

TFGBV REFERRAL PATHWAY TOOLKIT

SUPPLEMENTAL RESOURCE

Guidance for Using Survivor-Centered, Trauma-Informed, and Rights-Based
Approaches for TFGBV Referrals
and Case Management

NOVEMBER 2024



USAID
FROM THE AMERICAN PEOPLE



Transform TFGBV Referral Pathway Toolkit: Supplemental Resources, Guidance for Using Survivor-Centered, Trauma-Informed, and Rights-Based Approaches for TFGBV Referrals

The Transform TFGBV Referral Pathway Toolkit: Supplemental Resources, Guidance for Using Survivor-Centered, Trauma-Informed, and Rights-Based Approaches for TFGBV Referrals reflects the collaboration and contribution of many people and organizations engaged in preventing, responding to, and mitigating Technology-Facilitated Gender-Based Violence. All sources have been cited.

Prepared by Pact, Inc.

Copyright 2024 by Pact, Inc.

Date of publication: November 2024

Notice of Rights:

Permission is granted to display, copy, and distribute the Toolkit's Supplemental Resources, Guidance for Using Survivor-Centered, Trauma-Informed, and Rights-Based Approaches for TFGBV Referrals in whole or in part, provided that: (a) the materials are used with the acknowledgment "Transform TFGBV Referral Pathway Toolkit: Supplemental Resources, Guidance for Using Survivor-Centered, Trauma-Informed, and Rights-Based Approaches for TFGBV Referrals is a product of Pact, Inc. with funding from USAID."; (b) The Toolkit's Supplemental Resources, Guidance for Using Survivor-Centered, Trauma-Informed, and Rights-Based Approaches for TFGBV Referrals document is used solely for personal, noncommercial, or informational use; and (c) no modifications of the Toolkit's Supplemental Resources, Guidance for Using Survivor-Centered, Trauma-Informed, and Rights-Based Approaches for TFGBV Referrals are made.

The Toolkit's Supplemental Resources, Guidance for Using Survivor-Centered, Trauma-Informed, and Rights-Based Approaches for TFGBV Referrals document may be shared in whole or in part, with attribution. Translation to aid sharing is encouraged. Pact, Inc. requests that copies of any translations be shared with us.

Disclaimer:

This report is made possible by the generous support of the American people through the United States Agency for International Development (USAID), under the terms of award no. 7200AA22LA00002. Transform Digital Spaces (Transform) is an Associate Award under the Leader with Associate Awards No. 7200AA21LE00004; Civil Society and Media - Strengthened Together and Advancing in New Directions (CSM-STAND) Africa and MENA (Middle East North Africa). It is implemented by IREX, Pact, Makaia, Sonke Gender Justice, and Moonshot. The contents are the responsibility of Pact and do not necessarily reflect the views of USAID or the United States Government.

Contents

- Acronyms3**
- Icon Key (in order of use).....4**
- Introduction.....5**
- Considerations for TFGBV Survivors Who are Women in Politics and Public Life7**
- Illustrative Guidance for Using Survivor-Centered, Trauma-Informed, and Rights-Based Approaches9**
 - Active Listening 9*
 - Call Out Box 1: Integrating Survivor-Centered, Trauma-Informed, and Rights-Based Approaches into Active Listening 10**
 - Asking Questions Sensitive to the Survivor’s Experience 11*
 - Minimizing Additional Harm 12*
 - Call Out Box 2: Initial Steps for Using the Highlighted Approaches to Communicate That a Survivor is Believed..... 16**
 - Call Out Box 3: Initial Steps for Using the Highlighted Approaches to Mitigate Further Trauma 18**
 - Support Survivor-Led Decision-Making 18*
- Initial Considerations for TFGBV Case Management Using Survivor-Centered, Trauma-Informed, and Rights-Based Approaches..... 19**
 - Introduction and Survivor Engagement 19*
 - Needs Assessment..... 24*
 - Case Action Planning and Implementation..... 24*
 - Request Survivor Feedback on the Process 25*
- Additional Resources26**

Acronyms

GBV	gender-based violence
NDI	National Democratic Institute
TFGBV	technology-facilitated gender-based violence

Icon Key (in order of use)



Information Relevant to Women in Public and Political Life



Survivor-Centered Approach



Trauma-Informed Approach



Rights-Based Approach



Safe Spaces



Informed Consent



Data Security



Safety

Introduction

This guidance document is a supplementary resource designed to accompany the TFGBV Referral Pathway Toolkit. It is intended to provide initial recommendations to service-providing organizations who are integrating technology-facilitated gender-based violence (TFGBV) into their referral practices. In the instances where a service-providing organization already offers case management, this document makes suggestions for tailoring those processes to fit the specific needs of TFGBV survivors. Additionally, blue boxes in select sections below provide examples of initial steps service providers can take to utilize the three approaches. These examples are intended as illustrative starting points from which organizations can build their own, more robust approaches.

