

# The Silence I Carry

Disclosing gender-based violence  
in forced displacement

Practitioners' Toolkit for Mexico (Revised, 2020)



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in forced displacement

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# Introduction

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Over half a million displaced people journey north from Central America and through Mexico every year. Many suffer multiple forms of gender-based violence (GBV), including rape, transactional sex, forced prostitution, sex trafficking, and sexual assault. And yet very few survivors report the harm they have suffered.

One key to improving detection of and response to GBV among refugees and migrants is to better enable survivors to disclose, or reveal, their experiences of GBV to service providers and others who can help. However, enabling GBV disclosure in the context of Central and North American migration is not as simple as it sounds. High levels of mobility and regional insecurity, along with individual, social, and structural factors, can affect a person's capability, opportunity, and motivation to report this kind of harm. Additionally, it may not always be appropriate or necessary for providers to pursue GBV disclosure. Disclosure of GBV entails a complex set of dynamics. Because it can be so central to a survivor's well-being and ability to access care and protection, approaching disclosure from a service provision standpoint requires a thoughtful, ethical consideration as well as examined, skillful practice.

In 2017, the UN High Commissioner for Refugees' Regional Legal Unit (UNHCR - RLU) for the Americas Region requested exploratory research focused on challenges and strategies related to GBV disclosure among refugees and other migrants in the Central American migration corridor. UNHCR chose to focus on Mexico and Guatemala, two countries in which it had established a Regional Safe Spaces Network (RSSN) of service providers assisting survivors of GBV.

The preliminary research focused on identifying barriers to GBV disclosure in the Guatemala / Mexico migration corridor, ways to strengthen providers' approach to GBV disclosure, and how to improve awareness raising about GBV risks and support services. From September 2017 through January 2018, a research team based at the Human Rights Center, University of California, Berkeley (HRC), conducted desk research and interviews with 41 key informants and service providers in Guatemala and Mexico (along the border and in each capital city). After analyzing the interview data, HRC produced a report entitled, *The Silence I Carry: Disclosing gender-based violence in forced displacement – Guatemala & Mexico* in February 2018. It contained findings, analysis, recommendations, and a dozen draft tools to improve GBV-related disclosure and outreach for the Central American and Mexican context. The report and draft tools were published in English and [Spanish](#).

The draft tools addressed both ways to approach individual disclosure of GBV in a service provision context, as well as ways to increase opportunities for GBV disclosure through outreach to “invisible” populations about GBV and the availability of relevant support services. The tools included a typology of GBV disclosure from a service provision standpoint, along with training modules and sample “do's and don'ts” for facilitating disclosure in ways that consider providers' capacity and role with respect to GBV response. Specific communication tools offer suggestions both for in-person strategies, such as facilitated group discussions and community theater productions, and broader outreach campaigns such as the strategic distribution of printed materials and creative use of public space.

In August 2019, the research team moved to Washington University in St Louis to launch a new Center for Human Rights, Gender and Migration (CHRGM). The team continued to develop the GBV Disclosure toolkit, piloting draft tools in multiple workshops with service providers in Mexico (Acayucan, Mexico City, Tapachula, and Tenosique) during late 2019 and early 2020.

This is the current GBV Disclosure Toolkit. Thanks to piloting participation and the thoughtful feedback of dozens of service providers and UNHCR colleagues in Mexico, it has been revised in both content and format. The original tools now have more enhanced facilitation guidance and more detailed sample scenarios, etc. Certain tools also include new guidance for “remote” service provision, in light of the 2020 COVID-19 pandemic, which has forced a shift in operations for many organizations. Finally, two new sections have been added at the request of service providers:

guidance for service providers who must affirmatively ask about GBV in order to provide the service or benefit a refugee or other migrant seeks (Tool 4), and a short reference list of additional tools and resources (see “Other Disclosure-related Resources”).

The “GBV Disclosure Toolkit” will be useful for both individual practitioners and organizations, as a personal reference and training resource. It will be available in Spanish by early 2021.

Thanks to a recent grant from the United States Department of State, Bureau of Population, Refugees and Migration, this toolkit will be piloted more fully and evaluated for impact in Mexico in 2021. It will also serve as a basis for modification and piloting in other refugee crises around the world – the first step in the development of an adaptable, evidence-based toolkit for GBV disclosure in diverse humanitarian settings.

We welcome thoughts and feedback at [centerforhumanrights@wustl.edu](mailto:centerforhumanrights@wustl.edu).

# TOOL 1 | GBV Disclosure: A Proposed Typology

## Introduction to the tool

The typology presented on the following page offers an introduction to the concept of GBV disclosure. Disclosure can happen in different ways and for different reasons. Training facilitators can use the typology to guide participants in a discussion on GBV disclosure in the context of their work. Discussion can help participants identify what they can do in their specific roles to approach disclosure in a safe, ethical, and survivor-centered manner.

## Facilitator's guide to using the tool

### Opening

Trainer introduces the concept of GBV disclosure and highlights the following points:

1. “Disclosure” can mean different things. It usually means the revelation of something previously unknown. Often, it describes the revelation of something stigmatized or secret. For example, social science and public health literature has studied “disclosure” related to HIV+ status and sexual orientation.
2. In the context of this typology, disclosure means **the act of a survivor revealing an experience of GBV to a service provider**.
3. For service providers working in a humanitarian context, note the difference between GBV “disclosure” and GBV “identification / detection / screening”:
  - Identification / detection / screening refers to the service providers’ or other agency’s active effort to find instances or survivors of GBV. This is sometimes done using direct questioning or observation of certain signals or behaviors.
  - Disclosure refers to the act of a survivor revealing an instance of GBV, which does not necessarily have to occur in response to direct questioning from a provider. It can happen for many reasons, as we will discuss next.

### Discussion

Trainer proposes thinking about disclosure as three different “types” and provides a brief overview and definition of each (see typology). Below are sample discussion questions for each type of disclosure. Trainer can prompt further reflection by asking participants to share specific examples they have seen at work.

#### **Self-motivated disclosure**

- When might a survivor be *self-motivated* to disclose GBV to a service provider or other organizational representative? Why?
- What types of services might a survivor need that would motivate her to share her GBV experience, unprompted?
- What can service providers and/or organizations do to be prepared for unexpected instances of self-motivated disclosure?

### **Enabled disclosure**

- In what kinds of service provision situations or organizations might “enabled” disclosure happen?
- What kinds of things in a service provider setting (physical or non-physical) might help a survivor feel safe and comfortable enough to decide to disclose GBV? Does your organization try to create these conditions? If so, what?
- Is there someone at your organization to whom survivors seem comfortable speaking with about GBV? Why do you think that is?

### **Elicited disclosure**

- When would it be appropriate to seek disclosure? What would be the benefit(s) to the survivor?
- Which service providers typically need information about experiences of GBV? Why? What do they do with this information?
- What elements are necessary for safe, ethical “elicited” disclosure of GBV? When is it NOT appropriate to seek or elicit disclosure? When is it not clear?

### **Closing**

Trainer closes the discussion by emphasizing that: (1) everyone at an organization should be prepared to respond to (rare) instances of “self-motivated” disclosure; (2) organizations should also all strive to create an “enabling” environment where disclosure could occur, including training all staff on GBV and ensuring there is a safe space at the organization for survivors who may want to disclose; and (3) providers should generally NOT seek disclosure unless there is a clear need or benefit to the survivor, staff are properly trained, and referrals to support services are available.

# GBV Disclosure: A Proposed Typology

Type of Disclosure	Sample Scenarios	Commonly Implicated Service Providers	Approaches and Considerations
<p><b>SELF-MOTIVATED DISCLOSURE</b></p> <p>Survivor has independent reason or intent to disclose GBV, regardless of environment or provider action.</p>	<p>Survivor wants a pregnancy test at a medical clinic after rape experience. Survivor requests referral to a safe house due to experience or fear of GBV.</p>	<p>Healthcare providers (medical, psychosocial support)</p> <p>Law enforcement officers</p> <p>Shelter staff</p> <p><i>Note: All providers should be prepared for self-initiated disclosure of GBV, however rare it may be.</i></p>	<ul style="list-style-type: none"> <li>Capacity to provide psychological first aid.</li> <li>GBV sensitization of entire staff, including survivor-centered and rights-based approaches.</li> <li>Confidential interview space.</li> <li>Confidential and updated referral, information management, and case management systems.</li> <li>Diversity of gender, ethnicity, age, language, and sexual orientation / identity on staff, to extent possible.</li> </ul>
<p><b>ENABLED DISCLOSURE</b></p> <p>Survivor is encouraged to disclose GBV due to the existence of a supportive environment or general showing of receptivity on the part of a provider.</p>	<p>Survivor who feels welcome at migrant shelter confides in kitchen staff.</p> <p>Survivor engaged in general group therapy activities eventually feels comfortable revealing individual GBV experience.</p>	<p>Healthcare providers (medical, psychosocial support)</p> <p>Law enforcement officers</p> <p>Shelter staff</p> <p><i>Note: All providers should aim to create a safe, enabling environment for those wishing to discuss GBV experiences or concerns.</i></p>	<p><i>All of the “self-motivated disclosure” approaches, plus:</i></p> <ul style="list-style-type: none"> <li>Creation of safe, welcoming facility.</li> <li>Engagement of migrants and refugees in routine activities, chores, etc. to create rapport and predictable opportunities to speak freely.</li> <li>Provision of diverse interaction opportunities, including group activities (know-your-rights trainings, group therapy sessions, etc.)</li> <li>Display of posters and other materials about SGBV and available support services.</li> <li>Availability of “GBV officer,” “women’s officer,” etc.</li> </ul>
<p><b>ELICITED DISCLOSURE</b></p> <p>Survivor discloses in response to providers’ direct questioning about past traumatic experience, which may include direct or indirect questioning about GBV.</p>	<p>Survivor responds to UNHCR staff or lawyer’s question about harms fled in home country, asked to determine asylum eligibility.</p> <p>Police are contacted about a crime of GBV and must question survivor, witnesses.</p>	<p>Healthcare providers (medical, psychosocial support)</p> <p>Law enforcement officers</p> <p>Legal aid attorneys</p> <p>Refugee status determination actors</p> <p><i>Note: Most providers should refrain from direct questioning about GBV unless there is a clear need or benefit to the survivor and provider staff are sufficiently trained.</i></p>	<p><i>All of the “self-motivated disclosure” approaches, plus:</i></p> <ul style="list-style-type: none"> <li>Creation of safe, welcoming facility.</li> <li>Ongoing interview training and skills-development re: GBV and working with survivors of trauma.</li> <li>Engagement of, or ready access to, expert on GBV, gender, vulnerable groups, etc.</li> <li>Prepared explanation as to why certain questions will be asked, and with what assurances of confidentiality.</li> <li>Clear intake and documentation procedures.</li> <li>Safe and confidential information management systems.</li> <li>Access to trained interpreters.</li> </ul>



# TOOL 2 | GBV Disclosure: Sample Training Module

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## Introduction to the tool

As part of a full staff training on GBV, trainers should specifically address disclosure considerations and techniques. With reception centers and shelters especially, everyone from security guards to cooks to administrative staff should be prepared to signal receptivity to GBV disclosure and respond sensitively.

