



اللجنة الوطنية الأردنية
لشؤون المرأة
The Jordanian National
Commission for Women

How to Respond to Gender-Based Violence Incident Reports During COVID-19

A Pocket Guide for Public Security Directorate Family Protection Department Officers

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What is the Pocket Guide?

Measures announced over recent weeks to tackle coronavirus (COVID-19), such as quarantine and self-isolation, have seen people's day-to-day life be drastically altered. These changes are essential to beat COVID-19 and protect our communities. In addition to public health concerns and the significant economic impact, Jordan is anticipating a worsening negative socio-related impact, with gender dimensions that affect the whole community.

Gender-based violence (GBV), in particular, domestic violence, can be exacerbated in the private sphere, i.e. in the home, due to the length of confinement period and the stress and anxiety of the pandemic. With health service providers and law enforcement preoccupied with the national response measures for COVID-19, members of the community may face potential increases in the level of violence in homes as well as challenges in accessing services.

Since the Covid-19 outbreak, the Family Protection Department (FPD) has changed the approach

to respond to GBV reports. After enforcement of curfew, calls from complainants are received on 911. Cases are then referred to FPD. Women and men police officers are dispatched to visit complainants at homes, refer them to any essential services, and relocate them as required to a safe place (to parents' home, shelter, safe centre).

This *Pocket Guide* has been developed to aid FPD officers in their responses to reports of GBV, and in particular, guide their application of support and assistance during COVID-19 where such services may be stretched, limited, working remotely or finding innovating ways to support complainants.¹

The *Pocket Guide* provides FPD officers with information on:

- How to best to respond to rising GBV during COVID-19;
- How to best support complainants² of GBV;
- The Dos and Don'ts of response measures.

The *Pocket Guide* uses global standards on maintaining a complainant-centred approach, by

1 Primarily adapted from Inter-Agency Standing Committee guidelines on GBV. See www.gbvguidelines.org.

2 In this context, 'complainant' is used to describe a person who makes a report to PSD of an incident of GBV.

providing basic support, information and referral services to members of the community who report an incident of GBV to PSD/FPD. The aim of these response mechanisms is to provide the necessary protection for complainants, ensure their safety, and adhere to the principle of 'do no harm'.

The stress and anxiety over this pandemic may potentially exacerbate existing levels of GBV. The order to stay at home can cause anxiety for those who are experiencing or feel at risk of any form of GBV. The mental health of complainants of GBV is of utmost importance and has the potential to impact their confidence in PSD's ability to meet their needs.

The *Pocket Guide* is not intended to override normal PSD/ FPD procedures, but rather to complement that process by which the complainant is provided with the 'first aid' support and assistance they may need immediately in reaching appropriate services. In addition, as the types of GBV include non-physical or non-criminal acts of violence, such as emotional, psychological, social or economic violence, and given the circumstances of quarantine and

isolation during COVID-19, PSD/ FPD may be the first authority a complainant reaches out to. GBV is a life-threatening experience, and PSD/FPD plays a significant and authoritative role in connecting complainants with community, security, health, and shelter services.

Key concepts of GBV and consequences for complainants are at **Annex A**.

Key Messages

Preventing and responding to GBV in the community is a public security matter.

In order to prevent and confront the occurrence of GBV in the community, all efforts must be undertaken by first responders to GBV to deal with reports of GBV and domestic violence and respond immediately and professionally. This will help provide the necessary protection and assistance that complainants need. When attending to reports of GBV, follow the law, agency policy and national operating procedures, and do so safely, wear PPE and attend to personal hygiene as soon as possible afterward.

Be fully aware of all GBV services available within the community.

This may include shelters, psychological support, community-based services, or health services. Given the rapidly changing environment, options for GBV service provision are likely to change their modality, be reduced and/or operate differently than under normal circumstances. It is important to ensure FPD are equipped to provide accurate, up-to-date information on available GBV services and to be aware of current limitations of response services (i.e. do not over-promise). Some services may take the form of hotlines. Importantly, keep up to date with referral services and community-based organizations that support victims of GBV. This includes knowing how these services can assist victims in the COVID-19 environment. Your ability to respond to reports in a timely and efficient manner will depend on this.

