

# Intimate Partner Violence: Introduction

Survivor Project

Greece: May 2020



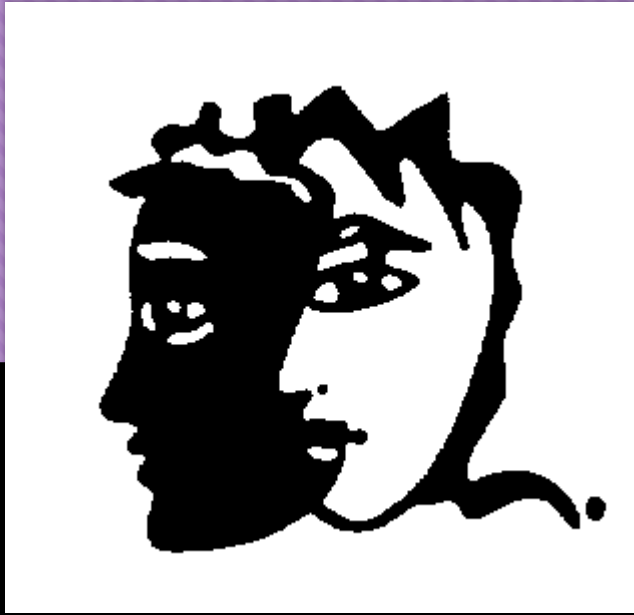
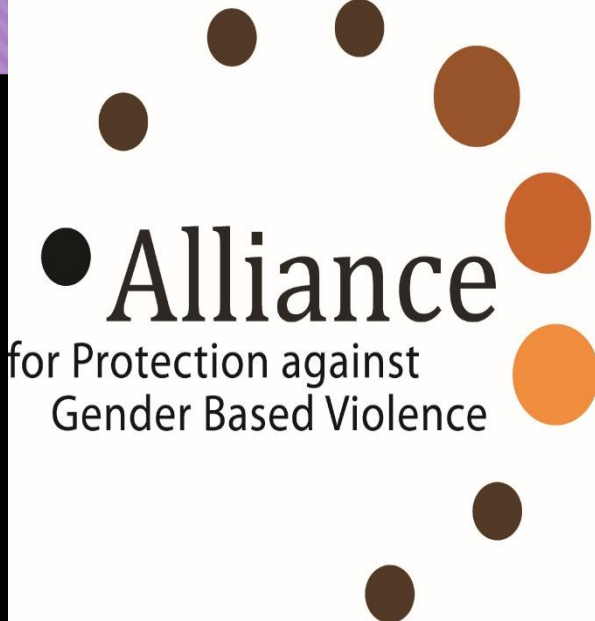


MINISTRY OF LABOUR AND SOCIAL AFFAIRS  
**GENERAL SECRETARIAT  
FOR FAMILY POLICY AND  
GENDER EQUALITY**



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# EU PARTNERS



# SURVIVOR Program Objectives



- Enhance the **quality** and **access** of services for refugee and migrant GBV survivors in Greece.
- Strengthen GBV programming through transnational dialogue and sharing GBV best practices, resources and tools in Greece and Europe

# Survivor Project: Intimate Partner Violence Webinar

*This presentation covers the technical basics on Intimate Partner Violence, including:*

- *VAWG and IPV globally*
- *What is IPV?*
- *Consequences of IPV*
- *Supporting survivors of IPV in our work*
- *Introduction to safety planning (part of GBV case management)*