Two training modules are offered below that use scenario analysis in (1) small group discussions and (2) role play. The purpose of these activities is to generate a discussion on how staff can create an enabling environment for GBV disclosure, without necessarily probing for disclosure via direct questioning. Versions of these activities can also be used with staff whose role it is to probe for disclosure. After discussion, training participants jointly generate a list of Do's and Don'ts for enabling disclosure, to serve as the basis for a common framework on creating an enabling environment for disclosure within the organization. A non-exhaustive list of Do's and Don'ts is included in [Tool 3](#).

Both training modules use sample scenarios, which are included as standalone worksheets at the end of these modules. However, organizations are encouraged to develop their own scenarios as relevant for their institutional mandate and staff. Trainers can use one or both modules in a single training session. If both are used, it is recommended that facilitators begin with Module 1 before moving to Module 2.

## Module 1: Small group discussion

In this module, the trainer divides participants into small groups of 3-5 people. The trainer then passes out a sample scenario with discussion questions to each participant and everyone spends two minutes reading the scenario. (Alternately, the trainer can project the scenario onto a screen and have participants take turns reading it aloud to the whole group.)

Several sample scenarios are included as standalone handouts at the end of [Tool 2](#). The remainder of this module will draw on the first sample scenario (Esperanza) to illustrate the proposed discussion steps.

## Sample scenario for small group discussion (Esperanza)

Esperanza, a young Mam Mayan woman from the Guatemalan highlands, arrives at a shelter just over the border with Mexico with her two children. At the gate, the security guard ushers her in and asks her to sign in on a form. A volunteer approaches her to inform her there will be a group shelter orientation session at 4pm (5 hours from now), and asks her to wait in the intake room for now so that a staff member can talk to her. In the intake room with her children, Esperanza notices posters on the wall with pictures of people running and looking scared, but she is illiterate and cannot read the captions. She also notices pamphlets with images of children on the table. After twenty minutes of waiting in the intake room, a male staff member enters.

The staff member asks Esperanza if she is comfortable in the room. She nods, and he sits down across from her. The staff member introduces himself, quickly explains to the woman the rules of the shelter and tells her that he needs to ask her a few questions for the purposes of ensuring her own and other residents' safety. She nods again, but the staff member senses she did not fully understand him. He asks her which language she is most comfortable speaking, listing options based on languages spoken by other staff members at the shelter. Esperanza nods when he offers Mam, and states she is from Huehuetenango. The staff member smiles, gets up and says he will be right back. He returns 10 minutes later with a female staff member who greets Esperanza and her children in Mam when she enters the room.

## Small group discussion questions

Small groups are given 10-15 minutes to discuss the below questions.

1. What elements of the story **contributed** to creating an enabling environment for GBV disclosure?
2. What elements of the story **detracted** from creating an enabling environment for GBV disclosure?

## Full group discussion

After discussing in small groups, the trainer reconvenes the full group. On the white board, easel, or projector, the trainer draws a table with two columns labeled “+” and “-”.

Small groups report back what they thought **contributed to** (for “+” column) and **detracted from** (for “-” column) creating an enabling environment for GBV disclosure in the scenario. If needed, the trainer can ask additional questions to prompt further responses, such as:

- What do you think Esperanza’s first impressions were when she arrived at the shelter gate? How do you think the interactions with the security guard and the volunteer made her feel? Why?
- What did the volunteer, security guard, and staff members do that helped create a safe and welcoming space?
- How was the intake room arranged? Did any elements signal safety or receptivity to discussing GBV?
- How do you think Esperanza felt when she was waiting in the intake room? Why?
- How do you think Esperanza felt when speaking with the two staff members in the intake room? Why?

To deepen the discussion, the trainer can ask participants to imagine what could have been done differently in the scenario to create a more enabling environment for disclosure. Questions can include:

- What steps could the personnel in the scenario take on an **individual level** to create a more enabling environment for GBV disclosure? What could the staff member, volunteer, and security guard have done differently?
- What steps could be taken on an **organizational level** to create a more enabling environment for disclosure?

Sample responses to the discussion questions in a “+” and “-” table are provided below. The trainer can also introduce the GBV Disclosure “Do’s and Don’ts” list in [Tool 3](#) to close out the group discussion and highlight what can be done on an **individual** versus an **organizational** level to create a safe, supportive environment for GBV disclosure.

# Creating an enabling environment for disclosure



## ELEMENTS THAT CONTRIBUTED TO CREATING AN ENABLING ENVIRONMENT (NON-EXHAUSTIVE):

- Volunteer present to direct woman to intake room and inform her of later welcome session.
- Existence of a separate, private space to talk one on one.
- Staff (guard, volunteer) present at the shelter to usher her in and inform her of what to expect.
- Informational material on displacement and different population groups (eg, girls, boys) present in the intake room.
- Male staff member asks her if she is comfortable.
- Male staff member attuned to young woman's reactions and senses when she doesn't understand.
- Male staff member offers to conduct intake in another language in which she is more comfortable.
- Presence of diverse staff at shelter, with personnel that speaks other languages common amongst refugees and migrants.
- Staff of different genders present at shelter (male, female).
- Female staff greets both the woman and her children in her native language when she enters the room before doing or saying anything else.



## ELEMENTS THAT DETRACTED FROM CREATING AN ENABLING ENVIRONMENT (NON-EXHAUSTIVE):

- Security guard did not greet woman and her children when they arrived.
- Residents needing to sign themselves in at the entrance doesn't account for possibility of illiteracy.
- Volunteer who approached woman and her children did not greet her or ask if they needed anything right away, such as water, food, rest.
- Long wait in the intake room with no explanation of what to expect.
- Text-heavy materials not helpful in cases of low literacy.
- Male staff member did not greet children or ask if they needed anything before launching in to explanation.
- Male staff member explained rules of the shelter before asking her how she was, what she needed, etc.
- Male staff member did not ask if woman wanted to speak with or without her children in the room, as she may not feel comfortable talking about violence with them present.
- Staff member did not ask for woman's consent to speak to her and ask questions right in that moment and did not offer an alternate time for speaking if she first needed rest.
- Male staff member did not inform her that he was going to find another staff member to bring back to the intake room.
- Male staff member did not ask her if she preferred speaking with a female or male staff member.

## Module 1: Small Group Discussion

### SCENARIO 1:

## Shelter Arrival (Esperanza from Guatemala)

Esperanza, a young Mam Mayan woman from the Guatemalan highlands, arrives at a shelter just over the border with Mexico with her two children. At the gate, the security guard ushers her in and asks her to sign in on a form. A volunteer approaches her to inform her there will be a group shelter orientation session at 4pm (5 hours from now), and asks her to wait in the intake room for now so that a staff member can talk to her. In the intake room with her children, Esperanza notices posters on the wall with pictures of people running and looking scared, but she is illiterate and cannot read the captions. She also notices pamphlets with images of children on the table. After twenty minutes of waiting in the intake room, a male staff member enters.

The staff member asks Esperanza if she is comfortable in the room. She nods, and he sits down across from her. The staff member introduces himself, quickly explains to the woman the rules of the shelter and tells her that he needs to ask her a few questions for the purposes of ensuring her own and other residents' safety. She nods again, but the staff member senses she did not fully understand him. He asks her which language she is most comfortable speaking, listing options based on languages spoken by other staff members at the shelter. Esperanza nods when he offers Mam, and states she is from Huehuetenango. The staff member smiles, gets up and says he will be right back. He returns 10 minutes later with a female staff member who greets Esperanza and her children in Mam when she enters the room.

### DISCUSSION QUESTIONS FOR SMALL GROUPS

1. What elements of the story **contributed** to creating an enabling environment for GBV disclosure?
2. What elements of the story **detracted** from creating an enabling environment for GBV disclosure?

## Module 1: Small Group Discussion

### SCENARIO 2:

## Registration at Asylum Office (Rosa from El Salvador)

Rosa (16 years) left El Salvador three months ago after her older brother had disappeared. Her parents, worried about her safety, decided to send her north with what little money they had. Rosa took several buses and finally crossed the border on foot into Mexico, arriving in Tapachula. She stayed at a local shelter where a volunteer suggested that she apply for refugee status.

The next day, Rosa arrives at the COMAR office in Tapachula. After waiting outside in line for four hours, a security guard searches her belongings and tells her to wait inside. She takes a seat. The waiting room is crowded, with barren walls and security guards that look like immigration officers stationed at the exits. A COMAR official, Sergio, enters and gives a brief presentation explaining the RSD process and how to fill in the application form. Sergio says it is very important to answer all the questions truthfully because applicants can be denied refugee status for providing false information. Sergio also emphasizes that everyone's answers will remain confidential.

Another COMAR official passes out the application forms. Rosa begins filling it out, but pauses when she arrives at a question asking that she describe the last things that occurred prior to leaving Honduras. Sergio notices she has stopped writing and is looking around, so he goes over to check on her. He asks if she needs any assistance filling out the form. She hesitates but then shakes her head, and Sergio continues on to ask another person if they need assistance.

### DISCUSSION QUESTIONS FOR SMALL GROUPS

1. What elements of the story **contributed** to creating an enabling environment for GBV disclosure?
2. What elements of the story **detracted** from creating an enabling environment for GBV disclosure?

## Module 1: Small Group Discussion

### SCENARIO 3:

## Vulnerability Screening at Asylum Office (Franklin from Haiti)

Franklin, a 23-year-old asylum seeker from Haiti, has been living in Mexico City for 8 months. Today he has an appointment with the Atención y Vinculación section of COMAR. His initial formulario, which he submitted 5 months after arriving in Mexico City, explains that he had been a police officer in Port-au-Prince. He writes that during recent protests against Haiti's new president, police forces were firing live rounds at protesters. Franklin claims that he had refused to partake, believing that police officers should protect civilians. As punishment after the protest, he describes that his unit locked him up in one of their own jail cells for one night. When he was released the next day, Franklin decided he could no longer stay in Haiti and fled to Mexico.

Now, sitting in a waiting room at the COMAR office, an official hands Franklin a questionnaire that asks about his living situation and health status. Since he speaks very little Spanish, COMAR had arranged for an interpreter to be present on that day. The interpreter and the COMAR official, Alejandra, sit next to him in the waiting room and begin to go through the questions. When they get to the questions about health status, Franklin reluctantly admits that he recently went to the doctor and tested positive for HIV. He shifts around uncomfortably in his seat and stares at his hands. Alejandra makes a note of this and then asks if he is taking any medications. He says no. Alejandra continues to go through the questions on the form, asking about other medical conditions if Franklin suffers from any addiction.

