



Gender-based violence referral pathway for environmental programs and projects

A GUIDANCE NOTE



INTERNATIONAL UNION FOR CONSERVATION OF NATURE AND NATURAL RESOURCES



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Introduction



Around the world, women make up about half of the overall workforce in the fisheries sector. However, gender inequalities, including widespread forms of Gender-Based Violence (GBV), threaten women’s economic empowerment and limit their contributions to ensuring sustainable fisheries¹.

Organizations working in this sector have a responsibility to prevent, mitigate, and respond to GBV. Doing it is essential to addressing survivors’ heightened vulnerability to violence, enhancing community safety, and improving conservation and sustainability outcomes².

This practice note provides guidance to **non-GBV serving organizations** engaging in the fisheries sector on how to support GBV survivors by establishing effective **referral pathways**. It includes an overview of the process of developing referral pathways, tips on mapping GBV-resources, and step –by-step recommendations for staff to follow during survivor disclosures and when providing warm referrals.

1 J. Siles, et al. (2019). Advancing Gender in the Environment: Gender in Fisheries - A Sea of Opportunities. IUCN and USAID. Washington, USA: USAID. At: [ADVANCING GENDER IN THE ENVIRONMENT: GENDER IN FISHERIES—A SEA OF OPPORTUNITIES](#).

2 J. Siles, et al. (2019). Advancing Gender in the Environment: Gender in Fisheries - A Sea of Opportunities. IUCN and USAID. Washington, USA: USAID. At: [ADVANCING GENDER IN THE ENVIRONMENT: GENDER IN FISHERIES—A SEA OF OPPORTUNITIES](#).

Types of Violence



REFERRAL PATHWAY:

The process by which an organization responds to cases of GBV by providing information and linking the survivor with available services and other forms of support.



REFERRAL NETWORK:

Available formal and informal actors and organizations that provide GBV survivors with support and resources, including medical care, mental health services, legal services, housing, and other psychosocial support. Informal actors can include a community or religious leader, midwife, teacher, program facilitator, police officer, or hotline operator.

Gender Based Violence (GBV) in the fisheries sector can manifest itself in many different ways. Violence can be emotional, psychological, physical, sexual, and/or economic (e.g. the denial of resources and opportunities). It is not uncommon for survivors to experience multiple forms of violence throughout their lifetime.

The types of violence that show up in communities may also vary depending on the specific roles of women, girls, boys, and gender-diverse individuals undertake across fisheries value chains³. To best identify the types of community partnerships needed to link survivors to the appropriate referrals, it is important that organizations have a general understanding of the types of GBV abuse and exploitation present in the communities in which they work (e.g. human trafficking, sexual harassment, domestic and sexual violence, child exploitation, etc.).

3 Castañeda Camey, I., Sabater, L., Owren, C. and Boyer, A.E. (2020). Gender-based violence and environment linkages: The violence of inequality. Wen, J. (ed.). Gland, Switzerland: IUCN. At: [Gender-based violence and environment linkages: the violence of inequality.](#)

KEY DEFINITIONS

Survivor-Centered⁴	Centers healing by creating a physically and emotionally supportive environment. This approach prioritizes safety, ensuring strict confidentiality, respecting the survivor's choices and expressed needs, and practicing non-discrimination. It equips survivors with information about available services and how to access them, while firmly maintaining that the choice to use services remains the survivor's alone.
Do No Harm⁵	Ensures the process is focused on the safety and well-being of survivors and all those providing support. Because seeking help may increase the risk of harm in contexts where GBV is normalized, those providing support must clearly inform survivors of potential risks and help them create strategies to mitigate them.
Trauma-Informed Care⁶	<p>Incorporates a strengths-based framework that seeks to understand how trauma impacts a survivor's physical, psychological, and emotional wellbeing, identifies survivor needs and opportunities to give back survivors a sense of control. At its core, trauma informed care is a relational approach that seeks to create safe and nurturing environments that allow recovery from trauma and restore resilience.</p> <p>A trauma-informed approach recognizes six core principles that organizations can operationalize: 1) safety, trustworthiness and transparency, 3) peer support, 4) collaboration and mutuality, 5) empowerment, voice and choice, and 6) cultural, historical, and gender lens.</p>
Human Rights Approach⁷	Seeks to understand the root causes that led to the survivor's harm. It views survivors as 'rights holders,' and supports interventions that result in long-term empowerment. This approach is informed by legal obligations and accountability mechanisms that encourage and empower survivors as 'right holders' to claim their rights.
Survivor Safety	Seeks to understand whether the survivor is at risk of further harm and prioritizes connecting the survivor to GBV-specialized service organizations who can support the survivor to create a safety plan and help them meet their physical and emotional needs.
Survivor Agency	Respects the survivor's expressed wishes and choices, even when those choices differ from what others may believe is the best course of action. Honors that the survivor is the expert in their own lives.
Survivor Confidentiality	Protects the survivor's right to privacy. Honors the survivor's wishes and timing by not pressuring them to share details about abuse. Physical and virtual spaces are safeguarded to ensure survivors are not inadvertently overheard when accessing services and that all physical and digital records are protected.
Survivor Non-discrimination	Ensures all survivors can access services regardless of their identity and promotes equal treatment of all who use services.