# Why do we focus on women and girls?

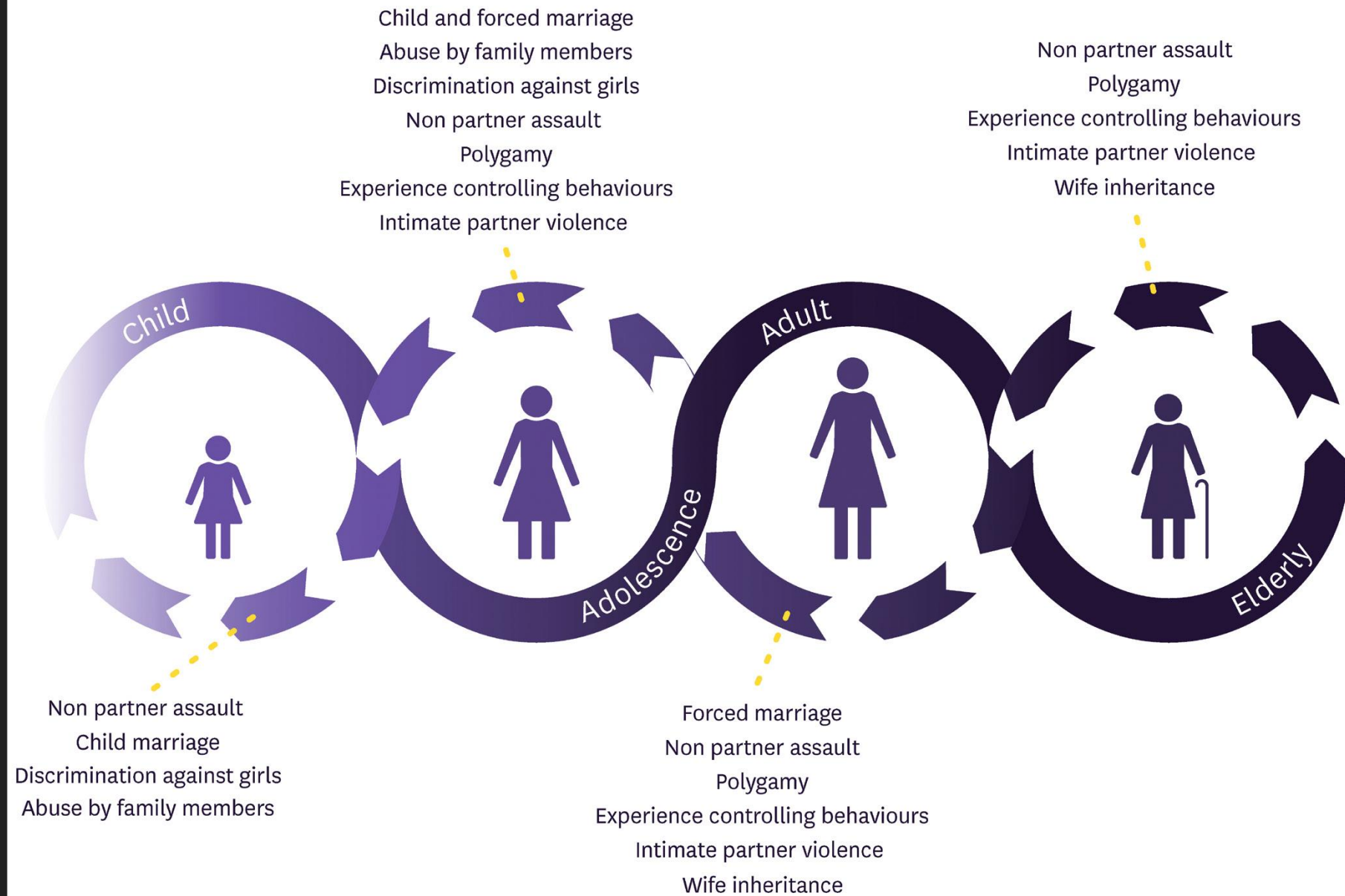


Globally, **1 in 3 women** will experience violence in her lifetime, usually at the hands of an intimate partner.

“Violence against women is a manifestation of historically unequal power relations between men and women, which have led to domination over and discrimination against women by men and to the prevention of the full advancement of women.”