### DISCUSSION QUESTIONS FOR SMALL GROUPS

1. What elements of the story **contributed** to creating an enabling environment for GBV disclosure?
2. What elements of the story **detracted** from creating an enabling environment for GBV disclosure?

## Module 1: Small Group Discussion

### SCENARIO 4:

# Refugee Status Determination Interview (Maria from Honduras)

Maria is an asylum seeker from Honduras. She has an 11am appointment at the asylum office this morning and has arrived with her son, Marco (aged 4). Maria shows the guard an appointment letter and the guard lets her into the waiting room where a receptionist tells her to sit down. Maria and Marco wait in a crowded waiting room for 45 minutes until Pablo, an asylum officer, opens the door and calls her name. They walk into Pablo's office and Maria sits down with Marco on her lap.

Pablo introduces himself and explains briefly how the interview will go. He reassures her that all her responses will remain confidential, and to let him know if she ever needs to take a break. He says that some of the questions may be difficult but that it is very important that she answer truthfully. The interview begins with a few basic questions about her life in Honduras. As it progresses, he begins to ask about Marco's father: "What was your relationship with him like?" "Is there a reason he didn't come with you?" "Did you feel safe in that relationship?" Maria is visibly uncomfortable, and gives one-word answers. Then Pablo asks, "Did he ever hurt you?" Maria bites her lip and looks down at Marco, not sure how to answer. Then she finally answers, "Yes, he used to hurt me quite a bit." Pablo, noticing Maria's discomfort, decides to change the subject and asks, "When did you leave the country?"

### DISCUSSION QUESTIONS FOR SMALL GROUPS

1. What elements of the story **contributed** to creating an enabling environment for GBV disclosure?
2. What elements of the story **detracted** from creating an enabling environment for GBV disclosure?

## Module 2: Full group role play

In this module, the trainer facilitates a full group role play based on a background scenario. Participants act out subsequent scenes of the scenario as indicated in activity instructions. Actors can play out the scenes to demonstrate either best or worst practices for creating a supportive, enabling environment that could facilitate GBV disclosure. Discussion based on the role play follows. Several sample scenarios are provided at the end of this module that address different service provision contexts: shelter, healthcare, legal aid, and asylum application and interview with a state officer.

### Opening

The trainer explains to participants how the role play activity will work by providing the following instructions:

1. Participants will be divided into groups of 5-8 people. *(If multiple scenarios are being used, the trainer should divide groups according to participants' roles at the organization(s). For instance, nurses and medical personnel should be grouped together, as should social workers and shelter staff, lawyers and paralegals, and state officials conducting interviews with asylum seekers.)*
2. Each small group will receive a sample scenario to read. The trainer will randomly assign roles to members of the small groups for acting out the scenes (eg, by having group members pick pieces of paper with character names). Trainer should explain that each group should prepare to start their acting from the moment the written scenario ends and the “assigned situation” begins – they should not act out all the background information.
3. Small group members will have 5-10 minutes to discuss how they will act out the assigned situation. They can decide what “good” or “bad” practices they want to include in their performance.
4. The trainer explains that they will “freeze” the scene at various points in order to ask the audience questions about the scene as it relates to GBV disclosure. The trainer also explains that they will replace actors with other members of the small group so that everyone has a chance to role play.
5. The trainer will select one small group to go first. A member of that group will read out the “background information” for the audience. The group should then start acting.
6. The group will have 20-30 minutes to present the scene to the other small group, including “freeze” breaks for discussion. *(If there are 4 or more small groups, the trainer can pair group 1 with group 2 and group 3 with group 4. To save time, groups 1 and 3 can present simultaneously to groups 2 and 4, respectively. This option works best if there are two trainers co-leading the activity.)*
7. Once the first small group has completed the role play, the groups will switch and the second small group will act out its scenario while the first small group will be the audience.

### Role play discussion

The trainer should “freeze” the scene after specific issues arrive in the scenario. For example, “freezing” at certain points can give rise to questions for the audience (and actors, if desired) such as:

- What did the staff member(s) do or say that contributed to creating an enabling environment for disclosure?
- What did the staff member(s) do or say that detracted from creating an enabling environment for disclosure?
- How do you think the migrant / asylum seeker / refugee felt during the interaction with the staff member?
- What could the staff member have done differently to create a more enabling environment for GBV disclosure?
- Could anything in the setting or environment of the scene be changed to create a more welcoming, safe space?



The trainer should write responses to these questions that facilitate or inhibit disclosure on a whiteboard, easel, or projector using a “+” and “-” table, as described in Module 1 above.

At the end of the role play, actors sit down to join the audience and the trainer guides the whole group in reflections about the scenario and any disclosure of GBV that may have happened. Questions for discussion can include:

- Did this interaction involve any disclosure of gender-based violence?
- If YES:
  - » Was it self-motivated? If so, what was the migrant’s / asylum seeker’s / refugee’s motivation?
  - » Was disclosure enabled to any degree? If so, what factors may have contributed to the disclosure? Were there any conditions that may have hindered or discouraged disclosure?
  - » Was there direct questioning for disclosure of GBV? Was there a legitimate reason for seeking disclosure?
  - » How did the staff member seek disclosure? What was challenging? What could have been done differently?
  - » What do you think about the way the scene ended? How do you think the person felt when it was over?
- If NO:
  - » Why do you think the migrant / asylum seeker / refugee did not disclose any information about GBV?
  - » What might have hindered their disclosure? How might those barriers have been overcome?
  - » What do you think about the way the scene ended? How do you think the person felt when it was over?

The trainer can introduce the sample GBV Disclosure “Do’s and Don’ts” list in [Tool 3](#) to close out the role play discussion and highlight what can be done on an **individual** versus an **organizational** level to create a safe, supportive environment for GBV disclosure.

## Module 2: Full Group Role Play

### SCENARIO 1:

# Migrant shelter situation (Raúl from Guatemala)

#### 1. Facilitator chooses 5 actors [2 mins]

- Raúl, father of Lucia from Huehuetenango
- Lucia, 13-year-old daughter of Raúl
- Shelter security guard
- Shelter registration staff / volunteer
- Shelter social worker

#### 2. Actors read (but do not act out) background [1 min]

Raúl is a young Mam Mayan from the highlands of Guatemala. He left his town in Huehuetenango three days ago with his 13-year-old daughter, Lucia. They both traveled through Guatemala by bus and crossed the border with Mexico at El Ceibo. They arrive at a shelter in Tenosique, Mexico after walking for two days from El Ceibo.

#### 3. Actors plan role play together [5 mins]

How are Raúl and his daughter received at the shelter? Plan to role play three distinct moments of Raúl's arrival at the shelter with his daughter, demonstrating either good or bad practices as you wish.

- » The first encounter with someone at the shelter (5 min of acting)
- » The registration or orientation process (5 mins of acting)
- » The first interaction / interview with a social worker or other shelter staff member (5-10 min of acting)

#### 4. Actors role play [20-30 mins with freeze breaks and discussion]

#### 5. Facilitator freezes action for discussion after each segment (or at other points)

## Module 2: Full Group Role Play

### SCENARIO 2:

# Healthcare provision situation (Carla from Honduras)

#### 1. Facilitator chooses 2 actors [1 min]

- Carla, 17-year-old from Honduras
- Dalia, nurse

#### 2. Actors read (but do not act out) background [1 min]

*Background (do not act out):* Carla is 17 years old and left Honduras over two months ago to escape threats from the gangs. She is traveling alone, crossing parts of Guatemala and Mexico on foot. She arrives in Coatzacoalcos, Veracruz, and decides that she needs to see a doctor. Her menstrual period is over four weeks late, and she is beginning to worry that she might be pregnant. Carla decides to go to a public hospital to ask for help. The receptionist registers her name and tells her to sit in the waiting room until the nurse is able to see her. Carla takes a seat. She is very nervous and anxious. If it turns out that she is pregnant, she is not sure whether or not she wants to keep the baby.

#### 3. Actors plan role play together [5 mins]

How is Carla received by the nurse? Plan to role play three distinct moments of Carla's interaction with the nurse, Dalia, demonstrating either good or bad practices as you wish.

- » Introductions and beginning of the visit (3-5 min)
- » Understanding what Carla needs and responding to what she shares with Dalia (5-10 min)
- » Ending the visit (5 min)

#### 4. Actors role play [20-30 mins with freeze breaks and discussion]

#### 5. Facilitator freezes action for discussion after each segment (or at other points)

## Module 2: Full Group Role Play

### SCENARIO 3:

# Legal aid consultation situation (Maria from Honduras)

## 1. Facilitator chooses 4 actors [2 min]

- Maria, possible asylum seeker from Honduras and mother of Marco
- Marco, 4-year-old son of Maria
- Sister Carmen, nun at the migrant shelter
- Natasha, asylum lawyer

## 2. Actors read (but do not act out) background [2 min]

*Background (do not act out):* Maria is from Honduras. She arrived in town with her son, Marco (aged 4) one week ago and is staying in a shelter run by nuns. One evening, Sister Carmen, one of the nuns running the shelter, noticed Maria crying and asked why she was upset. Maria said she was afraid of a man who had hurt her in Honduras. When Sister Carmen had asked Maria what kind of hurt she meant, Maria had simply said she was too ashamed to discuss it. With Maria's consent, Sister Carmen scheduled her to see a volunteer lawyer who makes weekly visits to the shelter.

Today, a lawyer named Natasha is scheduled to sit with Maria to learn about her history and protection needs. Natasha has only received a general referral note from the shelter which says, "Maria fears a man in her home country." Sister Carmen brings Maria to the small consultation office available at the shelter with Marco. Maria holds Marco on her lap and seems nervous and shy. Natasha begins the interview.

## 3. Actors plan role play together [5 mins]

In reality, Natasha might have one hour or more to speak with Maria and learn whether she has a claim for asylum. However, for this exercise, plan to focus on (3) distinct moments, demonstrating either good or bad practices as you wish.

- » Introductions & start of interview (5 min)
- » Approaching the harm Maria has faced (5-10 min)
- » Closing the interview (3 min)

## 4. Actors role play [20-30 mins with freeze breaks and discussion]

## 5. Facilitator freezes action for discussion after each segment (or at other points)

## Module 2: Full Group Role Play

### SCENARIO 4:

# Asylum interview situation (Maria from Honduras)

## 1. Facilitator chooses 3 actors [2 min]

- Maria, asylum seeker from Honduras and mother of Marco
- Marco, 4-year-old son of Maria
- Pablo, asylum officer

## 2. Actors read (but do not act out) background [2 min]

*Background (do not act out):* Maria is an asylum seeker from Honduras. She has an 11am appointment at the asylum office this morning and has arrived with her son, Marco (aged 4). Maria shows the guard an appointment letter and the guard lets her into the waiting room where a receptionist tells her to sit down. Maria and Marco wait in a crowded waiting room for 45 minutes until Pablo, an asylum officer, opens the door and calls her name. They walk into Pablo's office and Maria sits down with Marco on her lap, waiting for the questions to begin.