4 United States Agency for International Development (USAID). (2021). USAID's Collective Action to Reduce Gender-Based Violence (CARE-GBV). 'How to Implement a Survivor-Centered Approach in GBV Programming. Pg. 8. At: How to implement a survivor-centered approach in GBV programming.

5 United States Agency for International Development (USAID). (2021). USAID's Collective Action to Reduce Gender-Based Violence (CARE-GBV). 'How to Implement a Survivor-Centered Approach in GBV Programming. Pg. 8. At: How to implement a survivor-centered approach in GBV programming.

6 American Academy of Pediatrics. At: [What is Trauma-Informed Care?](#)

7 Inter-Agency Standing Committee. 2015. Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action: Reducing risk, promoting resilience and aiding recovery. At: [GBV Guidelines - Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action.](#)

Role of Non-GBV organizations



Everyone has a role to play in supporting survivors, though not every organization or every person within an organization must be a GBV expert. In order to best support survivors, it is essential that organizations recognize their and their employees' responsibilities and relative expertise (or non-expertise).

Organizations should always prioritize working closely with in-house GBV experts/specialists or establish collaborative partnerships with GBV specialized service providers. Such partnerships can be with GBV specializing organizations (including governmental institutions) that provide remote and/or in-person services.

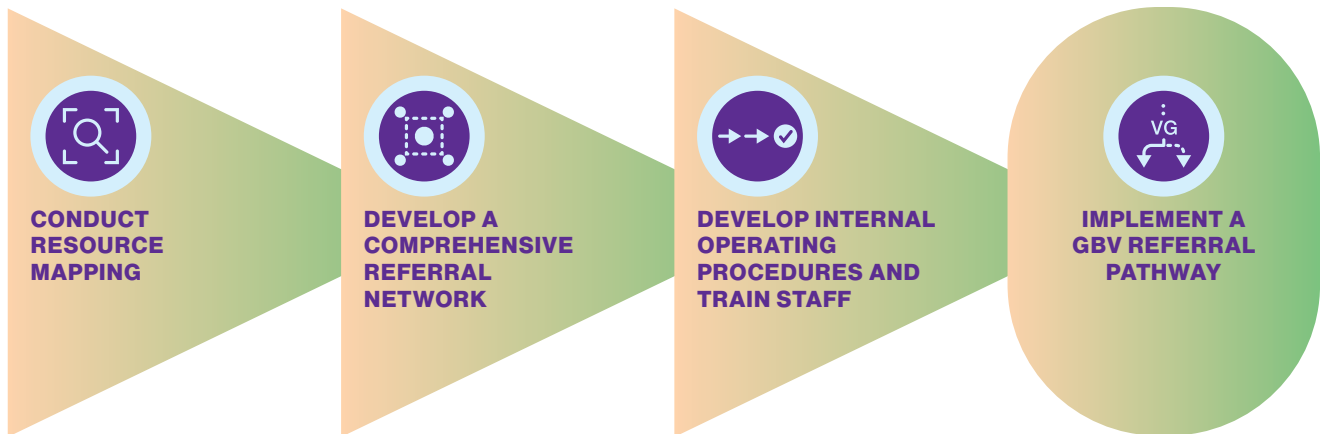
For non-GBV specializing organizations, the primary responsibility is to:

- 1 **Listen** to the survivor.
- 2 **Inform** them of services available to them.
- 3 **Connect** them to services, if the survivor is ready to engage with service provision.