- **UN Declaration on the Elimination of Violence Against Women (1993)**

# Violence and abuse experience by a woman during her life cycle



From: IRC (2017) No safe place: A life time of violence for conflict affected women and girls in South Sudan. What Works to Prevent Violence

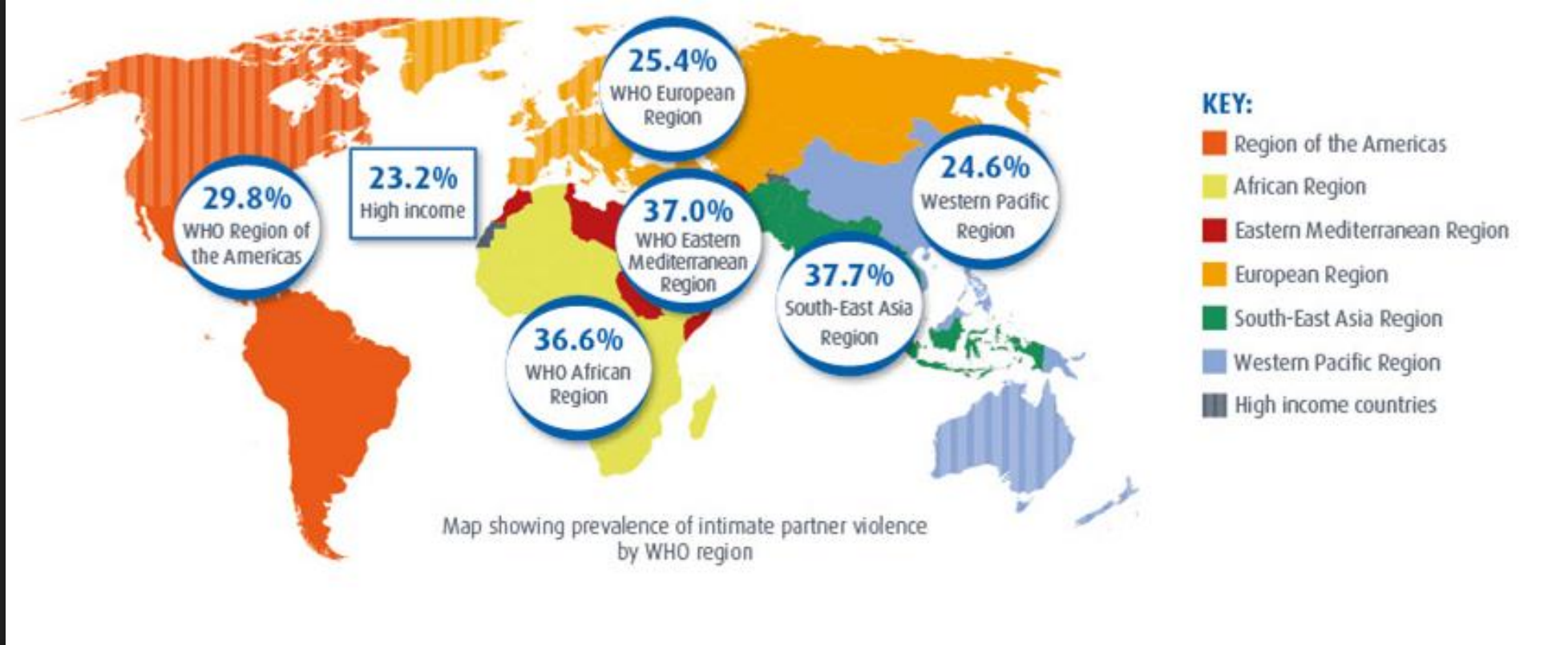


# Why it is important to address intimate partner violence

**IPV is pervasive and harmful**

**It is a LIFE SAVING INTERVENTION**

In most countries, the majority of women who seek GBV response services are coming to us because they are experiencing IPV.



### Quick known Statistics about women who experience IPV:

- Women are 16% more likely to have a low birth weight
- 38% of all murders of women were reported as being committed by an intimate partner
- Twice as likely to experience depression
- In the US, 55% of all murders of women are committed by an intimate partner
- Adolescent girls also experience IPV

# Co-Occurrence of Intimate Partner Violence and Mental Health

- Women who have experienced intimate partner violence are twice as likely to experience depression.
- Women who have a pre-existing mental health problem can experience a worsening or recurrence of their condition if exposed to IPV.
- Women with mental health problems may be at greater risk of experiencing IPV (there is an indication that this is a bidirectional relationship – i.e, women who have a mental health disorder are more likely to experience IPV and women who experience IPV are more likely to develop a mental health condition such as depression or suicidal behavior).