Remember your role.

You are foremost a PSD/ FPD officer and are required to apply procedures of law, particularly if there has been physical or sexual assault. However, it is as equally important to apply the complainant-centred and 'First Aid' approach to more effectively meet

the complainant's psychosocial needs. Provide a listening ear, free of judgment.

Provide accurate, up-to-date information on available services. Let them make their own choices. Know what you can and cannot manage. Ask them for permission before connecting them to anyone else. Do not force them if s/he says no.

Further information on best practice communication skills for talking with complainants of GBV is at **Annex B**.

Be non-judgmental and non-discriminatory.

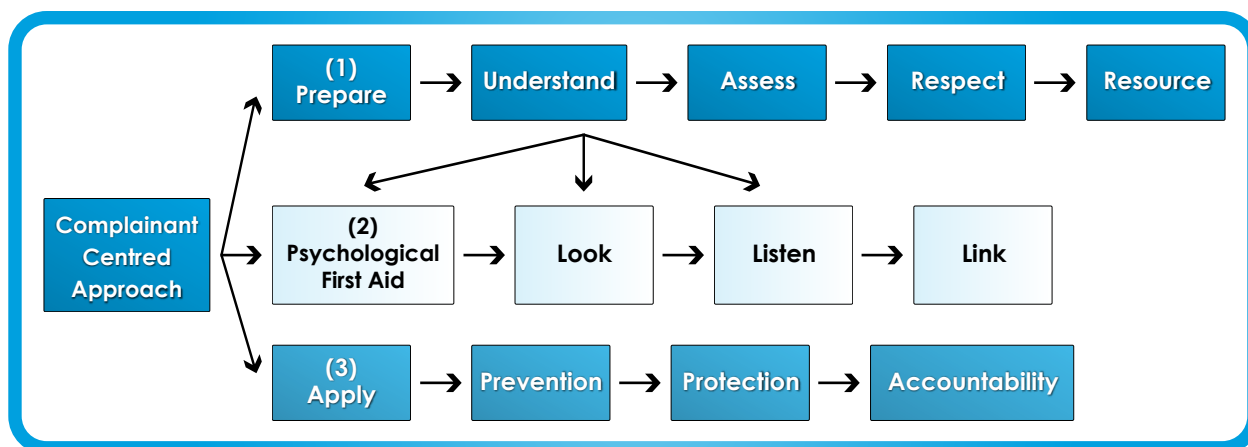
Jordanian laws ensure equality provisions for all members of the community. It is mandatory to provide a non-judgmental and non-discriminatory support to people in need regardless of gender, gender identity, marital status, disability status, age, ethnicity, religion, who perpetrated/committed violence, and the situation in which violence was committed. In addition, attitudes held by FPD towards complainants of GBV must be kept professional. See **Annex C** for common attitudes and beliefs and how you can recognise and challenge them.

Adhere to the principle of 'do no harm'.

This complainant-centred approach aims to empower complainants by prioritising their rights, needs and wishes and treating them with dignity and respect. It further ensures that complainants have access to appropriate and quality services including medical care, psychosocial support, safety/security, and legal assistance. This approach also includes avoiding blaming complainants, empowering them to make their own decisions based on information about available services and not pressuring them to take action, and treating all complainants equally.

Accordingly, the pocket guide uses the Psychological First Aid framework which is preceded by preparing to assist through the elements of the Psychological First Aid (Look, Listen, and Link) providing the FPD's officers with the necessary skills to be caring and mindful to the mental health when responding to GBV cases. Next step is applying the complainant-centred approach. These steps collectively represent the aspects of the complainant-centred approach, which aims to create a supportive environment in which the complainant's rights are respected, and are treated with dignity and respect. This approach helps to enhance the complainant's ability to recover, and

define their needs and express their wishes, as well as enhancing their capabilities for decision-making regarding possible interventions. The figure below illustrates this approach and will be discussed later in more details.