## 3. Actors plan role play together [5 mins]

In reality, the asylum interview might last a long time. However, for this exercise, plan to role play (3) distinct parts of the interview, demonstrating either good or bad practices as you wish.

- » Introductions & start of interview (5 min)
- » Understanding the harm Maria has faced or the harm she fears (5-10 min)
- » Closing the interview (3 min)

## 4. Actors role play [20-30 mins with freeze breaks and discussion]

## 5. Facilitator freezes action for discussion after each segment (or at other points)

## Module 2: Full Group Role Play

### SCENARIO 5:

# Asylum registration and interview situation (Isabel and Teo from Guatemala)

#### PAGE 1: FOR ALL PARTICIPANTS

#### 1. Facilitator chooses 7 actors [3 min]

- Isabel, Guatemalan woman and wife of Teo
- Teo, Guatemalan man and husband of Isabel
- Lisbet (6), daughter of Isabel and Teo
- Toni, security guard at the asylum office
- Pablo, a registration official at the asylum office
- Dani, a vulnerability screening official at the asylum office
- Lidia, an eligibility officer conducting interviews at the asylum office

#### 2. Actors playing Isabel and Teo read (but do not act out) background, provided separately [3 min]

#### 3. Actors playing Isabel and Teo plan role play together [5 min]

This role play scenario is designed for a longer activity period (about 1 hour). Only the actors playing the asylum seekers (Isabel and Teo) receive background information. They can decide how much or how little to reveal about their situation during the role play, perhaps depending on how able they feel to share this information with the asylum officers in charge of their case.

Isabel and Teo should plan to role play three distinct portions of the asylum registration and interview procedure:

- » Registration upon arrival at the asylum office (15-20 min, including discussion)
- » Vulnerability screening stage (15-20 min, including discussion)
- » Eligibility interview (RSD) stage (30 min, including discussion)

#### 4. Remaining actors plan role play together (separately from Isabel and Teo) [5 min]

The other actors at the asylum office will simply need to receive Isabel and Teo as they would any applicants. Please plan to focus on the (3) distinct portions of the asylum registration and interview procedure mentioned above, demonstrating good or bad practices as you wish. Note that under art. 31 of Mexico's Regulations for the Law on Refugees and Complementary Protection, all persons accompanying an applicant for refugee protection have the right to a separate interview to identify if they may have an independent claim for asylum.

#### 5. Actors role play [40-45 mins with freeze breaks and discussion]

#### 6. Facilitator freezes action for discussion after each segment (or at other points)

## Module 2: Full Group Role Play

### SCENARIO 5:

# Asylum registration and interview situation (Isabel and Teo from Guatemala)

#### PAGE 2: FOR ISABEL AND TEO ACTORS ONLY

#### Isabel and Teo's Story:

Isabel left Guatemala City a month ago with her husband, Teo, and their daughter, Lisbet (age 5). They decide to apply for refugee protection in Mexico. Isabel is glad to have left Guatemala because life was unbearable there with all the gang violence. She and Teo were nervous about extortion – their restaurant was not doing well and they would not be able to afford to pay “protection tax” to the gangs if necessary.

However, Isabel is still nervous about life in Mexico. She does not know what rights she has and she is terrified that, if things do not go well, Teo will become angry and abusive. He has beaten her often in the past, often humiliating her in front of their children by calling her “stupid woman,” and “worthless wife”. He would often force her to have intercourse or perform sexual acts she found shameful. One time, Teo beat Isabel so badly she lost much of her hearing in her left ear. She had tried to leave him that night, running back to her birth village 30km away, to stay with her brother's family.

In ten years of marriage to Teo, Isabel has never tried to go to the police about his abuse. She doesn't believe they would help her because this kind of violence is so common in Guatemala and police don't seem to care. Now, in Mexico, Isabel is worried that if trouble starts again, she won't have her brother's protection. She feels alone and terrified but is hoping the family is granted refugee protection so they can begin a new life together.

Today, Isabel and Teo arrive at the COMAR office in Mexico City to submit their request for refugee protection. Teo plans to fill out the forms. Isabel does not protest - her husband is the head of the family and, in any event, she is not good at reading or writing.

## Module 2: Full Group Role Play

### SCENARIO 6:

# Asylum registration and interview situation (Carlos from Colombia)

#### PAGE 1: FOR ALL PARTICIPANTS

#### 1. Facilitator chooses 5 actors [2 min]

- Carlos, Colombian man
- Sergio, security guard at the asylum office
- Ana, a registration official at the asylum office
- Belén, a vulnerability screening official at the asylum office
- Esteban, an eligibility officer conducting interviews at the asylum office

#### 2. Actor playing Carlos reads (but do not act out) background, provided separately [3 min]

#### 3. Actor playing Carlos plans out role play [5 min]

This role play scenario is designed for a longer activity period (about 1 hour). Only the actor playing the asylum seeker (Carlos) receives background information. He can decide how much or how little to reveal about his situation during the role play, perhaps depending on how able he feels to share this information with the asylum officers in charge of his case.

Carlos should plan to role play three distinct portions of the asylum registration and interview procedure:

- » Registration upon arrival at the asylum office (15-20 min, including discussion)
- » Vulnerability screening stage (15-20 min, including discussion)
- » Eligibility interview (RSD) stage (30 min, including discussion)

#### 4. Remaining actors plan role play together (separately from Carlos) [5 min]

The other actors at the asylum office will simply need to receive Carlos as they would any applicant. Please plan to focus on the (3) distinct portions of the asylum registration and interview procedure mentioned above, demonstrating good or bad practices as you wish.

#### 5. Actors role play [40-45 mins with freeze breaks and discussion]

#### 6. Facilitator freezes action for discussion after each segment (or at other points)



## Module 2: Full Group Role Play

### SCENARIO 6:

# Asylum registration and interview situation (Carlos from Colombia)

#### PAGE 2: FOR CARLOS ACTOR ONLY

#### Carlos's Story:

Carlos is 25 and from Bogotá, Colombia. He “came out” as gay when he was 17; he dropped out of university and began working at a popular bar in Bogotá’s gay district. In September 2019, Carlos and his friend José were leaving work at the bar when they were attacked by a group of men in the dark. While pushing them around in the street, the men called Carlos and Jose “maricón” and other homophobic slurs. Carlos was very badly shaken by the attack.

When he tried to report the incident to the police the next day, the officers told him to go home. One officer, named Rodrigo Bellon, told Carlos to “Stop crying or I’ll give you something to cry about!” Though he was quite shaken by both the attack and his treatment by the police, Carlos decided to file a complaint against Rodrigo for threatening him at the police station. The following week, he went to the police station and filled in a complaint form stating that Officer Rodrigo Bellon had mistreated and threatened him when he was seeking protection for homophobic violence. The next day, Carlos received a text message from an unfamiliar number. It said, “You stupid maricón. You can’t mess with me. My boys and I will destroy you.” Carlos was sure that the text message was from Rodrigo. He was shaken but after a few days, he resumed work at the gay bar and started going out with friends again.

In December 2019, Carlos received another anonymous text message. It said, “I haven’t forgotten what you tried to do, you stupid maricón. I am watching you.” Carlos became paralyzed with fear. For weeks later, he was scared of going to work, afraid of running into either the masked men or Rodrigo and his colleagues. Carlos started getting panic attacks when he went out with his friends. Soon, he stopped going outside at all. In February 2020, Carlos decided to flee to Mexico City. Upon arrival in Mexico City, he got a job bartending at a bar in Zona Rosa. Another bartender, Antonio, learned about Carlos’ story and suggested he apply for refugee status. Carlos has come to the asylum office today to fill out his initial request for protection.

# TOOL 3 | “Enabled Disclosure” of GBV: Some Do’s and Don’ts



## Do’s for individual staff members

- Offer help with basic needs before asking questions about reasons for leaving, experiences of violence in transit, etc.
- Show empathy and compassion.
- Emphasize and demonstrate confidentiality.
- Practice active listening, including making eye contact, being attentive when the person is speaking, ensuring you are not distracted.
- Show that you believe their story.
- Be honest, transparent, and patient.
- Build self-esteem by affirming a person’s feelings, desires and expressions.
- Learn refugees’ and migrants’ colloquial or euphemistic expressions for sexual acts.
- Check in spontaneously to see how someone is doing; pay attention to details and demonstrate care in small ways (eg, giving new shoelaces or playing with children).
- Play games with children and sit on the floor with them to be at the same physical level.
- REMOTE TIP: Offer secure messaging options if appropriate, like exchanging voice messages on Signal and enabling the auto-erase function for all messages. This should only be attempted with clear consent and understanding of survivor.
- REMOTE TIP: On phone, start with yes/no questions so a possible survivor can answer without putting herself in danger. For example, “Are you by yourself right now?”; (If no) “Is it safe to speak to me with that person there?”; “Do you feel you are in danger right now?” In some cases, you may also establish a code word the individual can use to indicate danger.

## Do’s for organizations and institutions

- Create an inviting facility that is clean, well-lit, and comfortable. For shelters, it may help to replicate aspects of “home” as much as possible, with resident access to a kitchen or garden, or rooms for reading or watching TV.
- Ensure there are confidential spaces for one-on-one talks.
- Display posters and other materials about GBV and support services.
- Train all staff on psychological first aid and GBV detection and response.
- Ensure greatest possible diversity of gender, ethnicity, age, language, and sexual orientation/identity on staff.
- Have dormitories for LGBTI individuals and women who solicit this option.
- Engage refugees and migrants in routine activities, chores, etc., to create rapport and provide more opportunities for speaking freely.
- Ensure that shelter or reception staff are visibly accessible to residents for formal and informal conversation.
- Provide diverse staff-resident interaction opportunities, including group activities (know your rights trainings, group therapy, etc.).
- Establish peer support groups amongst refugees and migrants.
- Discuss GBV in info sessions, stressing that it is never ok and help is available.
- Assign one person to a case (eg, one case worker always sees the same individual) and ensure each case worker or manager has no more than 25 cases at a time.
- Maintain safe, confidential, and updated inter-agency referral and case management systems.
- Ensure access to religious and spiritual counsel if desired.
- Provide for self-care check-ins, trainings, and support of your staff.
- Establish feedback and community-based complaint mechanisms accessible to all population groups, including women, girls, boys, men from diverse backgrounds.
- REMOTE TIP: Provide case workers with reliable access to secure phones, SIM cards, and internet so they can continue communicating with potential survivors.
- REMOTE TIP: Create virtual “safe spaces” by inviting refugees and migrants to group chats or meetings to discuss COVID-19-related issues, such as public health measures, mental health tips, or service availability; use this opportunity to share information about GBV services.