# What we know about Adolescent Girls

- 1 in 7 girls in the developing world will be married before the age of 15
- Nearly ½ of sexual assaults worldwide are against girls aged 15 and younger
- Suicide is the first leading cause of death among adolescent girls ages 15-19 in low and middle income countries
- When a girl receives seven or more years of education, she marries on average 4 years later, delays her first pregnancy by at least as long, and has 2.2 fewer children

**What is intimate partner violence (IPV)?**



# What is intimate partner violence (IPV)?

- **IPV**, also called **domestic violence (DV)** is a **pattern of abusive behavior** in an intimate **relationship** that is **used by a man to gain or maintain power and control over a woman**.

## What is IPV?

### WHO definition:

Behavior by an intimate partner that **causes physical, sexual or psychological harm**, including acts of physical aggression, sexual coercion, psychological abuse and **controlling** behaviors. This definition covers violence by both **current and former spouses** and **other intimate partners**. Other terms used to refer to this include domestic violence, wife or spouse abuse, wife/spouse battering. Dating violence is usually used to refer to intimate relationships among young people, ... and does not involve cohabiting.

## What is IPV?

- Violence against women and is a **major public health and human rights concern**, with **intimate partner violence** and **sexual violence among the most pervasive forms** of violence against women – and **it can be prevented**.
- Intimate partner violence, refers to physical, social, sexual, psychological, verbal and economic abuse that takes place in the context of an intimate relationship, including marriage.
- Because it follows a pattern of abuse, IPV and domestic violence happens **over and over again**. It is common for the **severity of the abuse to increase over time**.
- It is **intentional behavior**, employed by the perpetrator (usually a man) to establish and exert power and control over the survivor (usually a woman).

# Intimate Partner Violence is similar to other forms of VAWG:

- Same root cause: patriarchy, unequal power and male abuse of power
- Reason for violence: power and control
- All forms of VAWG are intentional, including IPV
- Survivors experience stigma and blame

# CONTRIBUTING FACTORS of VAWG

Breakdown of social structures	Alcohol / drug abuse	Poverty	Availability of food; fuel; income generation
Conflict	Collapse of traditional society and family support system	Religious, cultural, and/or family beliefs and practices	Lack of police protection; lack of laws protecting against GBV
Boredom, lack of services, activities or programs	Impunity	Loss of male power / role in family and community	Men seeking to assert power
Retaliation	Tool / strategy of war	Lack of education	Leadership predominantly male

For more examples of contributing factors see: *IASC Guidelines for Integrated Gender-based Violence Interventions in Humanitarian Action (2015)*

EXACERBATING FACTORS VAWG



○ Answer agree or disagree in the chat

ACTIVITY: Where do we stand?

○ Answer agree or disagree in the chat

Statement:

IPV is a one-time act of violence

○ Answer agree or disagree in the chat

Statement:

A wife must also take some responsibility if she experiences violence from her husband

○ Answer agree or disagree in the chat

Statement:

There are times when a husband is justified in beating his wife

○ Answer agree or disagree in the chat

Statement: Women should be able to make their own decisions about family planning, including having abortions



○ Answer agree or disagree in the chat

Statement:

Most men only beat their wives after they have been drinking or using drugs

# Why do women stay?

## Emotional

- Belief that abuser will change (that she can help)
- Feeling responsible to keep marriage intact
- Attachment to partner
  - Wanting children to have a father
- Feeling responsible for the abuse
  - Feeling hopeless , trapped
- Fear that abuser will kill her if she leaves



## Situational

- Nowhere safe to go
  - Social isolation
- Financial and other dependence on abuser
- Family and community pressure
- Fear about lack of skills (English, job)
- Unaware that help is available
  - Fear of law enforcement