The complainant-centred approach can be clarified through the following table,

| DO | | DON'T |
|---|------------|---|
| Treat with dignity and respect in order to, | Instead of | Trends of blaming the victim lead to, |
| (for the complainant) Choose | | Feeling Weak |
| Privacy and Confidentiality | | Shame and Stigma |
| Non-Discrimination | | Discrimination based on gender, ethnicity, etc. |
| Access to Information | | Be Commanded What to Do |
| Feeling Safe | | Negligence |

There are also some considerations related to complainants from groups at risk that should be taken into account when applying this approach. These considerations help achieving the perceived goal, and includes:

- Protecting the rights and securing the needs of the complainant at risk
- Identifying vulnerabilities - such as age, disability, religion - that crosscut and increase exposure to GBV.
- Seeking to limit the exposure of these groups to GBV and other forms of violence.
- Acknowledging that these groups differ according to the environment in which the complainant lives.

USE A COMPLAINANT - CENTRED APPROACH by practising the Prepare, Look, Listen and Link elements of the Psychological First Aid framework

Fill in the information sheet for services in your area and keep in a place where it is easily accessible.

FIRST: UNDERSTAND - PREPARE

Preparing to assist, including gathering details of the GBV case, the incident and the situation of the complainant, as well as the complainant's awareness of the services and forms of support available under conditions related to quarantine during COVID-19 epidemic.

In addition, collecting information on security and safety concerns, so that the FPD cadres have sufficient knowledge. Especially in situations where there are extreme and sudden movement restrictions or quarantines, there may be only a very few points where a complainant is able to have any interaction with anyone other than the perpetrator (in instances of domestic violence for example).

Work with GBV specialists, civil society or community-based organisations to identify available services and support mechanisms in location and how / if information and support can be safely relayed through those entry points.

The way in which you are communicating with the complainant who is suffering from an ordeal is very important. Being calm and showing understanding can help these people to feel more secure and safe.

Preparations should include,

- Learning about the crisis;
- Learning about services and support available;
- Learning about safety and security concerns.

The figure below shows how to get ready and its dimensions:

Understand

Includes previous knowledge of that all forms of GBV, including domestic and family violence, can have both criminal-legal definitions (for physical / sexual abuse) and sociological definitions (for psychological / emotional abuse), and that these require different but equally important responses. In the event of non-physical abuse, for example, victims may need FPD assistance to leave the home and access services. Safety of the complainant is the number one priority.

Assess

Includes knowledge of available support services as required. E.g., medical, psychological, etc. Know who and where these services are located. GBV referral pathways should be updated to reflect primary and secondary healthcare facilities that may be able to take on GBV caseload. Provide 'first aid' – emotional and physical support until handed over to specialist services. Ensure safe transportation for victims that need to access shelter services. Provide medical advice regarding quarantine and health and safety measures to assure victims that may need to leave their homes (quarantine). (Here appears the overlap with the principles of the Psychological First Aid)

Respect

Includes respecting the dignity of victims at all times, including through interviews, access to services, ongoing case management. Be guided by what the victim wants and needs. Be professional: sensitive, compassionate, empathetic and caring. Avoid judgement, biases, and unnecessary actions, words or responses. Carefully consider the potential impact of all efforts to 'do no harm'. A complainant-centered approach creates a supportive environment in which victims' rights, wishes and confidentiality are respected, their safety is ensured, and they are treated with dignity and respect.

Resource

Ensure FPD Units are fully resourced and staffed, including with women police officers, at all times, so that responses to reports of GBV can be attended to in a timely and efficient manner. Ensure emergency numbers for Family Protection services, emergency services, and other available hotlines, are communicated to the community on a regular basis. Engage with local civil society and community-based organizations to support police strategies and action.