Survivor-centered, trauma-informed, and rights-based approaches are continuous processes, in which service providers engage in active listening, promote the rights and safety of the survivor, and mitigate re-traumatization to the extent possible.

It is broadly recommended that service-providing organizations prioritize survivor-centered, trauma-informed, and rights-based approaches when interacting with survivors in order to promote the survivor's well-being and best interests. These three approaches have many similarities, such as:

the importance of establishing trust




prioritizing the survivor's decision-making

promoting the survivor's safety, wishes, and rights

These approaches center the survivor's needs, experiences, and decisions, and emphasize that seeking services and support is a form of strength rather than an admission of weakness or not being able to cope on one's own.

Table 1 provides illustrative examples of concepts that define survivor-centered, trauma-informed, and rights-based approaches. When promoting the rights of survivors, service-providing organizations should consider their legal protections as well as social rights. Social rights may overlap with existing legal frameworks but can also exceed them in the protections offered. For example, survivors' social rights include their right to safety, non-discrimination, dignity, and confidentiality¹ when interacting with service providers. These social rights are also key elements in survivor-centered and trauma-informed approaches.

Table 1: Illustrative Aspects of Survivor-Centered, Trauma-Informed, and Rights-Based Approaches

 Survivor-Centered Approach	 Trauma-Informed Approach	 Rights-Based Approach
<ul style="list-style-type: none">• Prioritizes the needs, interests, wishes, and decision-making of the survivor• Centers the survivor's decision-making, including how and if they choose to share their personal information, experiences, and data• Provides reliable information and contextual considerations for the survivor to use in decision-making	<ul style="list-style-type: none">• Prioritizes the physical, emotional, and psychological safety of the survivor• Centers actions that mitigate re-traumatizing the survivor when possible• Attentive to how a survivor's actions, needs, and decision-making may be influenced by traumatic events, and/or shaped by cultural, historic, or gender influences	<ul style="list-style-type: none">• Prioritizes the promotion and protection of the survivor's rights• Asserts the survivor's right to access services that meet their needs• Empowers survivors to understand and use their rights

¹ A description of these three social rights is available in the GBV Pocket Guide: https://gbvguidelines.org/wp/wp-content/uploads/2018/03/GBV_UserGuide_021618.pdf



Considerations for TFGBV Survivors Who are Women in Politics and Public Life



When engaging with women in public and political life who are survivors of TFGBV, there are additional sensitivities that service providers should be attentive to. These sensitivities will change based on women’s social, economic, and political contexts, as well as if they are subject to other forms of harm such as hate speech, racism, and/or structural violence. Some women in public and political life may worry that seeking support is an admission of not being able to do their job. This concern arises from the normalization of violence associated with public figures, and the promotion of ideals of “toughness” as a necessary aspect of doing public work (see Box 1: *Women in Public and Political Life Experience Higher Rates of TFGBV*). As their work is in public spaces, many women in public and political life have concerns about further public exposure as they seek services for TFGBV, which can endanger their ability to do their jobs effectively and may open them, their families, or communities to additional harm including increased forms of discrimination, hate speech, and stigmatization. Women in public and political life may also fear negative responses from their employers, families, or communities if the TFGBV they experience is made public, which could create additional complications for them to continue in their careers.



Women in public and political life may seek support in-person or through digital or online platforms. In these interactions, women in public roles may have heightened or specific concerns about the privacy of their data, the confidentiality of their interactions with service providers, retaining their agency over decision-making, and how referrals are made. They may also hesitate to share some aspects of how TFGBV was used against them due to the nature of their work or concerns about protecting their private lives in light of their public roles. By using survivor-centered, trauma-informed, and rights-based approaches

Women in Public and Political Life Experience Higher Rates of TFGBV

Women, girls, and people from underrepresented or minority groups are likely to experience violence when they interact in online spaces or use digital technology. Women in politics and public life have a greater likelihood of being targeted by perpetrators for TFGBV due to their public leadership, their public roles, and their participation in decision-making, truth-telling, and advocacy which are seen by some to challenge traditional gender norms and roles, or to challenge the political and social status quo.

with survivors who are women in public and political life, many of their specific concerns can be met. For example: providing clear information about data security practices during informed consent processes can demonstrate how the survivor's safety is prioritized; centering the survivor's right to end the interaction if they are not comfortable with how their data will be protected; and informing the survivor about data security practices to promote the survivor's decision-making in terms of choosing how much information to share.

Illustrative Guidance for Using Survivor-Centered, Trauma-Informed, and Rights-Based Approaches

Active Listening

In common with other types of survivor narratives, service providers should expect TFGBV survivors to describe their experiences in a multitude of ways, to share partial or limited accounts of the TFGBV they experienced, to seek and prioritize different kinds of services, and choose to address specific harms and delay dealing with others. For example, some survivors may prioritize mental health impacts over addressing other needs, while other survivors may focus on accessing legal services or protecting their privacy above other service needs (see Box 2: *Characteristics of TFGBV*). Additionally, some survivors may want to concurrently address the intersecting harmful norms and stereotypes that perpetrators of TFGBV use against them, for example addressing online attacks that leverage both misogyny and racism, or misogyny and homophobia.