## Don’ts for individual staff members

- Never ask someone about violence in the presence of a partner, family member or friend.
- Don’t judge or blame an individual for anything that happened to them. Remember that your own life experiences and background may influence how you view or interpret someone else’s experiences and behavior.
- Don’t criticize an individual if they admit later to having lied about their story previously.
- Avoid body language such as crossing your arms or facial expressions that convey disbelief or irritation.
- Don’t push someone to talk if they are uncomfortable or not ready to do so. Instead reassure them that they can talk to you later or refer them to someone else who can help.
- Don’t speak openly with colleagues in visible settings about a case or whisper with a colleague right after an individual shares sensitive information with you. This can erode trust and create anxiety.
- REMOTE TIP: Don’t bring up SGBV or sensitive information on the phone or Zoom unless you have verified that all parties are in a private, confidential space.
- REMOTE TIP: If an individual agrees to communicate by secure texting platform, don’t send specific case information or details that could endanger him/her, if found.
- REMOTE TIP: Don’t expect prompt responses by phone or text message.

## Don’ts for organizations and institutions

- Don’t assume your facility feels safe or welcoming: ask for client feedback and ideas about how to create a more comfortable environment.
- Don’t expect one GBV training to be enough. Provide ongoing sensitization and skills-building to improve your team’s quality of support and knowledge.
- Don’t tolerate discriminatory or stigmatizing comments toward persons or staff in your care. Establish an organizational procedure to confront offending individuals.
- Don’t perpetuate isolation, discrimination, or stigmatization of marginalized and diverse groups (eg, indigenous, LGBTI individuals) in shelters, reception centers, during social activities or discussions; be inclusive, sensitive, and compassionate.
- Don’t allow staff or the organization to share or use any information a survivor has revealed without first asking permission from the survivor and explaining the purpose of sharing.
- REMOTE TIP: Don’t allow recording of conversations with refugees and migrants.

# TOOL 4 | “Elicited Disclosure”: *Guidance for service providers who must ask about GBV*

## Introduction to the tool

It is rarely appropriate or necessary for a service provider to directly ask a person about his/her experiences of GBV. However, in some cases, service providers do need to understand a person’s GBV-related experiences in order to help them access the benefit or service that person needs. For example, a lawyer representing an asylum seeker may need to know about past harm (which may or may not include GBV) in order to build a case for past persecution, or a police officer responding to a call about domestic violence may need to gather facts about the abuse in order to provide appropriate protection.

This tool offers considerations for practitioners who must ask about a person’s GBV-related experiences and needs in order to provide the benefit or services they seek. These guiding questions and suggestions can be adapted for different kinds of interactions – eg, interviews with a lawyer, intakes with shelter staff, or conversations with a healthcare provider. Key points to keep in mind are:

- Why do I need to know if this person has experienced GBV? Or if there is prior indication of GBV, what more do I need to know about it? How does disclosing GBV benefit the person before me?
- How can I obtain this information in an ethical, trauma-informed way?
- Am I prepared to detect and respond to potential discomfort or re-traumatization my questioning might cause? How can I build enough trust and rapport in the time I have to make this difficult conversation easier?

Seeking GBV disclosure thus requires reflection and care before, during, and after meeting with a potential survivor.

## Preparing for the meeting: a self audit

How well we are able to safely and ethically elicit or draw out the disclosure of GBV depends partly on how well we prepare for it. It can help to conduct a self-audit before we sit with someone and pose difficult questions about their past. Below are some questions to ask yourself before meeting with a potential survivor.

### **Checking one’s own competence and skills**

1. How well trained am I in working with GBV survivors and detecting re-traumatization? Am I familiar with how past trauma can affect how someone acts, feels, and speaks? Do I know how to administer psychological first aid?
  - » If not, am I the best person to conduct this meeting? Who else can help?
  - » How can I develop my skills in this area?
2. What GBV-related biases do I have and how will I manage them during this meeting?

### **Do the homework**

General preparations

1. Why is the client coming to see me? What does he/she need from me?
2. Have I learned everything possible about him/her so far (reviewed case file, spoken with referring party, etc.)? How much do I understand about his/her background, language, educational level, cultural practices, childcare needs, etc?

3. Have I made all possible arrangements to maximize his/her sense of ease and minimize stress during our meeting? (Eg, reserving a private meeting space, scheduling the meeting at a convenient time, providing childcare, selecting and vetting potential interpreter, etc.)
4. Do I have the tools and materials I need for this meeting (eg, intake sheets, interview guides, referral or prior case notes)? Review them and keep them handy.
5. If needed, am I prepared to refer the client to additional supportive services (eg, shelter, psychosocial support, medical care, police, legal aid)? Have I checked that these programs would be able to help him/her? Keep the referral information handy.

### **Preparing for GBV-focused discussion**

1. Do I think this client may have GBV-related experiences or needs? Why do I think this?
2. Do I really need to understand his/her GBV-related experiences in order to help the client access the benefit(s) he/she seeks?
  - » If so, exactly what do I need to know? To what level of detail?
  - » Is asking the client questions the only way to obtain the GBV-related information I need? What might be other reliable sources of information?
3. If I DO need to ask the client about his/her GBV-related experiences or needs:
  - » How can I build trust and rapport right from the start? How can I pace myself during the overall time we will have together?
  - » How will I explain why I need to know about these experiences?
  - » How will I explain how much confidentiality I can ensure? Who else will have access to the information the client shares with me?
  - » What words and concepts related to GBV are appropriate to use with this particular client? How prepared am I to understand expressions or euphemisms he/she may use to refer to sexual acts or body parts?
  - » If I will work through an interpreter, how can I ensure the interpreter will pose these questions in an appropriate, clear, non-judgmental way?

## During the meeting

### **Do no harm: Taking a trauma-informed, survivor-centered approach to GBV disclosure**

Interviewing survivors about GBV requires sensitivity and patience. They may be reluctant or embarrassed to give full details and be quickly discouraged if they feel judged or disbelieved. It is critical to build as much trust and rapport as possible. Then, listening patiently while signaling receptivity to hearing about difficult experiences helps make disclosure of GBV possible without causing further anxiety.

Taking a **survivor-centered approach** prioritizes and respects a survivor's safety (psychological and physical), confidentiality, and wishes. This approach includes:

- Understanding the impact of trauma and using trauma-informed interview practices;
- Listening to the survivor's concerns and needs;
- Prioritizing the survivor's safety and well-being above information gathering;

- Informing survivors of their role and rights related to a specific service or process and explaining the scope, timing, and progress of that process;
- Communicating and gathering information in culturally and age-appropriate ways;
- Being aware of (and responding to) cultural differences and language barriers;
- Ensuring that every interaction with a survivor is conducted with attentiveness to their needs and enabling them to take as much control over the interaction as possible (for example, by feeling comfortable asking questions, taking a break, expressing concerns or disagreement, helping to decide where and when to meet again, etc.).

### **General interview approach (creating an “enabling environment”)**

- It is critical to establish as much trust and rapport as possible right from the start. Showing genuine care for the client even before questioning begins is essential: take care of his/her children, ask how he/she is feeling about the meeting, offer simple things like water or a snack, show warmth and respect and offer as much control of the interaction as possible.
- Invite the client into a private space for speaking. One should not seek disclosure of GBV in an environment where a survivor feels exposed to others.
- Introduce yourself, your role, and what you can do for the client today (and be clear about what you cannot do, as well).
- Ensure that any accompanying children are safely engaged and distracted at as much distance as possible, after asking the client for ideas (eg, coloring books, toys, play with a colleague; watching a movie or playing a game on a device with headphones on may be appropriate in some cases. **Do not** move the child to a separate room unless the client clearly approves).
- Ensure the consent and comprehension of the client to speak with you, including with respect to any interpreter who is present.
- Speak gently but use clear language.
- Provide a roadmap for the overall meeting and “signpost” each time you move to a new part of the interview or conversation (“Next, I need to ask you about XXX, is that all right?” or “I would like to go back to ask you more about XXX, is that all right?”).
- Ask simple, open questions (“Tell me about...”, “Please explain how...”, “Please describe...”, “Then what happened?”), with follow-up and clarifying questions later as needed.
- Be patient and understanding, allowing time to respond, clarify, and correct.
- Practice “**active listening**”: show **attentiveness** to the client’s words and body language (allowing him/her time to complete his/her thoughts without interruption); **absorb and retain** what the client is saying, without judging it; **respond appropriately** by words and body language (reflecting what was said, asking questions, allowing for silence if needed, etc.).
- Take clear, full notes while maintaining as much eye contact and engagement as possible.
- Be attentive to the client’s demeanor and be alert to any signs of discomfort, upset, or fatigue – respond as appropriate, with check-ins or breaks as needed. It is important to ask, “How are you feeling? Would you like to rest for a moment or would you prefer to continue?” If he/she wants to end the meeting entirely, respect his/her wishes and offer to continue speaking another time.

### **Asking about GBV in particular (“elicited disclosure”)**

There is no “one-shoe-fits-all” way to ask about GBV directly. Different service provision situations require different information and different degrees of specificity. However, here are some ways to broach the topic of past harm or trauma, including GBV, once trust and an enabling environment have been established.

To surface possible experiences or fears of GBV, it can help to use a “funnel” approach by first posing broader “opening” questions (that are not explicitly about GBV) such as:

- “Have you ever feared for your life? Please tell me more.”
- “Do you feel safe in [this country / city]? If not, why not? What are you afraid of?”
- [For asylum-seeker context] “To receive asylum here, an applicant needs to explain what kinds of harms she experienced or fears in her home country. These can be harms from many different people, for different reasons. So please tell me why you left your country – I know there may be many reasons, so tell me the bigger reasons and also the smaller ones.”

Generally, allowing someone to answer freely will create opportunity for follow-up questions that may reveal more and more detail, including experiences of GBV.

There may of course be no GBV to disclose.

However, if you have prior indication or strong reason to believe there is a history of GBV that is necessary to surface, it can be helpful to attempt a phase of narrower questioning. You can first signal with:

- *“I apologize but may I ask you a few questions that may feel a bit sensitive or personal? I only ask because your answers can help me better understand your experiences so I can help you with [client’s request for assistance.] Is that all right?”*

It is important that the client understands and accepts WHY you need to ask these sensitive questions.