Apply

Apply the concepts of prevention, protection and accountability at all times when dealing with complainant of GBV. Always look for ways in which they can be supported and protected and ensure transparency in every regard. Complainants should receive equal and fair treatment regardless of their age, disability, gender identity, religion, nationality, ethnicity or any other characteristic.

Important telephone numbers for providing services through the Family Protection Department, its officers and divisions.

| Service required | Information | Focal Points |
|---|--|--------------|
| COVID-19 Hotline | 111 | 24 hours |
| PSD Family Protection Department | <p>911</p> <p>Management Centre/ South Amman/ Centre Amman: 065815826/ 065815824/ 0790193193/ 0777696740/ 0780335359</p> <p>North Amman: 065154839 East Amman: 077848782 Rusaifeh: 053755438 Zarqa: 0778418785 Balqa: 053533681/ 053533682/ 0778418786 Madaba: 0778418787/ 053243901 Mafraq: 026232264/ 0770997598 Irbid: 027248043 West Irbid: 026520467 Jarash: 026350372 Ajloun: 026440423 Karak: 032386083/ 0778418788 Tafila: 032250341 Maan: 032130667 Aqaba: 032050317/ 052050318 Zaatari Camp: 0790186405 Azraq Camp: 0770991273</p> | 24 hours |

| Service required | Information |
|--|--|
| <p>Mental Health Psychological Support</p> <p>Shelters Refuges</p> | <p>Jordanian National Commission for Women (JNCW): 080022955</p> <p>Solidarity is Global Institute (SIGI): 0797114929/ 0797699415/ 0797114598</p> <p>UNHCR Protection Hotline: Mafraq: 0791420249 Zaatari camp: 0791420242</p> <p>Jordanian Women Union (JWU) Hotlines in Governorates: Amman: 065675729 Salt: 053533996 Ajloun: 026422114 Khaldeyeh: 026256900 Wehdat: 064767107 Hitten: 053611554 Zarqa: 053970886 Baqaa: 064728001 Karak: 0798601031 Deir Ala: 053570079 Fuheis: 064721393 Irbid: 027241342 Ramtha: 0796990721</p> |

| Service required | Information |
|--|--|
| <p>Mental Health Psychological Support</p> <p>Shelters Refuges</p> | <p>Arab Women Organization (AWO) Psychological Counsellors: Irbid: 0770745997/ 0770262863 Mafraq: 0776328428/ 0776422674/ 0796715992/ 0770569623 Zarqa: 0798131723/ 0798131628</p> <p>Arab Renaissance for Democracy and Development (ARDD): Amman: 0778477217/ 0778489010/ 0778437060 Zarqa: 0778442213/ 0778489057 Mafraq: 0778489009/ 0778449340 Irbid: 0778449338/ 0778489059/ 0778449337 Karak: 0778449335/ 0778449339 Zaatari Camp: 0778489012/ 0778442249/ 0778484433 Azraq Camp: 0778437067/ 0778437065/ 0778434297</p> |
| <p>Health</p> | <p>SIGI: 0798105332</p> <p>Institute for Family Health (IFH): – Medical Support: 0799530746/ 0791491306</p> |

| Service required | Information |
|---|--|
| <p>Child protection Services for Youth and Adolescents</p> | <p>IFH:</p> <p>– Psychological Counselling and Support: 0796906909/ 0776990930/ 0795244674/ 0791136379/ 0798812594/ 0797037396</p> <p>– Rehabilitation Counselling and Support: 0785630287/ 0795682428</p> |
| <p>Legal</p> | <p>SIGI: 0798372953/ 0796503137</p> <p>ARDD: 0777387221</p> <p>UNHCR: 0796742200</p> <p>AWO: Irbid: 0795980381 Mafraq: 0795980381 Zarqa: 0798491161</p> |
| <p>Persons with Disabilities</p> | <p>Hotline for Persons with Disabilities: 0799625706</p> <p>Video Calls for the Hearing Impaired: From 8:00 AM to 4:00 PM: 0775923853/ 0775923844 From 4:00 PM to 12:00 AM: 0779427954/ 0775923854 From 12:00 AM to 8:00 AM: 0779426781</p> |

“But I am not a specialist in GBV - what can I do to provide care?”