Survivors may not describe their experiences in linear or expected ways due to factors such as wanting to protect their privacy, or as a result of how they cope with remembering and narrating traumatic events. Some survivors will provide more details to a service provider over time as trust is built.

In all cases, service providers should practice active listening with the intent of understanding the survivor's wishes, their concerns, how the survivor prioritizes their needs, their preferences for receiving service referrals, and where there may be gaps in the survivor's knowledge of their legal rights, additional risks, or about other services that they may find beneficial.

Characteristics of TFGBV

TFGBV takes multiple forms, including online harassment, threats, non-consensual sharing of private information, and targeted hate speech. TFGBV is experienced differently by survivors depending on the forms of violence the perpetrator uses to attack them, the intensity and duration of the forms of TFGBV they are targeted with, and experiences a survivor may have with prior violence or trauma including hate speech and discrimination. Thus, survivors will seek different kinds of services and support based on their personal preferences, their experiences, and other concerns such as not being believed, experiencing re-traumatization by authorities or service providers, or the risk of further privacy violations. For example, women in public and political life whose careers often require continual use of online and digital resources may be hesitant to seek services out of concern that they might be viewed as weak, unable to handle the pressures of leadership, or that they be blamed for their own experiences of TFGBV.

Service providers should demonstrate that they are listening to survivors by:

- Using clear body language. This might include making eye contact, nodding or other indications of listening, arranging seating to remove furniture or other obstructions between the survivor and the service provider, sitting so that the survivor can see that the service provider is focused on them and not other things in the space such as phones, computers, or what is happening out of a window.
- Using verbal indications to show that the service provider is hearing and retaining what the survivor is sharing.
- Using language to normalize and validate what the survivor is saying, including messages that the survivor’s emotional responses are normal and making space for the survivor to manage their emotions during the interaction.
- Focus on giving information based on what the survivor said rather than directing the survivor on what they should do next from a script or checklist.

Call Out Box 1: Integrating Survivor-Centered, Trauma-Informed, and Rights-Based Approaches into Active Listening

As a starting point, service providers can utilize a survivor-centered, trauma-informed, and rights-based approach when listening to survivors in the following ways:



Use a **survivor-centered approach** by allocating enough time in the session for the survivor to share as few or as many details of their TFGBV experiences as they wish, and to respect a survivor’s boundaries about what they do and do not wish to discuss.



Use a **trauma-informed approach** by communicating to the survivor that the service provider believes the survivor, even if the survivor shared their experiences in fragmented, repetitive, or non-linear ways. Provide space and resources for the survivor to maintain their own self-care when talking about upsetting or traumatizing events, and prioritize the psychosocial and physical safety of the survivor in service-related interactions.



Use a **rights-based approach** by ensuring the survivor understands and agrees to the organization’s informed consent guidelines (see *Additional Resources for TFGBV Referrals* for an example of an informed consent script), and by helping the survivor understand (to the extent possible) their rights as a survivor of TFGBV, and where laws and policies can protect them or may put them at further risk of harm.

Asking Questions Sensitive to the Survivor’s Experience

TFGBV can be perpetrated in a range of forms from online harassment to threats of sexual violence or death. Survivors can react to TFGBV differently, based on a number of factors, including if they are involved in public or political life and thus more exposed to virulent forms of TFGBV.

Some recommended practices for asking survivors questions about their TFGBV experiences include:

- Engage in active listening, and before asking questions demonstrate to the survivor that they are heard and their experiences are believed.

- Let the survivor answer questions in the way that they are most comfortable with. As needed, ask clarifying questions, but avoid pressuring the survivor to share information they do not want to.

- Be cognizant that for some women, the forms of TFGBV they experienced may be connected to other forms of violence they have also experienced, which can impact how they describe the TFGBV and what kinds of information they include (that may seem “extraneous” to a service provider but is connected to TFGBV in the survivor’s lived experience).

- Use phrases such as “how can I support you,” reminding the survivor as needed that they only should share what they are comfortable discussing, and reinforcing that TFGBV is not the survivor’s fault.

- Use clear terms and descriptions to ask questions about the services that TFGBV survivors might want or need. For example, instead of asking if the survivor was doxed, a service provider might ask if the survivor’s personal information was shared online without their consent.

- Be patient with how a survivor answers questions. Trauma, stress, and fear of being judged can cause survivors to provide information slowly, in disjointed ways, or in incomplete answers.

- Do not try to determine whose “fault” TFGBV is, or if the survivor did anything “wrong,” or “foolish.” Focus on helping the survivor find the resources, support, and services they need.