With consent, you can then raise the issue of GBV more directly with questions such as:

- “Have you ever felt controlled by anyone you could not escape? Could you tell me a little more?”
- “Have you ever been forced to do something you were not comfortable doing or that you felt you did not have enough power to refuse? Could you tell me a little more?”
- “You have told me about this person, XXX. He seems to be a dangerous person who has hurt you in the past. Can you tell me a little more about what he would do or say to you?” and “Are you afraid he might hurt you again? Please tell me more.”
- “Has anyone ever hurt you in a way that felt shameful? Please tell me more.”
- “Has anyone ever hurt you because you are [a woman, LGBTQI, ethnic minority, etc]? Could you tell me a little more?”
- [For asylum-seeker context, allow interviewee to answer each question before posing the next.] “I have [worked with / read about] many [women / men / LGBTQI individuals] from your country before who have had XXX experiences there. Sometimes it is quite difficult for them to speak about it at first. Are you familiar with these kinds of stories? Have you ever experienced anything similar? Do you think you could tell me a little more?”

Remember that a person should never be forced to speak about experiences of GBV. They may not see any benefit in revealing their experience; they may not trust the person who is asking questions. It may even be dangerous for them to speak about the harms they have suffered or the harms they fear.

If you have clearly explained the reasons for asking these questions and the client still does not respond, you should not force the GBV-specific inquiry. Simply gather the other information needed, deliver as much service as possible, thank the client for his/her patience and offer the possibility of additional support in the future. For example:

- “Thank you for your patience as I asked those personal questions. I know they may have been uncomfortable. If you ever find you want to talk about difficult things you have experienced, you can come see me again if you like. Or you can see [XXX referral] to talk with [xxxx] there.” [Provide clear referral or contact information.]

# After the meeting

## **A final question**

Regardless of whether or how much a client discussed GBV in a meeting, it can be helpful to always end the inquiry with a simple question:

- *“Thank you so much for sharing all that you did. We have a little more time together. Is there anything else you would like me to know that we didn’t have a chance to cover?”*

This is quite an open question, but it may give a survivor one more chance to share details about his/her GBV experience that he/she did not feel comfortable sharing earlier.

## **Grounding techniques**

It is your responsibility to make sure the client does not leave a meeting in worse shape than he/she arrived. This is particularly true where the meeting has required him/her to revisit past traumatic events.

To help ease a survivor out of painful memories and help them transition into the rest of the day, it is important to use “grounding techniques”. These techniques help bring a survivor of trauma out of thoughts about past painful experiences and back into the present. It is important to check to make sure he/she feels calm enough to connect with the world outside, before stepping out of your office. For example, you can help to “ground” a survivor by:

- Turning attention to gathering up the survivor’s children or things – ask small, polite questions about the children or something the survivor has brought with him/her as they pack up;
- Checking a calendar together and planning for the next time you will see each other;
- Asking about plans for an upcoming activity that the survivor is excited or happy about;
- Asking about how he/she will get home after the meeting and exchanging thoughts about the weather outside or what you each want for lunch or dinner. Small talk can actually help.

## **Referral for additional support**

It may be that in the course of the meeting, you notice the client is experiencing discomfort or potential re-traumatization. Or, you may simply learn that he/she has additional needs beyond the ones you and your team can address. (Survivors of GBV often need medical care, shelter, legal assistance, or psychosocial support.)

In both of these cases, it is critical to be able to refer him/her to additional supportive services. You can either provide the contact information of relevant organizations directly to the client, if they are able to read the information. Or, in some cases, it may be necessary to call in your referral directly for the client if he/she requests this assistance.

Again, it is important to have updated referral information handy before the start of the meeting.

# TOOL 5 | Assessing GBV Information Needs

## Introduction to the tool

Refugees and migrants on the move may need information on a variety of topics, including legal rights, available services, and the road ahead. They also may need specific information about GBV, including relevant services. Employing diverse formats to package this information can allow service providers to reach refugees and migrants who are in rapid transit or who prefer not to pass through service provider offices on their journey. Since women, girls, and people with diverse sexual orientation and gender identity who are more exposed to GBV may be particularly unable or unwilling to pass through service provider offices, it is especially crucial to assess their information needs related to GBV and ascertain the best strategies for dissemination.

Providers along the Guatemala-Mexico border already disseminate varied information to refugees and migrants in multiple forms. However, it can still be helpful to engage migrants and refugees in an “information needs assessment” exercise, particularly for GBV-related information needs. This tool proposes a way to gather input from refugees and migrants themselves about content, format, and distribution of information materials related to GBV, where possible to do so safely.

### Preparing to Seek Migrant and Refugee Perspectives

In preparing to think through content of GBV-specific information materials and awareness-raising strategies, it is important to take migrants’ and refugees’ perspectives into account. For example, focus group discussions could be facilitated with migrants and refugees (current or even former) to identify their most urgent needs and concerns about GBV. Part of such a discussion could inform the development and dissemination of information materials responsive to identified gaps.

An organizational team should reflect on how to find a safe, appropriate way to gather the perspectives of refugees and migrants regarding GBV-related information needs and ideas for developing and disseminating materials.

Discussion with refugees and migrants should be conducted so as to obtain information about diverse population groups if possible — eg, older women, younger women, men, boys, girls, and LGBTI individuals, all from diverse backgrounds. ***Please note that children should not be recruited for focus groups on GBV or be asked about experiences of GBV, without specific training and very clear ethical review. Child-specific considerations related to GBV awareness raising (including as prompted below) should generally come from parents or caretakers.***

### Discussion Guide for Assessing GBV Information Needs

Once gathered safely and in small groups, organizational staff can facilitate a short discussion with refugees and migrants to ascertain information needs, gaps, and strategies, including for GBV-related information. Some key questions to pose are:

#### **Information needs:**

- What information do refugees and migrants want, generally?
- What information do they have already? What information is missing?
- Do migrants and refugees receive adequate information about available services for GBV? What additional information about GBV could be helpful?



**Content, format, distribution:**

- What formats are most useful for sharing information? (eg, printed materials, online formats, information sessions or informal “charlas”)
- What are the safest and most effective ways to distribute this information? (eg, at service provider offices or shelters, via social media accounts like Facebook, in person with providers)

Providers can record and organize responses to the above questions using the following table, which proposes a framework for discussion with different groups of migrants and refugees.

# Assessing GBV Information Needs: Framework for Community Discussion

Refugee / Migrant Group	GBV-Related Information Needs	Concerns and Suggestions RE: Content, Format, Distribution
<p><b>CHILDREN: GIRLS, BOYS</b> (under age 15) (ask of parents and caretakers, not children directly)</p>		
<p><b>YOUTH: WOMEN, MEN</b> (age 15-29)</p>		
<p><b>ADULTS: WOMEN, MEN</b> (age 30-55)</p>		
<p><b>OLDER PEOPLE: WOMEN, MEN</b> (age 55+)</p>		
<p><b>LGBTI INDIVIDUALS</b> (for each age category, address gay men, lesbians, trans and intersex individuals separately)</p>		
<p><b>OTHER?</b> -----</p>		

# TOOL 6 | Assessing GBV Communication Strategies

## Introduction to the tool

Providers along the Guatemala-Mexico border already disseminate information to refugees and migrants in multiple forms, including via printed materials (eg, pamphlets, strips of paper, mini newspapers), murals, or during information sessions and one on one interviews. Content varies: for example, providers may share general information about asylum, immigration, and healthcare rights in Mexico or they may simply distribute printed materials indicating shelters along the route.

Ideally building off of migrants' and refugees' perspectives (see Tool 5), local providers are well-positioned to evaluate their communication material, including materials and awareness-raising strategies related to GBV. This tool presents a way for an organization to reflect on the communication content it has already developed, including format and dissemination strategy, and assess its effectiveness for approaching GBV-related issues. In particular, this tool offers guided discussions that consider ways to reach a displaced population specifically characterized by: a.) diverse identities and abilities, b.) conservative norms regarding gender, GBV, sexual and reproductive health, c.) rapid and evolving movement, d.) diverse displacement profiles, e.) legal and social insecurity and protection needs, and f.) physical insecurity and protection needs.

## Facilitation instructions

- 1. Collect materials ahead of time:** Facilitator(s) should ask members of the organization(s) to assemble examples of existing materials in advance, so they can be reviewed as a group.
- 2. Introduce considerations for GBV communication strategies:** To begin the activity, facilitator(s) go over the different considerations detailed on the following page that may inform new and better strategies for communicating about GBV to migrants and refugees.
- 3. Pass out participant worksheet:** Facilitator(s) can then pass out copies of the blank worksheet titled “Considerations when Assessing GBV Communication Strategies” to participants.
- 4. Guided discussion:** Facilitator(s) can guide discussion for each “consideration” row on the worksheet using discussion prompts offered in the facilitator’s version of the “Considerations when Assessing GBV Communication Strategies” worksheet (filled in version).
- 5. Offer suggestions / prompts as needed:** Facilitator(s) can offer suggestions or prompts to participants as needed if they are having difficulty with the activity; these are included in the facilitator version of the worksheet.
- 6. Plan for next steps and revision:** At the end of the activity, the group should draw up a plan for revising their materials / dissemination strategies as discussed.

# Considerations for GBV communication strategies

## **Consideration 1: Diverse Identities and Abilities**

Migrants and refugees have diverse identities and abilities. This includes diversity in terms of age, gender identity, sexual orientation, social and ethnic origin, languages, education levels, family composition, abilities and impairments, among others.

## **Consideration 2: Conservative Norms on Gender, GBV, Sexual & Reproductive Health**

Migrants and refugees may have very different ideas and norms around gender, GBV, and sexual and reproductive health. These can differ both between host communities and displaced populations, as well as within a single displaced population.

## **Consideration 3: Rapid and Evolving Movement**

Migrants' and refugees' patterns of movement through Central America and Mexico are rapid and evolving. This can affect the type of information they need, and the best way to communicate it.

## **Consideration 4: Diverse Displacement Profiles**

Migrants and refugees in the region have diverse displacement profiles. There are refugees, asylum seekers, internally displaced persons, people in transit, returnees, migrants, etc.

## **Consideration 5: Legal and Social Insecurity and Protection Needs**

Different migrants and refugees have a variety of legal and social insecurities, and many different needs for legal and social protection. This can affect what information is most useful, to whom, and how to safely communicate it.

## **Consideration 6: Physical Insecurity and Protection Needs**

Migrants and refugees face physical insecurity, including risk of violence, and have physical protection needs. These physical insecurities and protection needs may change during different phases of displacement.