SECOND: PSYCHOLOGICAL FIRST AID

Psychological First Aid is a supportive humanitarian response to a distressed person who needs support. Thus, service providers and FPD's officers ought to consider the following aspects,

- Respect the safety and security;
- Adapt procedures to the person's culture;
- Recognise when an emergency response is needed; and
- Taking care of oneself, and observing health instructions regarding prevention, sterilization and social distancing.



psychological First Aid helps to guide the FPD's cadres and officers on how to look at the complainant, how to intervene and deal with the complainant, and how to know their needs and link them with support and information during COVID-19 epidemic. This includes (Look / Listen / Link) as follows,

1. ASSESS: LOOK

i.e. quick scanning of the site as this step provides an opportunity for you to be quieter and safer, and to think before you act. This includes,

- Checking for safety measures around the complainant.
- Checking for any complainant with urgent needs due to their exposure to GBV.
- Checking for any complainant showing serious reactions due to the violence they have experienced such as, physical symptoms, crying, fatigue, fear, anxiety, anger, restlessness, feelings of guilt and shame, since they will need special attention.

DO

- Listen to their needs.
- Ask the complainant how you can support with any basic urgent needs first. Some complainants may need immediate medical care or clothing.
- Ask if s/he feels comfortable talking to you in your current location. If they are accompanied by someone, do not assume it is safe to talk to them about their experience in front of that person.

- Provide practical support like offering water, a private place to sit, a tissue etc.
- Advise complainant on the right to lodge a judicial complaint and offer procedural guidance.

DON'T

- Ignore a complaint of GBV.
- Force support and services on complainants.
- Overreact. Stay calm.
- Pressure the complainant for details relating to a crime. 'First aid' is the priority.

2. RESPECT: LISTEN

Listening is essential to helping and understanding the complainant's situation and needs, as well as to addressing them by asking about their fears; as the feeling that someone is listening to them makes the complainant feel calm. This is done through the use of your senses,

- Eyes: to show the complainant that they are the one receiving your attention;
- Ears: to attend to the complainant by listening to their concerns; and
- To Show good care and attention.

DO

- Treat information with confidentiality and manage complainant's expectations of confidentiality.
- Manage expectations on your role in providing 'first aid' and as a FPD officer.
- Listen more than you speak.
- Say some statements of comfort and support.
- Ask questions with compassion and care.

DON'T

Doubt what has been told to you. Make a record of all facts but remember that your role is to listen and take information without judgement and provide information on available services.

3. RESOURCE: LINK

Linking process is the product of previous efforts by helping the complainant meeting their needs and accessing the available services, as well as helping them overcoming their problems, providing information, and linking people through social and psychological support.

DO

- Respect the rights of the complainant.
- Share information on all services and support available. Tell the complainant they don't need to access these services immediately and that they are available in the future.
- Ask if there is someone the complainant would like to be with them for support.
- Provide usual ways to adapt and encourage positive coping strategies, such as talking to family, resting, and engaging in participatory activities.
- Ask the complainant for permission to ask questions, do something, take action.

DON'T

- Make false promises or provide false information.
- Offer own advice or opinion on best course of action.
- Assume you know what's best for the complainant.
- Discriminate or make assumptions about what a complainant needs or wants based on their age, marital status, disability, religion, ethnicity, class, gender identity, identity of the perpetrator(s) etc.
- Share details of report with anyone outside of FPD and only for the purposes of investigation etc.