-
- ❑ Listen carefully to the information that the survivor shares to avoid asking questions that they have already answered.
 - ❑ Follow the survivor’s spoken and unspoken cues regarding questions they do not want to answer and what they wish to prioritize in the discussion.
 - ❑ Ask the survivor what they would like in terms of referrals or additional information without pressuring the survivor to make immediate decisions.
-

Minimizing Additional Harm

There are multiple ways that service providers should work to mitigate or minimize any additional harm that could befall survivors as they seek services and support, including when they report TFGBV and to which authorities. Below are examples of how service providers can mitigate and minimize potential harm. Service providers should identify and adopt additional harm prevention approaches as relevant in the contexts in which they are providing services.

Confirm the Survivor’s Informed Consent

It is important that service providers confirm the survivor’s informed consent at the beginning of interactions as an element of survivor-centered, trauma-informed, and rights-based approaches. Informed consent entails providing a survivor with information about:

What to expect during the interaction with the service provider and in receiving referrals for additional services

The types of questions the service provider is likely to ask and for what purposes

The survivor’s rights, including declining to answer questions, to provide partial information, or to end the conversation at any time

The opportunities for survivors to ask their own questions

The service provider should communicate the purpose of informed consent. The intent is to inform the survivor about data collection, management, and storage processes that the service provider will use; the survivor’s rights and options during their interactions with service providers; and to emphasize that the service provider prioritizes the survivor’s decision-making in the referral process. During the informed consent discussion, the

Asking the survivor questions about their experiences is necessary for making the appropriate referrals and for initiating case management if that is within the services an organization offers. However, it is critical to ask these questions in survivor-centered, trauma-informed, and rights-based ways that promote the survivor's rights, and to reduce the survivor's feeling of being interrogated, judged, or pressured into certain decisions or actions in the process.

service provider should also understand and attempt to integrate the survivor's requests for additional steps to protect their anonymity or privacy.

It is also important that service providers understand both the legal rights of the survivor, and any mandatory acts that the organization must take according to law or policy. This may include understanding national personal data protection laws, regional legal frameworks affecting personal data (e.g., from the European Union or African Union), aspects of criminal codes that include misuse of computing systems, cybersecurity laws, and so forth. It may also require the service provider to understand which forms of gender-based violence (GBV) require mandatory reporting and which do not under the specifications of reporting laws. Service providers should inform survivors of laws or precedence for lawyers, judges, court officials, or others to be able to requisition a survivor's medical or other files.

Informed consent information should be shared with the survivor before they volunteer any information about the TFGBV they experienced and reaffirmed before any referrals are made. The survivor should have the opportunity throughout interactions with the service provider to ask clarifying questions.

Steps for confirming a survivor's informed consent at the beginning of an interaction with a service provider and reaffirming informed consent before referrals are made include:

- Review the key points of informed consent with the survivor, covering topics such as the survivor's rights and how their information will be handled, shared, and stored.
- Describe the organization's process for providing referrals, and what the service provider can and cannot offer.

- Every organization provides specific services, has limits on the support that service providers are able to offer, and has policies that must be followed. These should be clear at the beginning of the conversation so that the survivor knows what to expect and can make informed decisions about what kinds of information they wish to share.
- The survivor should be made aware of their legal rights based on their country or legal context. If there are certain services they are entitled to, they should be made aware of these at the beginning of the conversation.
- Inform the survivor of what circumstances will necessitate the service provider to make a police report under mandatory reporting laws, to call medical services under laws regarding preventing self-harm, or other legal or policy issues that may take decision-making out of the hands of the survivor.
- Repeat back to the survivor the preferences they state related to informed consent to reaffirm a shared understanding of the survivor’s wishes.

Victim blaming incorrectly assigns the fault of TFGBV to the survivor, implying that the survivor “caused” a perpetrator to enact violence towards them due to their participation in public life, their use of online or digital tools, or by voicing their opinions or views. As a result, victim blaming makes it harder for survivors to understand, utilize, and advocate for their rights to basic services to help them address the negative outcomes of TFGBV.

Avoid Victim Blaming

An essential aspect of engaging with survivors through survivor-centered, trauma-informed, and rights-based approaches is to avoid victim blaming.

For example, when a survivor of a TFGBV is assumed to be responsible for the harm that a perpetrator does to them, authorities, service providers, employers, and communities can pressure the survivor to silently accept culpability, or to see it as the “price” of using online and digital tools or participating in public life.² This normalization of violence makes it more

² For example, the National Democratic Institute (NDI) conducted a campaign on how violence is “not the cost” for women’s participation in politics. <https://www.ndi.org/publications/notthecost-stopping-violence-against-women-politics-renewed-call-action>

difficult for all survivors, including politicians, journalists, human rights defenders, and other women in public life, to find avenues for reporting and support.

As well as improperly placing responsibility on the survivor, victim blaming also implies that the wrong done is somehow not harmful or egregious, and that the victim does not deserve justice or recourse. It is important that service providers avoid reproducing blame, discrimination, stereotypes, or stigma when interacting with survivors of TFGBV.