This guidance reflects a rights-based, survivor-centered psychological first aid approach. The goal of this approach is to support individuals to best respond to someone who has experienced a traumatic event in a supportive, human, and practical manner⁸.

8 World Health Organization, War Trauma Foundation and World Vision International (2011). Psychological first aid: Guide for field workers. WHO: Geneva. At: [Psychological first aid: facilitator's manual for orienting field workers](#).

Developing a Referral Network



The first step is for organizations to engage in resource mapping. This will allow organizations to develop a comprehensive referral network that is responsive to the needs of the diversity of survivors who may need support.

Below are some key practices organizations should consider as they map out community resources:

1. Understand the types of abuse and exploitation and the unique characteristics of the affected population in order to identify the appropriate referral.

Some GBV service providers specialize in supporting survivors who have suffered a specific type of harm, like human trafficking or sexual violence. Other service providers may target their services to particularly vulnerable communities, such as immigrants, children and youth, and/or LGBTQIA+ individuals.

Additionally, some countries have specific mandatory reporting laws and/or may have restrictions on immigration and the types of services immigrant populations can access. Connecting survivors to the right resource will help prevent potential retraumatization, such as having to re-tell their stories multiple times to different service providers and/or being denied services after being connected to an agency or service provider unable to support them due to their unique circumstance.

2. Identify a diverse group of community partners across systems⁹.

Partnerships should include referral linkages to organizations across systems/sectors, including: health clinics and hospitals, shelters, legal services, child protection agencies, law enforcement, mental health services, culturally specific organizations, women's rights organizations, including municipal agencies, organizations focused on food and nutrition, etc.



3. Where GBV serving organizations are limited, identify informal networks, community leaders, and allies who are in a capacity to provide support.

These may include Indigenous community leaders, faith-based leaders, teachers, midwives, and other trusted individuals in the community.¹⁰

4. Establish a connection with each organization on your referral network.

Schedule a call to introduce yourself, ask about their referral process, hours of operation and

locations, who the main point of contact is, gather relevant phone numbers and other contact information, and ensure you understand the types of support each organization can provide.

5. Assess and ensure that organizations in your referral network incorporate a 'Survivor-Centered,' 'Do No Harm,'¹¹ and 'Trauma-Informed Approach'¹².

This will ensure that principles related to the survivor's safety, agency, confidentiality, and the right to non-discrimination are prioritized in the support they receive.

9 Center for Justice Innovation. (2022). Community Coordinated Response. At: [Coordinated-Community-Response-Definition-Fact-Sheet.pdf](#).

10 United States Agency for International Development (USAID). (2021). USAID's Collective Action to Reduce Gender-Based Violence (CARE-GBV). 'How to Implement a Survivor-Centered Approach in GBV Programming. Pg. 8. At: [How to implement a survivor-centered approach in GBV programming](#).

11 United States Agency for International Development (USAID). (2021). USAID's Collective Action to Reduce Gender-Based Violence (CARE-GBV). 'How to Implement a Survivor-Centered Approach in GBV Programming. At: [How to implement a survivor-centered approach in GBV programming](#).

12 American Academy of Pediatrics. At: [What is Trauma-Informed Care?](#)

Develop Internal Operating Procedures and Train Staff



Even as a non-GBV specialized organization, it is important to write down procedures, list resources available, and ideally, provide training to staff. Some of these considerations include:

1. Having a dedicated cell-phone survivors can use, so that staff are not put in a position to lend their personal phones. This ensures the safety of staff.
2. Designate a safe space that staff can use to speak to survivors in private, if needed.
3. Identify GBV experts in your region or country that can provide technical assistance related to best practices for documenting GBV incidents and the handling of survivors' personal data. If not adequately protected, the documentation and storage of personal data can pose significant risks to survivors. For this reason, it is important that organizations are aware of documentation laws and basic principles.
4. Identify a GBV service provider in your region or country that can provide technical assistance to staff on complex cases involving child survivors, mandated reporting, imminent risk of harm to a survivor's life, and when a survivor poses a risk of harm to self or others. Potential resources include national hotlines that allow staff to call together with the survivor to get immediate support after disclosure¹³.

