality survivor-centered services. It also entails helping the survivor implement the plan and making sure they receive the care, support and assistance they need. Tasks involved in this step can include:



(1) **Making referrals**, e.g., for health care, to police, for legal advice, to other services and helpers

(2) **Support**, e.g., accompanying the person to services, appointments, etc.

(3) **Advocacy**—speaking on behalf of survivors if they need and want this help to access quality care

(4) **Coordination** of services

(5) **Providing direct services**, e.g., emotional and practical support, providing education to families, etc.

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5) Case Follow-Up

We do follow ups to re-assess the safety of the survivor, progress on well-being and if there are any changes and new needs ensuring the action plan is updated. In summary, during this stage we monitor the survivor's needs.

How to do case follow-up:

1) Meet with or contact the survivor as agreed. During case action planning, you should have already agreed with the survivor on when and how case follow-up will happen. Follow-up meetings should take place in a location where the survivor is comfortable and in which confidentiality can be protected.

2) Reassess safety Survivors' risks of harm often increase once they have disclosed the incident. Therefore, caseworkers should assess a survivor's safety during every visit with a survivor. During follow-up visits, you should ask specific questions about the survivor's safety in their home and community and what has changed since the last meeting.

3) Reassess psychosocial state and functioning. If, overtime, a survivor's well-being is not improv-ing or seems to be deteriorating (e.g. they are not caring for them-selves or their children, further isolating themselves) more specialized psychosocial or mental health care may be considered, if available. Supervisors should be consulted in such cases to deter-mine whether or not to make such a referral.

4) Review the case action plan with the survivor. Discuss whether the survivor has accessed the services to which they were referred and whether they experienced any challenges. Identify whether any new needs have emerged that should be address-ed.

5) Revise the case action plan, the outcomes of referrals and document any new needs that emerged on the case action plan form or a follow-up form. Schedule another follow-up visit.

6) Implement revised case action plan. If new referrals are required, additional informed consent procedures must be followed.

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6) Case Closure

At the end of service delivery, the survivor and counsellor will agree to close the case. Key to note, a survivor is always welcome to seek more or similar services should abuse occur again. Other scenarios when a case is closed include; relocation of the survivor, loss of contact with the survivor for over 30 days or more according to the context.

Case closure is determined by different variables and is based on standard criteria below:

- When their **needs are met**, and support systems are functioning;
- When a **survivor wants to close the case**. Survivors may sometimes feel they do not want to continue with case management process even when their needs may not be met. Our goal is to respect their wishes and thus the case is closed as per the request;
- The **survivor leaves the area** or relocates.

Once it's established that the close should be closed, document the specific reasons for closure, safely store the closed file (separately with the consent form and administer a client feedback form.

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Case Management in the Natwampane Programme

In line with the **Global Minimum Standards** for GBV response and prevention, both the Northern and Luapula province project and OSC teams have received training in key technical areas; GBV Case Management, GBV Core Concepts, Caring for Child Survivors and Global Minimum standards to build and strengthen their know-ledge and skills in providing quality, competent and timely survivor-centered services. The trainings comprised of role plays and group activities to boost participation from
all participants, strengthen confidence l evels and challenge individual harmful attitudes.

Gradual improvement in being survivor-centered has been no-ticed and through continued on-job mentorship and coaching the teams are getting more comfort-able and skilled in providing GBV response services. Internal and external safe and timely referrals. Most key is the collaboration with social welfare for high-risk cases that require places of safety. Luapula and Northern have demonstrated strong linkages with the department of social welfare which makes referrals smooth and safe. This is further enhanced by safety plans done with survivors as a measure to protect them from further harm and abuse especially for IPV-survivors.

Figure 1: Role play during case management training

Figure 2: The TA guiding a discussion

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Through stakeholder meetings and discussions at provincial and district level, Natwampane provides information on the case management process and why it is critical for a well-managed and coordinated GBV response. This has contributed to improved collaboration and coordination with different stakeholders and service providers and ensuring safe access to medical, legal, psychosocial and safety services.

Shelter/ Place of Safety

is residential facility providing survivors of GBV with temporary accommodation, food and other services including counseling as referrals are made to ensure the survivor is safe and is part of the referral system in the management of Gender Based Violence. The Natwampane project in the Northern province will be launching and handing over the provincial shelter to the government in June

At the OSCs, the teams have displayed the case management steps and GBV minimum standard posters on walls as reminders on what needs to be followed in line with good best practices and guiding standards to ensure adherence to quality and appropriate service delivery.

The teams are now aware of harmful practices that could expose them and the survivors to further risk of abuse and as such applying safety measures to avert that. For example, there is clear demarcation of roles now especially on who should and shouldn't be involved in apprehensions, seized conducting home visits as an approach to follow up, and gradually shifting from mediation and or couple counseling.

Use of **healing statements** and change of individual counselor attitudes to being more positive, supportive and empowering to survivors has become part of the daily practice throughout the case management process at the OSCs. Statements like "I am glad you told me, I believe you, it's not your fault" are among the many that you will notice our counsellors using when serving survivors.

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Such have become an important part of a survivor's healing. These are increasing strengthening the confidence and trust in our services as survivors leave the OSCs. Listening to such empathetic and powerful statements in societies that are heavy on cultural and patriarchal practices is helping survivors begin to feel less shame, self-blame and stigma and more supported.