# Considerations when assessing GBV communication strategies

## Participant worksheet

Population, context considerations	How do our current materials address this consideration?	How can our materials better address this consideration?	How can we disseminate materials in light of this consideration?
DIVERSE IDENTITIES & ABILITIES			
CONSERVATIVE NORMS RE: GENDER, GBV, SEXUAL & REPRODUCTIVE HEALTH			
RAPID & EVOLVING MOVEMENT			
DIVERSE DISPLACEMENT PROFILES			
LEGAL & SOCIAL INSECURITY & PROTECTION NEEDS			
PHYSICAL INSECURITY & PROTECTION NEEDS			

# Considerations when assessing GBV communication strategies

## Facilitator worksheet

Population, context considerations (suggested only)	How do our current GBV-related materials address this consideration?	How can our GBV-related materials better address this consideration? (Ideas / suggestions offered)	How can we disseminate materials in light of this consideration?
<p><b>DIVERSE IDENTITIES &amp; ABILITIES</b></p>	<p>Are they appropriate given migrants' and refugees' diverse identities and abilities? (age, social &amp; ethnic origin, gender identity, sexual orientation, education levels, family composition, languages, abilities, etc)</p>	<ul style="list-style-type: none"> <li>Identify and use local terms used by different population groups for sex, body parts, violence (i.e. according to diversity in ages, languages, and cultural references)</li> <li>Use graphic forms (cartoons, maps, other illustrations)</li> <li>Offer easy-to-remember information</li> </ul>	<p>Who is the intended audience and how do they travel? Are we currently reaching those groups effectively? Where can they be safely and reliably reached? Which potential partners are working in those locations, spaces?</p>
<p><b>CONSERVATIVE NORMS RE: GENDER, GBV, SEXUAL &amp; REPRODUCTIVE HEALTH</b></p>	<p>Are they appropriate given migrants' and refugees' norms around gender, GBV, sexual and reproductive health?</p>	<ul style="list-style-type: none"> <li>Identify and use local terms used by different groups for sex, body parts, violence</li> <li>Frame GBV in terms of health / well-being</li> <li>Note that GBV can take many forms and is never right; it happens to men, women, children; it can hurt our bodies and hearts</li> <li>Note that whatever happens to someone, they have the right to get help</li> <li>Include LGBTI-specific services alongside other service provision lists; use safe language advised by LGBTI advocates</li> </ul>	<p>(Same prompts as above)</p>
<p><b>RAPID &amp; EVOLVING MOVEMENT</b></p>	<p>Are they appropriate given migrants' and refugees' rapid and evolving patterns of movement through the region?</p>	<ul style="list-style-type: none"> <li>Introduce GBV generally, noting that it can take many forms and is never OK</li> <li>Summarize legal rights (protection, healthcare, immigration, asylum)</li> <li>Note national hotline</li> <li>Note services available across wide geographic areas</li> <li>Introduce possible self-care techniques</li> </ul>	<p>(Same prompts as above)</p>
<p><b>DIVERSE DISPLACEMENT PROFILES</b></p>	<p>Are they appropriate given diverse displacement profiles? (refugees, asylum seekers, IDPs, people in transit, returnees, migrants)</p>	<ul style="list-style-type: none"> <li>Consult legal experts to identify key differences in legal rights according to displacement profiles</li> <li>Note rights and resources both in-country and cross-border</li> </ul>	<p>(Same prompts as above)</p>
<p><b>LEGAL &amp; SOCIAL INSECURITY &amp; PROTECTION NEEDS</b></p>	<p>Are they appropriate given legal and social insecurity &amp; protection needs for refugees and migrants?</p>	<ul style="list-style-type: none"> <li>Address legal rights (protection, healthcare, immigration, asylum)</li> <li>Frame GBV-related services as health services open to citizens &amp; non-citizens alike</li> </ul>	<p>(Same prompts as above)</p>
<p><b>PHYSICAL INSECURITY &amp; PROTECTION NEEDS</b></p>	<p>Are they appropriate given migrants' and refugees' physical insecurity, including risk of violence, and protection needs? How does this change during each phase of displacement?</p>	<ul style="list-style-type: none"> <li>Note that services are private and confidential (if that can be said)</li> <li>Minimize potential impression that holder of materials is a victim or plans to report crime</li> <li>Offer easy-to-remember information</li> <li>Note national hotline</li> <li>Use easily identifiable "safe" logos (eg, UNHCR, Red Cross)</li> </ul>	<p>(Same prompts as above)</p>

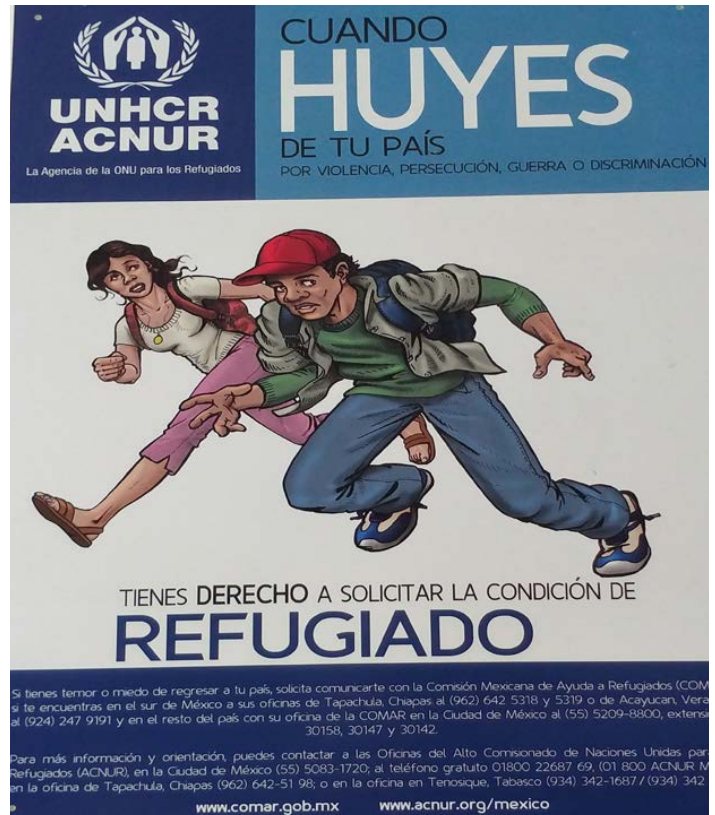
# TOOL 7 | Creative Use of Common Areas

## Introduction to the tool

Common areas - both on service provider property and in external, public spaces - can be effective canvases for raising awareness about GBV.

Field research revealed several ways common areas were already used to communicate information about migration or the asylum process in Guatemala and Mexico (see examples below). In addition to creating GBV-specific posters, researchers propose expanding the use of murals in this displacement context to include GBV messaging. This tool provides examples from other contexts and suggestions for a brainstorming exercise that could help service providers and other key actors think through possible ways to make use of common or public spaces.

### Examples from field research



Above: UNHCR Poster

Above left: Casa del Caminante J'tatic Samuel Ruiz, Palenque, MX

Below left: Mural at La 72 Shelter, Tenosique, MX



CREAW GBV murals in Kibera, Nairobi, Kenya. Photo taken by Kim Thuy Seelinger.

## Ideas from around the world: Kibera, Nairobi (Kenya)

One interesting example of GBV awareness raising comes from Kenya, where the Centre for Rights Education and Awareness (CREAW) installed educational murals throughout the slum area of Kibera, Nairobi. Scattered throughout the neighborhood, these murals each depicted different GBV-related scenarios (different forms of harm, different victim groups). The final panel on each mural indicated where survivors could obtain support services or seek police assistance, including phone numbers. This awareness raising approach was colorful, easy to understand, and highly visible to all members of the Kibera community.

## Adaptations for Mexico / Central America context: brainstorm session

These murals could be adapted for the Mexico / Central America displacement context, if appropriate locations and willing artists can be identified. Diverse groups of people and scenarios could be addressed in different murals. Questions for a provider brainstorming session are offered below:

1. What information do we want to have out there? What information do people need?
2. What spaces do we have available for a mural (within our organizations and/or in a public space)?
3. What would the style of the mural be?
4. How much do we think it would cost?
5. Do we have existing materials that need to be put in different places? (eg, flyers / posters that could be distributed in common areas / public spaces, instead of or in addition to a mural)



# TOOL 8 | Facilitated Group Discussions

## Introduction to the tool

Facilitated group discussions, as among shelter residents or those in reception centers, can be an effective way to both enable GBV disclosure and raise awareness about this form of harm and possible sources of assistance. Facilitated group discussions can also help service providers gauge the level of knowledge or awareness about a certain issue among the community they serve, as well as bring attention to an issue and impart information about that issue without singling out an individual. This tool first highlights several promising examples of group engagement from around the world and then offers an “Open-ended story” approach adapted to the Central American context for use in group discussion.

## Examples from around the world

### Drama for Dissemination

Drama-based activities can be an effective way of engaging an audience in discussion and disseminating information about a targeted issue. They can be conducted as a group activity at a shelter or even as an open event in a public space. This method is particularly helpful when working with children or people who have limited education. The basic approach is simple: Actors (often staff members or volunteers recruited and prepared earlier) play out a short story that illustrates an issue targeted for awareness raising. After, actors / facilitators lead a discussion and deliver the intended message, informing the audience about where to find further information or assistance.

### Drama at Redemption Hospital, Monrovia, Liberia

Our research in Liberia several years ago highlighted a wonderful example of the use of “drama for dissemination” at Redemption Hospital in Monrovia. There was a gender-based violence clinic in the hospital but it did not have a sign, in order to avoid exposure and stigmatization of patients. So, to spread community awareness about GBV and the availability of support services, the clinic team presented dramas right in the main waiting room of the hospital. Once a week, actors would gather in the middle of the waiting area and enact mini-stories alluding to issues like domestic violence. They took care to avoid graphic detail — particularly since children were present. People who were already sitting there, waiting for appointments or visiting relatives, gathered around. They watched the drama and called out their thoughts afterwards when prompted. Clinic staff closed by announcing relevant information, along the lines of, “If anyone you know has these challenges, they may need medical care or counseling. Let them know they can come to this hospital and tell the entrance worker they need to see the gender team. They don’t need an appointment and the meeting is private.”

## Facilitator Cards for Community Discussion<sup>1</sup>

Community discussion and awareness raising activities can be made more dynamic and engaging with visual representations of key messages. When paired with a short list of two to three questions to stimulate reflection on an issue, facilitators can guide community discussion in a lively manner while communicating key messages about violence, community support, and available services.

Below is an example of a facilitator card from the Amani awareness raising campaign in Jordan.



### RESPONSE TO VIOLENCE

If you experience violence, now or at any time in the past, you have the right to receive help to stop the abuse. You also have the right to receive care and support from those around you. If someone you know is experiencing violence now, or has in the past, be supportive and help him or her to access relevant services.

### KEY QUESTIONS

1. What are the consequences of violence on women, girls, boys, and men? The family? The community?
2. Should women, girls, men, and boys (focus on each group) who experience violence in their family accept being subjected to violence? What about someone that is subjected to violence in the street or from a stranger?
3. How would you, or people around you, react to women, girls, boys, and men (focus on each group) experiencing violence?