Recognize Multiple Forms of Oppression

TFGBV leverages harmful gender norms, particularly pertaining to women's and girls' participation in public forums, decision-making, and leadership. Perpetrators of TFGBV often leverage harmful social norms in addition to misogyny, utilizing compounding forms of violence in TFGBV attacks. For women who cope with multiple forms of discrimination, stigma and oppression, TFGBV can cause harm by targeting intersecting aspects of their identity (e.g., indigenous women, women refugees, women living with a disability, women who identify as LGBTQI+, women from minority groups, etc.).

Survivor-centered and trauma-informed approaches recognize that TFGBV attacks can create multiple forms of harm for survivors based on how intersecting aspects of their identity are targeted. Additionally, TFGBV can impact survivors based on previous forms of GBV they survived. However, these are experiences that the survivor should have the right to disclose or not, based on their own comfort level and wishes. If a survivor does share these intersecting forms of harm, service providers should acknowledge the impact of these harms and work with the survivor to identify services or support that would best fit their needs and wishes.

A rights-based approach entails recognizing the range of rights that TFGBV can violate. This may include supporting the survivor to identify services that address the online harm that occurred (e.g., privacy violations) as well as other areas of rights that the perpetrator of TFGBV may have threatened or violated (e.g., protection from recognized forms of hate speech).

Believe Survivors

Such as with victim blaming, TFGBV survivors often receive subtle and direct messages that they did something to “deserve” or “cause” the TFGBV that perpetrators used to attack them. These messages can come from service providers, authorities, peers or colleagues, community members, employers, political constituents, and others. The implication that a survivor is not believed can be communicated directly, or through questions that point to areas of doubt about a survivor's role in the violence directed at them. TFGBV survivors also may have experienced other forms of violence or trauma in their lives when their

accounts of what occurred were not believed or the impact of the events on their well-being was doubted or dismissed. Women in public roles might be challenged on the impact that TFGBV has on their professional work and personal well-being, based on the harmful idea that this kind of violence should be expected (and accepted as inevitable) by public figures.

For survivors to be able to access the services they need, service providers should prioritize communicating that they believe what the survivor shares with them, and that they understand that even seemingly “minor” forms of TFGBV can have a serious impact on a survivor’s sense of safety and holistic health.

Call Out Box 2: Initial Steps for Using the Highlighted Approaches to Communicate That a Survivor is Believed

Initial steps to show that service providers believe survivors include:



Use a **survivor-centered approach** by verbally reinforcing the service provider’s belief that the account the survivor shared is true, and use verbal cues and body language to communicate that the service provider does not judge the survivor’s actions or character based on the TFGBV they experienced. This includes reinforcing that the service provider understands that TFGBV causes harm that can be racist, discriminatory, or stigmatizing as well as misogynistic.



Use a **trauma-informed approach** by communicating to the survivor that they believe that the TFGBV the survivor experienced negatively impacted them no matter how “minor” the TFGBV might seem to the service provider.



Use a **rights-based approach** by supporting the survivor to identify ways to access the available services they need including any legal support to protect their rights or to access justice.

Avoid Overcommitting or Creating False Expectations

Service-providing organizations exist to help people access the support and resources they need, and it is natural that service providers would want to do all they can to provide a survivor with the full array of services that they are seeking. However, most service-providing organizations offer a specific type or set of services. Similarly, while a service provider can offer referrals to other organizations, not all forms of support that a TFGBV

survivor wants or needs may be available in a given location or known to the service-providing organization.

During interactions with survivors to promote their informed decision-making, service providers should be clear about what they can and cannot offer both in terms of direct service provision and external referrals, including if a service provider can offer additional support such as helping the survivor contact referral services or access other forms of social support. While survivors may be frustrated that service providers are limited in what they can offer, being transparent will help to mitigate the survivor's perceptions in the future of being misled or given incorrect information.

Survivors may also seek additional forms of support, such as childcare for when they are receiving services, help with transportation costs, safe shelter, or protection services. Some organizations can provide suggestions or specific resources to access additional services. However, many organizations do not have these resources to offer, which should be communicated clearly to survivors if they request this additional support. It is critical that organizations avoid offering resources or solutions that they cannot reliably or safely provide.

Mitigate Further Trauma

Sharing accounts of TFGBV can cause survivors to revisit upsetting events and to experience the trauma of those events again. When survivors are expected to repeat their accounts to different authorities or service providers, not only do they revisit traumatic events, but they may encounter situations where they are doubted, mocked, belittled, or exposed to further violence or harm.

Depending on the availability of coordination mechanisms to streamline service provision in a given area, service providers cannot always control how many times survivors are expected to provide their accounts of TFGBV to other service providers, the authorities, or to other people who control the access to resources a survivor may seek. However, when possible, service providers can help to streamline or limit the number of times survivors are asked about what occurred. Additionally, service providers can reinforce messages that survivors have a right to support and services.