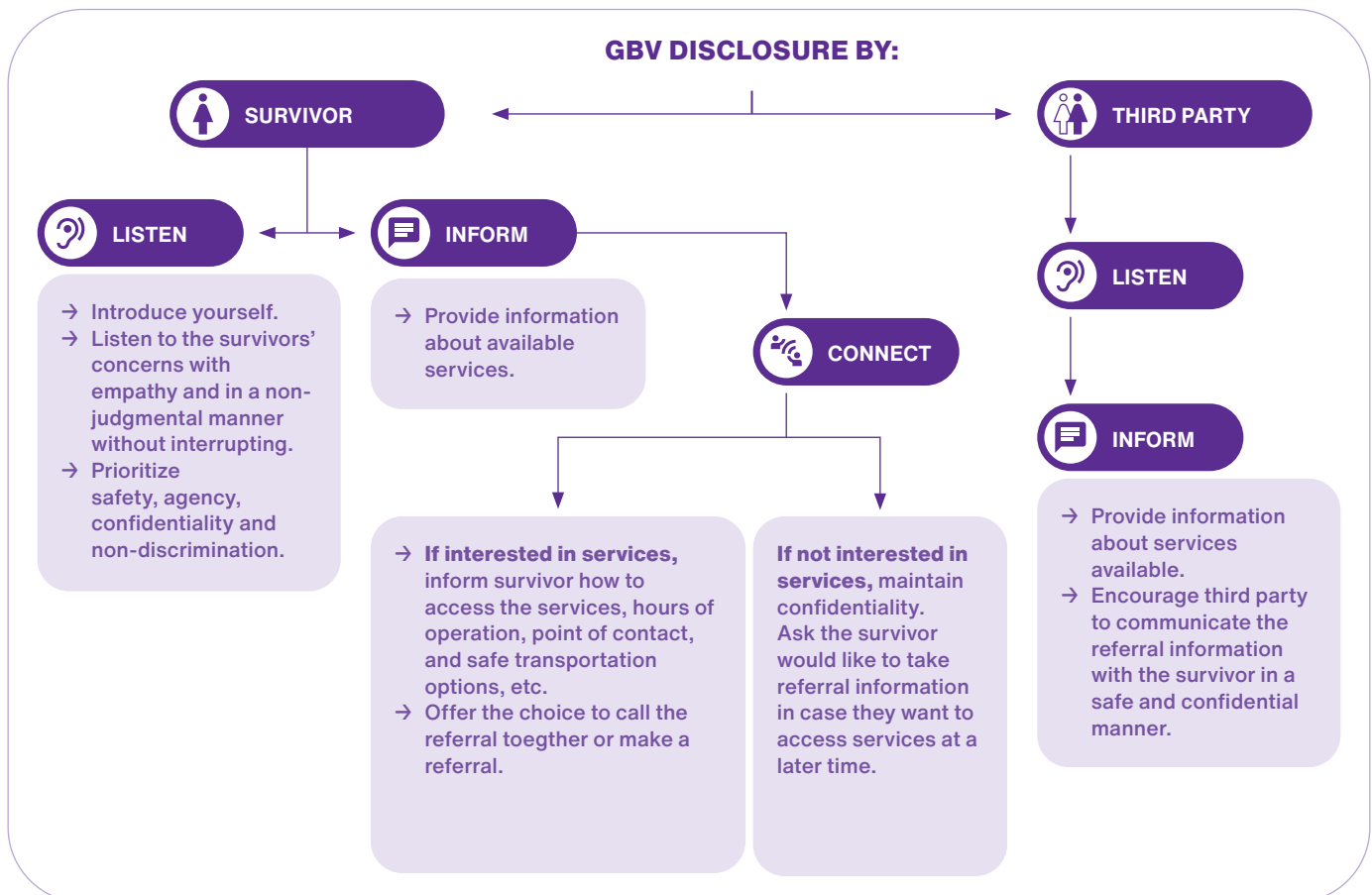
13 Global Protection Cluster. IASC Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action. How to support a survivor of gender-based violence when there is no GBV actor in your area: Resource #2 User Guide. At: [GBV Pocket Guide - Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action](#).