The table below explicates the three steps:

| | |
|---------------|---|
| Look | <p>Check for safety measures.</p> <p>Check for any complainant with urgent basic needs.</p> <p>Check for any complainant showing serious reactions due to their ordeal.</p> |
| Listen | <p>Approach those who may need support.</p> <p>Inquire about the complainant's needs and concerns.</p> <p>Listen to the complainant and help them calm down.</p> |
| Link | <p>How do people meet their basic needs? How do they reach services?</p> <p>Help the complainant cope with their problems.</p> <p>Provide information.</p> <p>Establish contact between the complainants and their loved ones, or help them reach social support.</p> |

Brief Instructions that may help with rapid response:

| | |
|--|--|
| Listen | <p>Listen to the complainant closely, with sympathy, and without making judgments.</p> |
| Inquire about needs and interests | <p>Assess and respond to the complainant's different needs and interests; whether it is emotional, physical, social, or practical, for example: childcare.</p> |
| Check | <p>Explain to the complainant that you understand and believe in them, reassure them that they are not to blame.</p> |
| Increase safety | <p>Discuss a plan to protect the complainant from any additional harm in the event of renewed violence.</p> |
| Provide support | <p>Provide support to the complainant by helping them access information, services, and social support.</p> |

THIRD: APPLY

The concepts of Prevention, Protection and Accountability are applied at all times when dealing with the complainant due to their exposure to GBV. So, always look for ways to support and protect them, and ensure transparency when applying these three concepts. All complainants must receive the same fair treatment regardless of age, disability, gender identity, religion, nationality, race, or any other characteristics.

Be mindful of three guiding principles³ in your response to GBV:



3 Adapted from USAID's Strategy to Prevent and Respond to Gender-Based Violence Globally and Canadian Government's 2017 It's Time: Canada's Strategy to Prevent and Address Gender-Based Violence.

Annexes

ANNEX A

TYPES AND CONSEQUENCES OF GBV

What is GBV?

It is a general term that includes any harmful act committed against one's will and is based on the social distinction between males and females (gender). It includes actions that cause harm; physical, sexual, psychological suffering; threatening to commit such acts; coercion of the other party, or any form of deprivation of liberty.

What are the types of GBV?

SEXUAL VIOLENCE⁴: Violence resulting from a sexual activity or behaviour, including sexual harassment, sexual comments, temptation, and coercion. It, also, includes sexual abuse of children, such as compelling or luring the child to engage in sexual activities regardless of whether or not the child is aware of

4 The approved definitions of the National Framework for Family Protection from Domestic Violence, 2nd edition, 2016, the National Council for Family Affairs. <http://ncfa.org.jo:85/NCFA/sites/default/files/Publications/Final-print.pdf>

it, encouraging the child to watch or participate in the production, marketing, or dissemination of pornographic material, or to encouraging the child to act in an inappropriate sexual manner.

DOMESTIC VIOLENCE⁴: Any act or omission to act by a family member on any other member of the same family leads to material or moral harm.

PHYSICAL VIOLENCE⁴: The use of or threatening to use physical force which may result in physical injury or harm, such as beating, injuring, punching, biting, or burning by throwing incendiary, caustic, or deformed materials. It, also, includes any other actions that may cause physical harm.

EMOTIONAL AND PSYCHOLOGICAL VIOLENCE⁴: The violence that results in a disturbance of mental behaviour or causes psychological or emotional pain, such as humiliation, insulting, verbal abuse, isolation from family and friends, ridicule, intimidation, incapable demands, or arbitrary deprivation of rights and freedoms.

SOCIAL OR ECONOMIC VIOLENCE: This includes violence perpetrated in a non-physical manner or embedded in laws and policies that deny women and girls, and other vulnerable groups, access to income/earnings, financial services, assets and social opportunities for advancement. Examples include: (1) discrimination and/or denial of opportunities, services or resources, (2) denial of access to education, health assistance or remunerated employment and/or (3) denial of property rights. Family members, community members, society, institutions and organizations can perpetrate this type of violence.