Call Out Box 3: Initial Steps for Using the Highlighted Approaches to Mitigate Further Trauma

Initial steps that service providers can take to mitigate further trauma include:



Use a **survivor-centered approach** by helping survivors to streamline or prioritize the services they need, and if within the purview of the service-providing organization and *with consent from the survivor*, help the survivor to communicate their experiences as part of the referral process (e.g., through case notes, summary explanations, etc.)



Use a **trauma-informed approach** by acknowledging the potential re-traumatization that survivors experience when retelling their account of TFGBV, and support the survivor in managing their responses through self-care, seeking mental health support, and other strategies.



Use a **rights-based approach** by reinforcing the survivor's right to support and assistance, and their legal rights when relevant, as a means of countering doubt or additional forms of violence from authorities, other service providers, or community members.

Support Survivor-Led Decision-Making

In survivor-centered, trauma-informed, and rights-based approaches it is important to prioritize the *survivor's* process for making decisions. This includes decisions about how much information they wish to share about themselves or the TFGBV they experienced, about which services they would like referrals for and if they follow up on referrals or not.

Service providers can facilitate informed decision-making by providing accurate and reliable information, and avoiding applying intentional or subconscious pressure on survivors to make decisions aligned with the service provider's preferences rather than the survivor's wishes. Survivors should have opportunities to ask questions, request how they would like to receive information about referrals or other support systems (and re-request this information at a later date if needed), consider their options, and have enough time to make choices that meet their needs and which they feel comfortable with. While survivors may not make the decisions that providers recommend, service providers should accept the survivor's decisions. However, if a survivor decides to accept more or different services at a later date, the service provider should extend available support to help the survivor access additional referrals or services.

Initial Considerations for TFGBV Case Management Using Survivor-Centered, Trauma-Informed, and Rights-Based Approaches

Case management is a process where service providers assess the survivor’s service needs, work with the survivor to create a plan for accessing and coordinating available services, perform follow up on service referrals to ensure that the survivor receives the intended services, provide the survivor support through the process of accessing services, and solicit feedback from the survivor about how well the services met their needs.

Service-providing organizations should not adopt case management practices without sufficient knowledge, training, and certification of staff performing case management.

If service-providing organizations have existing case management services, such as for GBV, they may wish to integrate TFGBV into these processes.

Integrating survivor-centered, trauma-informed, and rights-based approaches to TFGBV into existing case management processes should not alter the basic structure of case management. However, the guidance provided below may prompt service-providing organizations to adjust some of their practices based on the specific experiences of TFGBV survivors.

Below are additional considerations regarding supporting TFGBV survivors in the case management process, particularly for women in public and political life, that could impact some aspects of the established procedures. This is not a comprehensive set of guidelines for performing TFGBV case management, but rather a set of considerations for case managers or service providers when beginning to integrate TFGBV into existing case management systems using the three highlighted approaches.

Introduction and Survivor Engagement



Create Safe Spaces

Like other forms of GBV, TFGBV is frequently stigmatized, dismissed, or blamed on the survivor, especially for many women who are active in public or political life. Women who identify as gender diverse or from groups that are stigmatized or discriminated against, may experience greater blame or doubt when sharing their experiences with TFGBV. Service

providers should be aware of the forms of social and gender discrimination that people in their society may face, and endeavor to remove bias from their interactions with survivors that could reinforce trauma and harm. Additionally, it is important for service providers to be knowledgeable about how historic forms of violence and harm to groups within their society could amplify the impact of TFGBV on survivors from those groups, or create different experiences or harm or trauma than the service provider may be familiar with. For example, women human rights defenders who identify as Indigenous Persons may experience and understand TFGBV experiences differently than women human rights defenders not from indigenous groups.

Ensuring privacy and a safe space to discuss the survivor's needs are important elements when performing an initial needs assessment. This helps to promote the choices that a survivor has about who they share their experiences with (survivor-centered), reduces the survivor's concern about who might overhear them and repeat what they heard (trauma-informed), and promotes the right of the survivor to confidentiality (rights-based).

During the initial interview and needs assessment, similarly to other GBV case management processes, providers should take into account the physical room or space where they will meet with survivors. Preferable spaces include where a survivor cannot be seen by people passing by, where they cannot be heard by people in adjacent rooms or corridors, where interruptions can be minimized, and where it is quiet enough that the survivor does not have to raise their voice to be heard or frequently repeat themselves. This promotes a survivor-centered approach that prioritizes the survivor's decision-making about with whom they share their personal information and experiences with TFGBV.

If the survivor prefers not to be with the service provider in a room with a closed door, consider if there is a place where the provider can focus only on the survivor during the interaction without interruptions from other people, phone calls, text messages, phone notifications, or other distractions, and where the conversation will not be easily overheard by others.

In some situations, service providers or case managers interact with survivors through online platforms, such as telehealth portals, video conferencing apps, or other web-based systems. Safety considerations should also factor into establishing virtual spaces. This might include sharing with the survivor the level of security that is built into the virtual platform, such as encryption or other privacy protections.