How to Implement a Gender-Based Violence Referral Pathway

When becoming aware of a GBV incident, remember to honor the core principles of safety, agency, confidentiality and non-discrimination. Your role is to listen non-judgmentally and with empathy, provide information, and connect the survivor to resources if they are ready to engage with service provision.

Information about available services should be provided to **all survivors**. Survivors' right to decide if and when they will engage with services based on their needs must be respected.




The following visual diagram provides the step-by-step process staff should follow after a disclosure¹⁴:



14 Global Protection Cluster. IASC Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action. How to support a survivor of gender-based violence when there is no GBV actor in your area: Resource #3 Pocket Guide. At: [GBV Pocket Guide - Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action](#).

How to Talk to Survivors When Implementing a Referral Pathway

Using the World Health Organization’s (WHO) LIVES framework¹⁵ and the Inter-Agency Standing Committee (IASC) Pocket Guide, the following represent sample language to help staff guide a conversation with a survivor:

	<p>LISTEN to the survivor with empathy and without judgement.</p>	<p>EXAMPLE</p>	<ul style="list-style-type: none">→ “I’m sorry you went through that. What you experienced was not your fault.”→ “The information you share with me stays between us. I will not share any information without your permission.”
	<p>INQUIRE about the needs, including the survivor’s emotional, physical, social, and other immediate needs.</p>	<p>EXAMPLE</p>	<ul style="list-style-type: none">→ “Would you like water or tea? Please take a seat wherever you feel most comfortable.”→ “Do you need a blanket to keep you warm? Or a clean pair of clothes?”→ “Does this space feel OK for you to chat? Would you feel better somewhere else?”→ “What would be most helpful to you right now?”
	<p>VALIDATE and normalize the survivor’s feelings to convey that you understand and believe them.</p>	<p>EXAMPLE</p>	<ul style="list-style-type: none">→ “I believe you. Nobody deserves to be treated this way.”→ “Thank you for trusting me with this information. I know it is not easy to share. You are not alone.”

15 Caring for women subjected to violence: a WHO curriculum for training health-care providers. Geneva: World Health Organization; 2019. Licence: CC BY-NC-SA 3.0 IGO. At: [Caring for women subjected to violence: a WHO curriculum for training health-care providers.](#)



ENHANCE SAFETY by identifying risks, discussing what has helped keep the survivor safe in the past, and offering additional safety planning resources to mitigate further harm.

Safety planning needs will vary depending on the survivors' present circumstances. Determine if there is imminent danger to the survivor's life and ask if they want to connect to a GBV specialized service provider for more comprehensive support.

EXAMPLE

- "I heard you say X and I want to make sure I understood you correctly"
- "What you shared with me sounds very stressful. I am concerned about your safety. Would it be ok with you if we call someone to help us develop a safety plan? (Make sure you have a hotline or GBV specialized services provider number ready to provide technical assistance).
- "Is there a family member or a friend you trust that you can reach out for support?"
- "Would you like to use a phone to call someone you trust?"