INFORMED CONSENT⁴: Informed consent should be taken and ensures to provide services to the complainant according to applicable national legislation, laws and regulations.

What are the consequences of GBV?

GBV seriously impacts complainants' immediate physical, sexual, and psychological health, and contributes to greater risk of future health problems. Gender-based violence is a **life-threatening** experience; some possible consequences may include:

| Physical Health | Psychological Health | Social Consequences |
|--|--|--|
| Physical injury | Depression and sadness | Victim-blaming |
| Disability | Fear and anxiety | Stigmatisation |
| Sexually Transmitted Infections, including HIV | Self-blame, guilt and shame | Rejection and isolation by family and/or community |
| Unsafe abortion, miscarriage | Avoidance of places or situations, isolation | Avoidance of places or situations, isolation |
| Gastrointestinal diseases, such as Fistula | Anger | Increased poverty |
| Chronic pain | Trouble concentrating or remembering | Risk of re-victimization |
| Sleeping and eating disorders | Self-harm | Death/ Murders |
| Death, including suicide | Suicidal thoughts/ actions | |

ANNEX B

COMPLAINANT-CENTERED COMMUNICATION SKILLS

Body language

Body language are the messages we send with our face and other parts of our body. This includes how/where we sit with people-the environment we create. In English, we speak of *SOLER* as ways to have good body language to support complainants.

- **Square to the Speaker:** This means we sit square with the complainant, facing her/him.
- **Open Posture:** This means that we do not put anything between them and us. No desks, no objects. The space between you and the complainant is open.
- **Lean a Little Toward:** This means that we lean in towards the complainant when talking with them. This helps them know we are interested in what she/he is saying and that we want to stay and listen.
- **Eye contact:** This means that we maintain eye contact with the complainant at all times without staring.

- **Relax:** This means that we stay in a relaxed sitting position. That is, to remain calm without showing restlessness when speaking with the complainant. It does not mean that we slouch in our chairs and look sloppy, but we do not want to sit very stiff and rigid. We want to be comfortable so that the complainant can feel comfortable and relaxed too.

Verbal Messages

Verbal messages are what we say, or the content of the conversation. Following the complainant's pace, using the same language as them and simple explanations are key to ensure they feel safe and comfortable sharing their experience. It is also good to learn to remain silent and give them time to think and process their emotions.

Active Listening Skills

- **Use** open-ended questions to really understand how the complainant is thinking and feeling.
- **Paraphrase** and summarize (***“Let me see if I understand what you have told me so far”***).
- **Reflect** content and/or feeling (***“It sounds like you were very scared in the moment when he***

yelled and raised his fist”). Reflect how they are feeling and thinking so she/he can see it like in a mirror. Help them to see their situation and their options more clearly. Help them to focus.

Validate and Normalize

- The best thing we can do is understand and acknowledge what complainants are feeling- and make it feel normal. For example, if they begin to cry, we can say: **You have every right to be upset and sad. It's okay for you to cry here. I will be with you and we can talk when you are ready.**
- Because we want complainants to feel better our instinct may be to tell them NOT to show their emotions, or diminish their experience, such as, “Don't be afraid,” “Don't cry,” “It's not as bad as it seems,” “Everything is going to be fine,” but we want to let them know that they are having a **normal reaction** to an **abnormal event**. This may feel uncomfortable to us-to have to sit with someone who is crying, or angry, or depressed-but being a true helper means that we allow them to feel what they need to feel.

- Instead of telling complainants what NOT to feel, we should **validate** their feelings and **normalize** it.

Healing statements are things that helpers can say to a complainant immediately after she tells us what.

- “I believe you.”
- “This is not your fault.”
- “You are very brave to talk with me

Behaviour Messages

Behaviour messages are what we do. It is important to give information, NOT advice.

Giving advice means telling someone what you think they should do and how you think they should do it. In GBV cases, giving advice is not useful in helping a complainant because you do not know if you are giving the right advice. As a helper, we should never give them advice.