Service providers should ask TFGBV survivors how to make virtual settings comfortable for them. This may include using a specific app for communication about appointments or for follow up (e.g., Signal), the provider using a pseudonym for the survivor during their

discussions, or providing choices about the use of video options during the session. Focusing on the survivor’s decision-making can help reinforce survivor-centered and trauma-informed approaches.

The survivor should be aware of their right to end the interaction or request changes at any time. The service provider or case manager can begin the session by discussing the structure that will guide the conversation, and options that the survivor has to end the exchange or request changes, reinforcing a rights-based approach that centers the survivor’s decision-making.



Informed Consent

Informed consent for TFGBV case management is similar to the information provided above on informed consent for making service referrals. Case managers should keep in mind that TFGBV survivors may be wary of non-consensual disclosures of their experiences, particularly survivors who are women in public and political life. Ensuring that survivors understand the case management process and what to expect along with their options for decision-making at each step will indicate that the service provider is promoting the survivor’s decision-making, their rights, and their safety.



Communicate Data Security Practices

TFGBV survivors need to be aware of how their identity and data will be protected, shared, used, and managed. Because TFGBV survivors are targeted for violence through their use of online or digital platforms, they likely have already experienced threats to their data security, including their personal information, images, activities, and private communications (e.g., emails, texts). Women in public and political life who are TFGBV survivors may have additional concerns about sharing their names, being identified by others, or receiving information digitally or via online platforms because of the types, frequencies, and intensities of TFGBV that perpetrators target women in the public sphere with. Providing information on data security practices at the beginning of an interaction with a survivor can help to reduce situations where she may experience re-traumatization.



Data security practices are often discussed with a survivor at the same time as informed consent. Case managers or service providers should explain to the survivor the types of information about them and their experiences with TFGBV that will be shared verbally, in writing, or in electronic files with other people inside or external to the organization. The explanation will often include informing the survivor about the organization’s protocols for storing and sharing information, protecting the survivor’s data, and how privacy is maintained through the case management process. Some TFGBV survivors may be concerned about data and privacy leaks, and the consequences for them if their information is shared or accessed without their consent. As the safety and decision-

making of the survivor should be prioritized in the interactions between the case manager and the survivor, if the survivor is uncomfortable with how their information is recorded, shared, stored, or otherwise handled, alternative means of managing their information should be agreed upon, or the survivor should be given the opportunity to end the interaction.

Case managers and service providers should be clear about the policies and practices in place for data protection and privacy, and about if they can and cannot meet additional requests from the survivor. However, to the extent that these requests can be met, it is important to help the survivor navigate accessing services as fully as possible in ways that helps the survivor reduce perceived risks.

Recommendations for Data Security Practices

- Only collect and store the information needed to provide quality support and effective case management.

- Communicate clearly about data protection practices that the case manager or service provider will take. This may include organizational data security measures to minimize access to physical documents (e.g., notes, records, or case files) and digital documents (e.g., encryption, anonymization, protected files, etc.) by staff, volunteers, and authorities who are not involved in case management or providing referrals.

- Prompt the survivor to verbally agree, ask more questions, or decline to continue after the service provider has discussed how information will be collected, stored, protected, shared, and destroyed.

- If informal or formal records need to be kept, or if it is necessary to share information about the survivor verbally, discuss with the survivor if an identifier will be used (e.g., a file number) to protect their identity.

- If the survivor states any preferences or requests, repeat those back to the survivor to reaffirm a shared understanding of these wishes.

Additional guidance on how to properly manage case management data in written and electronic formats is available in the Interagency GBV Case Management Guidelines.³

³ https://gbvresponders.org/wp-content/uploads/2017/04/Interagency-GBV-Case-Management-Guidelines_Final_2017_Low-Res.pdf



Focus on Safety

The case manager or service provider should focus on the survivor’s right to be safe, their decision-making about promoting their own safety, and provide information that does not pressure the survivor to accept the case manager’s recommended course of action. Otherwise, the service provider can damage the trust built with the survivor and potentially cause re-traumatization.

Survivors will define what “safety” means to them differently based on their experiences with TFGBV as well as with other forms of violence, trauma, and/or harm they, their families, and their communities have experienced (or are experiencing). Service providers should take their cues from the survivor about what safety means to them and what measures will help them to improve their feelings of safety. This includes understanding that perpetrators of TFGBV leverage not only misogynistic societal norms, but also other harmful norms related to race, ethnicity, religious group, people with disabilities, sexual orientation, gender identity, migration or displacement status, and so forth. Survivors of TFGBV who have been attacked with multiple forms of violence (such as gendered violence and hate speech) may have different safety considerations and needs than other TFGBV survivors.

Survivor-centered, trauma-informed, and rights-based approaches to safety involve promoting the survivor’s immediate and ongoing safety and well-being without pressuring them to share information they are not comfortable disclosing or taking actions they are not prepared to take. Service providers and case managers should engage around issues of safety and well-being with survivors in ways that express concern and provide information about possible services or actions survivors can take.