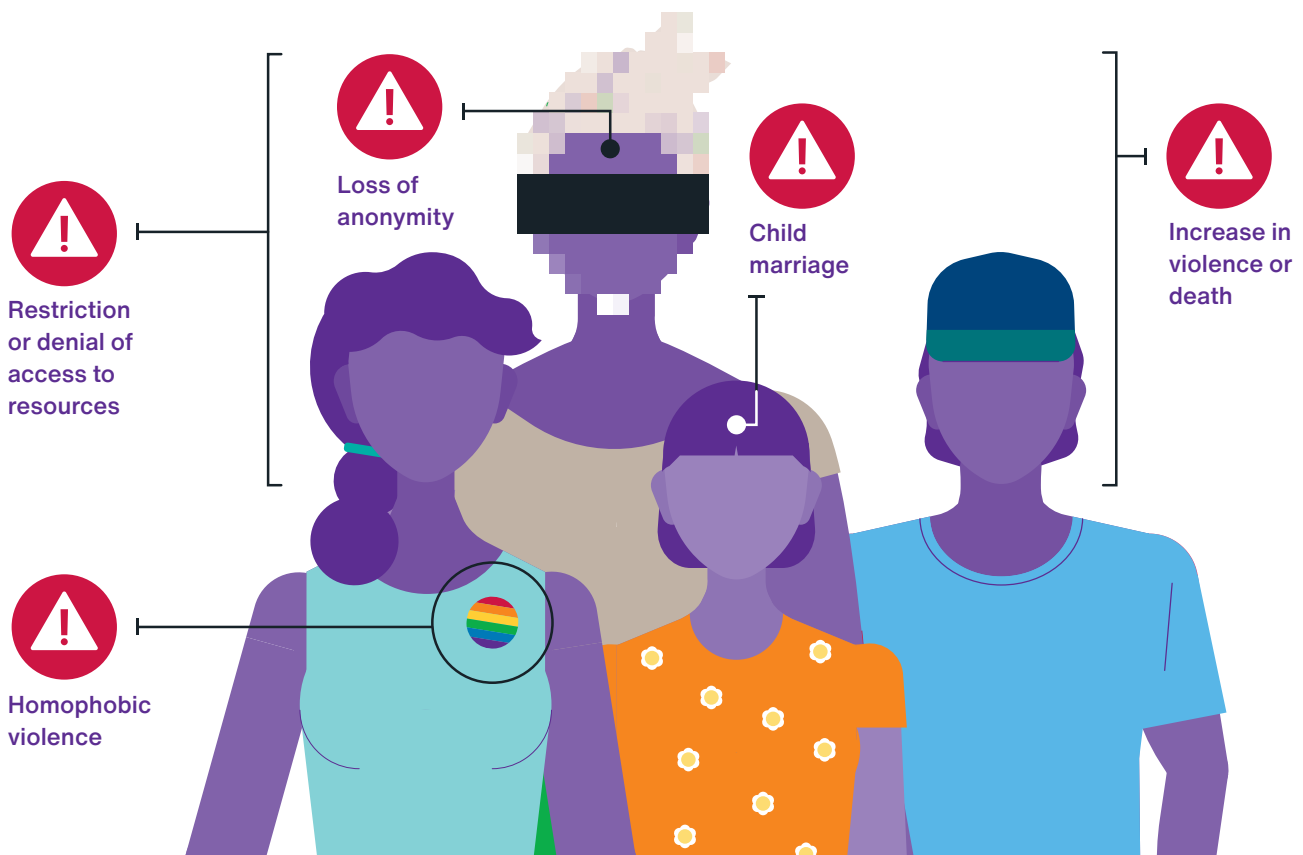


SUPPORT the survivor by providing referral information and connecting them to resources, if they express interest.

EXAMPLE

- "I can see that you are in pain right now, would you like to go to a health clinic?"
- "I am not a counselor, but I am here to listen and provide information on support available to you in the community."
- "Please share as little or as much information as you feel most comfortable sharing with me. You do not need to give me all the details of your experience in order for me to share information about support that is available to you."
- "There are people and organizations that work with survivors and may be able to help you and/or your family. Would you like to receive information about them?"
- "Please do not feel pressure to decide right now, if you are not ready to engage in services. You can take the information with you, in case you need it later."
- "It sounds like you have identified some next steps. That is a really great."