### CLOSING REMARKS

Thanks a lot for your time! I hope you found our dialogue useful/interesting. Please come and join us in other activities (provide some details and remember to share brochures or contact cards, and other relevant tools).

<sup>1</sup> Adapted from the Child Protection and GBV Sub-Working Group's Amani Campaign in Jordan, <https://reliefweb.int/sites/reliefweb.int/files/resources/AmaniImplementationGuideEnglish%28online%29.pdf>.

## Proposed tool: open-ended story<sup>2</sup>

Open-ended stories provide a way to explore people’s beliefs and present potentially sensitive topics for discussion, even among people with less formal education. In an open-ended story, facilitators leave out the beginning, middle, or ending of the narrative. Participants discuss the missing part of the story. They can be prompted by specific questions. This activity is best facilitated by two people: a main “storyteller” and a “guide” who can jump in to ask questions and help participants fill in the gaps. Though often used as a research method, this technique can easily be adapted to prompt discussion about difficult subjects in a pressure-free and collaborative way. Stories and questions can also create opportunities for facilitators to fill in gaps with important information, raising audience awareness.

Below is a possible story to be used by shelter providers working with refugees and migrants along the Guatemala-Mexico corridor. Given the cultural taboos around GBV, it may make sense to conduct this exercise with a group of women instead of a mixed audience. (Separate scenarios could be devised depending on whether women, girls, men, boys, people with diverse sexual orientations and gender identities or other potential survivor groups are being targeted.)

### Rosa

Rosa is from a town outside of Tegucigalpa, Honduras. She lived with her husband Raúl and her two children, Marta and Darwin, 9 and 6 years old. Raúl worked in construction and Rosa worked as a housewife caring for her children. Although Rosa completed 2 years of high school, Raúl didn’t let her work because he was jealous and stated that it was his job to provide for the family. At times Raúl came home drunk and insulted and beat Rosa.

One night Raúl came home drunk and got very angry at Rosa for talking to their male neighbor. He beat her badly and left the house. Rosa immediately grabbed whatever she could fit into a backpack and took her children to the bus station where they headed north to the Guatemalan border. Rosa’s sister, Yesenia, lives in the USA and had always told Rosa to come join her. Rosa knew Yesenia would help her and planned to contact her once she got to Mexico City. From Guatemala, Rosa took another bus to the border. She and her children crossed a small stream about 500 yards from the immigration checkpoint and slipped into Mexico. Not knowing what to do, they started walking north to where Rosita had heard about organizations that help migrants and refugees.

After walking a couple of kilometers along the highway, a group of three men with machetes approached Rosita and her children. They said that they were vigilantes and that they work with Mexican Immigration. One man told her that he would turn them in unless she paid him something. When Rosa said she didn’t have any money, the man threatened to call immigration unless she had sex with him. Worried about being sent back to face Raúl, she saw no other choice. After having sex with the man, Rosa continued walking north for another day until she met another group of migrants and refugees headed towards a shelter. She arrived at the shelter in the afternoon.

<sup>2</sup> Adapted from Mary Ellsberg and Lori Heise, *Researching Violence Against Women: A Practical Guide for Researchers and Activists* (Washington, DC: World Health Organization, PATH, 2005), 144.

### Facilitated Group Discussion with Questions about Rosa:

*Facilitators can ask these questions after reading or acting out the back story presented above to stimulate discussion on GBV.*

1. How do you think Rosa felt right after her experience with the men with machetes?
2. When Rosa arrived at the shelter, what kind of help do you think she wanted?
3. Do you think Rosa would tell the shelter staff about what happened to her the day before, with the men with machetes? Why or why not?
  - » If you think she might not say anything, why do you think she would stay silent?
  - » If you think she might say something, what would she say? What would help her speak freely?
4. What kind of information would Rosa want from the shelter staff? What kind of person would she want to talk to?
5. What are Rosa's rights in Mexico?
  - » Can she get medical care?
  - » Can she report the attack to the Mexican police?
  - » Could any of her experiences of violence in Mexico (with the men with machetes) or Honduras (from Raúl) qualify her to apply for immigration status in Mexico now?
6. What else do you think people like Rosa want to know about how to get help while on the move?

*After the discussion, facilitators should take care to share information with the group about available services for GBV and indicate an openness and availability to speak about GBV in a one-on-one setting.*

# Other Disclosure-related Resources

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## Tools From UNHCR's Regional Safe Spaces Network

### **Self-Audit Checklist**

This tool was originally published by the United Nations High Commissioner for Refugees (UNHCR) and the Regional Safe Spaces Network of the Americas in the toolkit and report entitled *The Regional Safe Spaces Network in the Americas: Lessons Learned and Toolkit*: “The purpose of this checklist is to assist organizations in conducting a self-audit of their existing Safe Space(s) for survivors, children at risk, and other individuals at risk of GBV or other serious human rights violation who are refugees, asylum seekers, returnees, internally displaced persons, returnees, people on the move, stateless people and other persons who might be in need of international protection including women, girls, men and boys, and LGBTI persons.” Available at: [https://rssn-americas.org/fileadmin/rssn-americas/documentos/RSSN\\_Toolkit\\_Updated\\_October\\_2019/RSSN\\_toolkit-online\\_version.pdf](https://rssn-americas.org/fileadmin/rssn-americas/documentos/RSSN_Toolkit_Updated_October_2019/RSSN_toolkit-online_version.pdf)

### **Regional Safe Spaces Network Map**

“In the context of the Regional Safe Spaces Network, a map was created to be able to quickly and securely identify the different services that are offered in the region. This map provides the geographical location of those partner agencies and allied organizations that are part of the Network.” Available at: <https://www.arcgis.com/apps/MapSeries/index.html?appid=ae15aa2fe0c4469b83ea10f0925e8625>

### **Jaguar Campaign**

UNHCR in Mexico and Central America launched the “Jaguar Campaign” (El Jaguar) to provide information to people on the move potentially in need of international protection. The El Jaguar logo, when attached to social media campaigns, pages, or other sources, indicates a trusted information source known to UNHCR. Visit their page: <https://www.facebook.com/watch/ConfiaEnElJaguar/>

## **UK Foreign and Commonwealth Office. International Protocol on the Documentation and Investigation of Sexual Violence in Conflict (2nd Edition, 2017)**

The International Protocol is largely geared at accountability for sexual violence that occurs as a war crime, crime against humanity, or act of genocide. However, it also contains information relevant to GBV disclosure, eg, interview-planning, key principles such as “Do No Harm,” and exploring alternative sources of evidence of sexual violence (apart from direct survivor testimony). Available at: [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/598335/International\\_Protocol\\_2017\\_2nd\\_Edition.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/598335/International_Protocol_2017_2nd_Edition.pdf)

## **Zimmerman, Cathy. World Health Organization: Ethical and Safety Guidelines for Interviewing Trafficked Women (2003)**

These guidelines specifically address health and security concerns when working with female survivors of trafficking in persons, with helpful advice about assessing risks of harm, working with interpreters, and preparing to provide referral to urgent support services. Available at: [https://www.who.int/mip/2003/other\\_documents/en/Ethical\\_Safety-GWH.pdf](https://www.who.int/mip/2003/other_documents/en/Ethical_Safety-GWH.pdf)

**UNFPA, International Rescue Committee, UNHCR, UNICEF and International Medical Corps.  
“Case Management, GBVIMS / GBVIMS+ and the COVID-19 Pandemic (2020)**

This guidance note provides practical tips for service providers in humanitarian settings who must adapt case management work and client interactions in light of the COVID-19 pandemic. It provides concrete suggestions for how to adapt certain in-person case management in light of public health concerns as well as ways to transition certain aspects of survivor care to remote methods (by phone, etc.) *Available at:* [https://www.gbvims.com/wp/wp-content/uploads/GBV-Case-Management\\_COVID\\_May-2020.pdf](https://www.gbvims.com/wp/wp-content/uploads/GBV-Case-Management_COVID_May-2020.pdf)

**World YWCA. World YWCA Virtual Safe Spaces (2020)**

This guidance note provides helpful suggestions about creating “virtual safe spaces” for women of all ages who need to safely access support and information about everything from pre-natal care to risk of domestic violence during the COVID-19 pandemic. It includes tips about kinds of virtual platforms to set up and how to create safe but open exchange about multiple topic areas. *Available at:* <https://www.worldywca.org/team/virtual-safe-space/>

**The “Power and Control Wheel” for Disclosure of Intimate Partner Violence**

In 1984, with input from groups of women who had been battered, the Domestic Abuse Intervention Project (DAIP) in Minnesota, USA, developed a clear way to describe battering for victims, offenders, practitioners in the criminal justice system, and the public. They documented the most common abusive behaviors women described to them and depicted these behaviors on the Power and Control Wheel. The wheel makes the pattern, intent, and impact of violence visible. There are many ways to use the Power and Control Wheel in the context of enabling disclosure of gender-based violence, particularly intimate partner violence (IPV). *Attached in Spanish and English, available at:* <https://www.theduluthmodel.org/wheels/understanding-power-control-wheel/>

# POWER AND CONTROL WHEEL

Physical and sexual assaults, or threats to commit them, are the most apparent forms of domestic violence and are usually the actions that allow others to become aware of the problem. However, regular use of other abusive behaviors by the batterer, when reinforced by one or more acts of physical violence, make up a larger system of abuse. Although physical assaults may occur only once or occasionally, they instill threat of future violent attacks and allow the abuser to take control of the woman's life and circumstances.

The Power & Control diagram is a particularly helpful tool in understanding the overall pattern of abusive and violent behaviors, which are used by a batterer to establish and maintain control over his partner. Very often, one or more violent incidents are accompanied by an array of these other types of abuse. They are less easily identified, yet firmly establish a pattern of intimidation and control in the relationship.



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# RUEDA DE PODER Y CONTROL

Las agresiones físicas y sexuales, o las amenazas de cometerlas, son las formas más evidentes de violencia doméstica y suelen ser las acciones que permiten a los demás tomar conciencia del problema. Sin embargo, la adopción cotidiana de otros comportamientos violentos por parte del agresor, cuando se refuerza con uno o más actos de violencia física, conforman un sistema de maltrato más amplio. Aunque las agresiones físicas pueden ocurrir sólo una vez u ocasionalmente, infunden la amenaza de futuros ataques violentos y permiten al agresor tomar el control de la vida y las circunstancias de la mujer.

La Rueda de poder y control es una herramienta especialmente útil para entender el patrón general de comportamientos agresivos y violentos que son utilizados por un maltratador para establecer y mantener el control sobre su pareja. Muy a menudo, uno o más incidentes violentos van acompañados de una serie de estos otros tipos de maltrato. Son menos fáciles de identificar, pero establecen firmemente un patrón de intimidación y control en la relación.



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