The survivor has the right to share as much or as little as they wish about their current safety concerns or considerations. Some survivors may find it invasive or threatening to be pressured to share information about their safety. However, respectfully asking about a survivor’s safety in ways that show concern offers an opportunity for a survivor to request referrals for safety-related services. Additionally, service providers can inquire as to if the survivor feels safe in their interaction, allowing for changes to be made as necessary.

TFGBV occurs through online platforms and digital tools, but perpetrators can also enact violence offline, making the line between online and in-person violence part of a

continuum of violence. Because of this, it is important to confirm with the survivor if they are concerned with safety issues arising from online threats, in-person threats, or both to assess the type of assistance or support best suited for the situation.

If a survivor feels unsafe, a service provider can ask, in addition to other services to improve the survivor's safety, if they would like referrals for mental health or psychosocial services that are available. Additionally, a service provider can ask if the survivor has a well-being plan, such as asking a colleague to help them manage their social media to filter abusive content, taking breaks (if plausible) from social media or other digital sites where TFGBV can occur, finding times (even short intervals) throughout the day when they can disengage from the platforms or sites where TFGBV is occurring, request social support from friends or family, or engage in practices for addressing stress or anxiety.

Similarly, service providers can help survivors develop a physical safety plan in cases where online violence becomes in-person violence. This may include calling a trusted family member or social contact, calling the police, having a safe place to go other than home or a workplace, and/or making plans for addressing safety considerations for children, older family members, or other dependent family members.

Needs Assessment

Service providers and case managers should focus on the incidents of TFGBV and the information they need to make quality service referrals. They should not request details about the survivor's private life or public work, activities, or roles that the survivor does not relate as part of their experiences with TFGBV, unless they are relevant to making referrals or providing case management services.



For women in public and political life who may be easily recognizable or who are known as public leaders or known for voicing public views (such as politicians, popular TV news anchors or journalists, well-known activists or advocates), it is especially important to focus on their experiences of TFGBV and the services the survivor is seeking. Avoid asking questions that relate to the survivor's involvement in controversial issues relating to their public role or their private lives which the survivor might view as victim blaming, sensationalist, or exploitative.

Case Action Planning and Implementation

Due to the nature of TFGBV, some services take considerable time to complete, such as some legal processes or re-establishing data security (e.g., recovering accounts, requesting the removal of private information from data brokerage sites).

Flexibility should be a primary consideration when creating a case management plan for TFGBV survivors. Like other survivors, TFGBV survivors may shift their priorities for accessing services as they receive initial forms of support, or as they experience more forms of violence which could alter their priorities. TFGBV often is recurring or long in duration, frequently occurring across several different online platforms or via different digital tools, involving intense periods of coordinated or overlapping attacks by multiple perpetrators. The extended duration of many TFGBV attacks may prompt different needs for survivors over the period of experiencing TFGBV, even when the direct TFGBV attacks have slowed or stopped.

Other factors in a survivor's life may also affect how and if they would like to access services. Survivors may have preferences based on their community's norms, their prior experiences with other forms of violence, discrimination, and/or trauma, concerns about the well-being of family members or other social connections, or based on other events in their professional lives. For women politicians this could include if they are campaigning for election, for journalists if they are following an important story, or for activists if they are in the midst of protests or advocacy campaigns.



Request Survivor Feedback on the Process

It is important to solicit feedback from TFGBV survivors about their views on the case management services they received. Their reflections can provide guidance for case managers on how to better incorporate TFGBV into their service provisions, including highlighting gaps in the availability of services or the quality of service providers, where laws or policies create challenges for TFGBV survivors to access services, and the emotional or psychosocial needs of TFGBV survivors while they are receiving services that may be different than experiences of other GBV survivors.

Additional Resources

TFGBV survivors may also need services that are not available or well defined in their location, which can create stumbling blocks for helping survivors respond to and recover from TFGBV. In these instances, consulting online resources, such as included in the Transform Digital Resource Catalogue, can offer survivors additional places to seek support (<https://learnwithspark.org/women-catalog/>).

There are many resources to help service providers and case managers take survivor-centered, trauma-informed, and rights-based approaches in multiple sectors, including health services, human rights, and others. This guidance document provides *initial* recommendations to service providers on integrating TFGBV into case management practices, but it should not be read as comprehensive or an exact fit for all cultural or service contexts.

If service-providing organizations are interested in additional guidance on using these approaches for GBV service provision, resources are available from the Gender Based Violence Information Management System website (<https://www.gbvim.com/>). In some contexts, a service provider may not have extensive experience assisting survivors to address GBV or TFGBV. The GBV Pocket Guide (<https://gbvguidelines.org/en/pocketguide/>) may provide useful information in these instances. While many GBV resources are developed for a humanitarian setting, they can be adapted by service providers for non-emergency contexts.