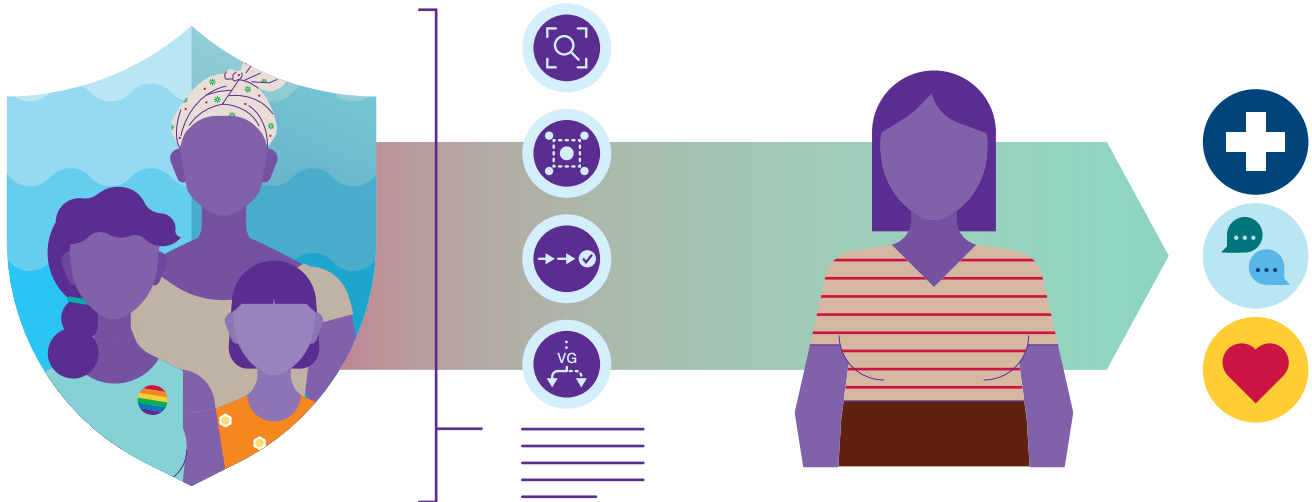
Be Aware of the Risks Facing Survivors When Seeking Help



Seeking support when trying to leave an abusive situation can be the most dangerous time for a survivor. Abusers may perceive that they are losing control over a victim and may often resort to more dangerous forms of violence to try to regain that control¹⁶. If a survivor seems hesitant to engage with services, do not pressure them as this may result in more harm. Focus on providing referral information and honoring the choices the survivor makes.

16 National Domestic Violence Hotline. 50 Obstacles to Leaving. At: [Get Help - 50 Obstacles to Leaving - The Hotline.](#)

Ending Help and Self-Care



To the best of your ability, once a survivor is provided with referral information and/or is connected to the appropriate resource, let them know what to expect next and who may be following up. Reinforce any action steps they identified, thank them for sharing their story¹⁷.

Once the interaction is complete, create space to ensure your safety and well-being. Reflect on healthy habits that may help you recover after managing stressful situations. Listening to another individual's traumatic experiences increases one's own chances of experiencing secondary trauma. Be sure to connect with your supervisor, colleagues, or other support systems to debrief and request support if needed. Do make sure to take a break, go for a walk, take time to eat and stay hydrated. Incorporating self-care activities into daily practice will help mitigate exposure to secondary trauma¹⁸.

17 Global Protection Cluster. IASC Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action. How to support a survivor of gender-based violence when there is no GBV actor in your area: Resource #3 Pocket Guide. At: [GBV Pocket Guide - Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action](#).

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

Additional Resources



Organizations and individuals working within the fisheries sector, who are non-GBV specialized providers, can draw on the below resources to strengthen their referral pathways to support GBV survivors.

Some of the resources included below are geared toward the humanitarian sector, but can be adapted to support the needs of those working in the fisheries sector.

1. World Health Organization. [Psychological first aid: facilitator's manual for orienting field workers](#). 2011.

2. [Women's Protection and Empowerment podcast. How to provide psychological first aid in emergencies](#). 2019.

3. Global Protection Cluster. IASC Guidelines for Integrating Gender Based Violence Interventions in Humanitarian Action. [How to support a survivor of gender-based violence when there is no GBV actor in your area. Resource #3: 'Pocket Guide.'](#) 2015.

4. [USAID's Collective Action to Reduce Gender-Based Violence \(CARE-GBV\). How to implement a survivor centered approach to GBV programming](#). 2021.

5. [Documentation of survivors of gender-based violence](#) (GBV). K4D Helpdesk Report. Brighton, UK: Institute of Development Studies. 2021.

6. Center for Justice Innovation and the National Crime Victim Law Institute. [Coordinated Community Responses](#). 2022.



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