Giving information means explaining facts to someone so they can make an informed decision about what to do. In GBV cases, giving information is useful because it empowers a complainant to have control over her choices, and shows you respect their opinions and judgments.

ANNEX C

COMPLAINANT-CENTERED ATTITUDES AND BELIEFS

Complainants are never responsible for the violence they experience. The use of violence is always a choice made by perpetrators. This is an essential belief to ensure the safety and recovery of complainants of GBV and avoid causing further harm.

We all bring our own attitudes and beliefs to this work, and some of these attitudes may be harmful to complainants without our knowing it. It is important to recognize and begin to challenge our own attitudes.

Complainant-blaming is common in many communities and is something that we must actively strive to avoid and counter in our work with complainants. Complainant-centred attitudes involve putting their best interests first, ensuring that all work is based on what they want and need rather than our own opinion of what s/he wants and needs.

| Negative Attitudes & Beliefs | Supportive Attitudes and Beliefs |
|--|---|
| If women or girls who behave inappropriately are raped, it is their fault | Rape is a choice made by the perpetrator to use his power over another person. It is never the fault of the complainant. Acts of GBV are always the fault of the perpetrator. |
| If a complainant can't answer the questions asked during an interview, they are making up the incident | The psychological and physical responses trauma may lead a complainant to be confused and unable to answer questions about the event. |
| A woman causes her husband's violence because of her own behaviour | Violence is a choice of the perpetrator and it is never used to justify its use in relationships. |
| A person who forces another person to have sex is just someone who cannot control their sexual desire | Most rapists are motivated by power, anger, and control, not the desire to have sex. Men can control their sexual impulses. Most rapes are planned in advance-the man is in control when he rapes. |
| Domestic Violence is a family matter and should be handled within the family. | Domestic Violence should be a significant safety and health concern for a community and is crime in many countries. Thousands of women are killed every year due to domestic violence. Domestic violence survivors require community support. |

| Negative Attitudes & Beliefs | Supportive Attitudes and Beliefs |
|---|---|
| Most men beat their wives only after they have been drinking or using drugs | Drugs and alcohol can be a contributing factor to GBV. However, only the choice to use violence, power and control by the perpetrator is the cause of GBV. Not all men who drink or use drugs beat their wives. Men who use alcohol and drugs make decisions about who they do beat which shows that they are choosing who to be violent towards. |
| Women are raped if they wear the wrong clothes or go to the wrong places. | Rapists look for victims they think are vulnerable, not women who dress in particular way. No person, whatever their behaviour, “deserves” to be raped. |
| Women often lie about being raped. | Global research shows that, similar to report of other serious crimes, a very low percentage of rape reports are given falsely. This is the same as for other serious violent crimes |
| Rape only occurs outside, at night when the victim is alone | Rape can and does occur anytime and anyplace. Many rapes occur during the day and in the victims’ homes, e.g. girls and women with disabilities can be raped when they are left at home alone. In addition, often women or girls know the perpetrator (their stepfather, uncle etc.) These rapes often occur in the home. |

| Negative Attitudes & Beliefs | Supportive Attitudes and Beliefs |
|---|---|
| If a person doesn't "fight back" she was not really raped. | Rape is potentially life-threatening. Whatever a person does to survive the assault is the appropriate action. This may include not fighting because of fear. |
| If a complainant does not show physical injuries from the rape, she was not raped. | Complainants may not show physical signs of the assault. |
| Sexual assault usually occurs between strangers. | By some estimates, over 80% of rape victims know their attackers. The rapist may be a relative, friend, co-worker, or other acquaintance. |
| Commercial sex workers cannot be raped. | Commercial sex workers are even more exposed and subjected to rape and other forms of violence than other women. |
| A complainant should not think too much about the violence she has experienced. She should "forget it." | Complainant who are not allowed to talk about the violence they experienced have a much more difficult time recovering from it. All complainants should be offered the opportunity to talk about the assault with those personally close to them if they wish to do so. |