Healing statements

Are words or phrases we say to a survivor immediately s/he shares her story about the abuse she has experienced, these are said throughout the case management process to show support and validation of his/her feelings.

Hearing these statements frequently can be an important survivor's healing. You should use them (or similar ones) throughout your work with a survivor. Remember that, once they leave the safe space you have created with them survivors go out into a world that does not believe them, blames them and judges them. Communicating these basic but powerful messages may help survivors begin to feel less shame, self-blame and stigma and more supported.

- Validate and empower the survivor by saying: *"You were very brave for sharing that with me."*
- Continue to build trust by saying: *"I believe you."*
- Express empathy by saying: *"I am sorry this happened to you*", or *"I am so sorry you are going through this."*
- Provide reassurance that what happened was not their fault by saying: *"You are not to blame*", or "*What happened was not your fault*."

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Printable Card*

Sample Scripts for GBV Case Management

Introduction and Engagement

SAMPLE SCRIPT

To explain how the person's information will be safely and securely stored, you can say:

There are some forms that I need to fill out where I write down the information you have shared with me. These forms are not shared with anyone else—I use them to help me remember things about your case. These forms are kept in a locked file in a secure place, and will not be kept with any personal information that would link you to the case file.

SAMPLE SCRIPT

To explain confidentiality and its limitations, you can say:

It is important for you to know that I will keep what you tell me confidential, including any notes that I write down during our meetings. This means that I will not tell anyone what you tell me, or share any other information about your case, without your permission.

There are only a few situations when I may have to speak with someone else without asking your permission.

If you tell me you that you may hurt yourself, I would need to tell my supervisor or others who could help keep you safe.

If you tell me that you plan to hurt someone else, I would have to tell [relevant protection authorities] so we could prevent that action.

If a UN or humanitarian worker has hurt you, I would need to tell my supervisor and report what this person has done, so he/she can't hurt anyone else.

If... [Explain mandatory reporting requirements as they apply in your local setting].

Sharing information during these times is meant to keep you safe and get you the best help and care you need. Other than these times, I will never share information without your permission.

SAMPLE SCRIPT

To explain the person's rights, you can say:

I also want to be sure you know that you have rights as we work together. For example,

- *It is okay if there is something you want to tell me, but you'd rather I not write it down. You just have to let me know.*
- *You do not have to answer any questions that you do not want to. Also, you can always ask me to stop or slow down if you are feeling upset, worried or scared.*
- *You can ask me any questions you want to, or let me know if you do not understand something I say.*
- *You can also tell me that you prefer to work with someone else either here or with another organization.*

SAMPLE SCRIPT

To get permission from the survivor to proceed, you can say:

Do you have any questions about anything that I explained to you?" [Allow for time to answer any questions]. *If I have answered all of your questions, may I have your permission to continue our conversation and begin working with you?"*

→ **If YES**, you can proceed with case management services.

→ **If NO**, remind the person that what happened to them was not their fault, provide information about other services in the community that may be helpful, and tell the person that they can come back at any time.

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*Case Management Guidelines, IRC

Printable Clue Card*

Assessment and Intake – Sample Scripts

SAMPLE SCRIPT

To provide information about the emotional and psychological impact of GBV, you can say:

- *You may be experiencing many different feelings right now. The different feelings can be confusing and hard to understand. You can often feel opposite feelings at the same time. It's ok to have a lot of different feelings about what happened and the* [perpetrator]*, especially if it someone you knew well and trusted.*
- *You may feel that you cannot trust anyone anymore and this may be hard and discouraging and scary. It makes sense that you feel them given what you have gone through.*
- *All of the feelings you have--whether anger, guilt, fear, love, hope, hopelessness, sadness, shame, confusion-- are common and okay for you to feel.*
- *Sometimes these feelings affect how you behave. You may feel scared all of the time and feel like you cannot trust anyone. You may feel sad all of the time and want to cry. You may feel nothing or feel 'numb.' And you may not want to talk to anyone. All of that is ok.*

SAMPLE SCRIPT

To assess changes in the person's feelings and behavior, you can say:

Sometimes, what happened to you can cause you to act differently and feel differently than before. I'd like to ask you some questions about how you have been feeling and what you have been doing recently. Since [the incident] happened, have you / do you. . . [draw from examples provided as relevant]

SAMPLE SCRIPT

To assess current or past suicidal thoughts you can say:

- *That sounds like a lot for one person to take. Are you feeling so bad that you're considering suicide to escape?*
- *Do you think about dying? Or wish you were dead?*
- *Are you or have you ever thought about hurting or killing yourself?*
- *Has all that pain you're going through made you think about hurting yourself?*
- *Do you ever wish you could go to sleep and just not wake up? How often? Since when?*

SAMPLE SCRIPT

To address feelings and provide immediate emotional support, you can say:

"I understand that you are feeling this way and I am sorry. I know that it was hard for you to share that. You are very brave for telling me. It is very important to me that you do not hurt yourself. And I would like us to come up with a plan together for how we can help you to not do this. Is this okay with you?"

Case Action Plan – Sample Scripts

SAMPLE SCRIPTS

To help transition the assessment to case action planning, you can say (below is based on a case example):

"Based on our conversation, my understanding is that you are worried about your safety when you return home... that you do not need medical attention at this time... that you aren't sure yet about any legal process... and that you are feeling worried, sad and scared right now. Is this right, or is there anything we need to add?"

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*Case Management Guidelines, IRC

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