# IPV...

**Can be in the form of:**

Physical

Sexual

Emotional

Economic

Psychological

Spiritual

**Can include behaviors that:**

Frighten

Intimidate

Terrorize

Manipulate

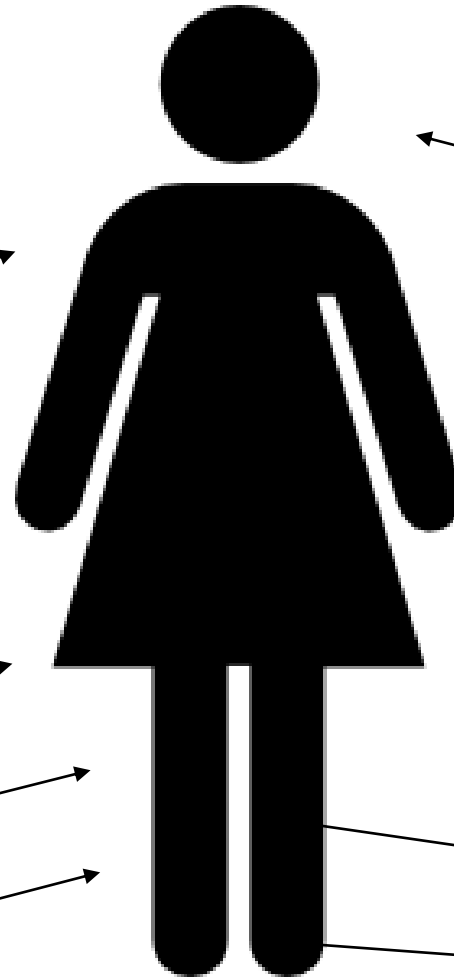
Hurt

Humiliate

Blame

Injure

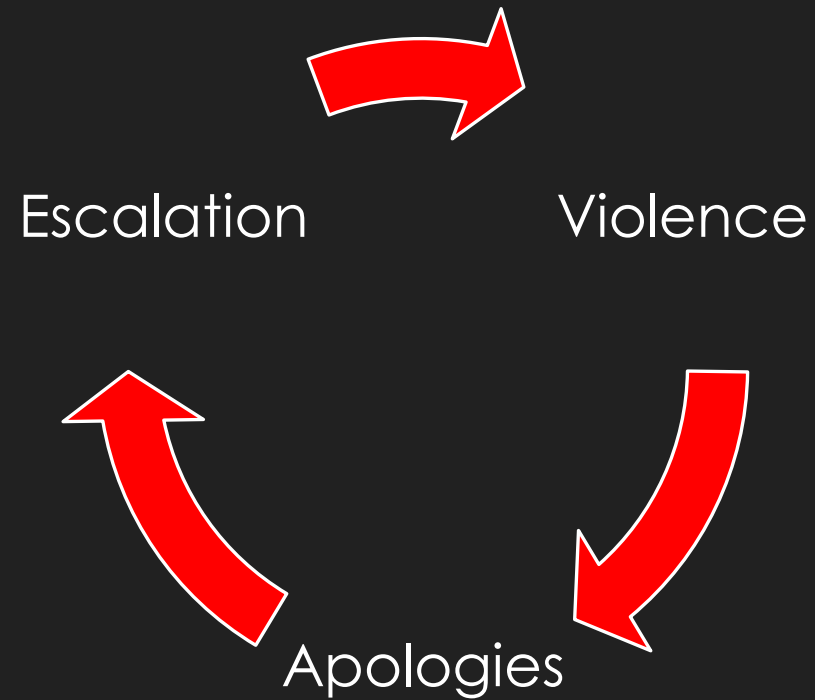
Wound



# How is IPV different from other forms of VAWG?

- **Occurs within intimate relationship** – survivor may live with, have children with, and/or may depend on, perpetrator
- **Pattern of repeated abuse** – not a one time event, but ongoing
- **Children** – abuser may use or abuse them to hurt or threaten the survivor
- **Family dynamics** – her family or his may pressure her to tolerate it; his family may participate in the abuse
- **Viewed by authorities and community as “family matter”** – less likely to intervene or assist, even when anti-DV laws exist

# Cycle of Violence



Not a one-time event, but a **PATTERN** of violence

61% of women reporting domestic violence made a prior report

# Common excuses made by perpetrators

"She knows I don't like being talked to like that."

"If only she hadn't done that..."

"I was drunk. I wasn't thinking."

"This is what couples do."

"Women need to be taught how to behave."

"Women have too much power."

"I've been under a lot of stress at work."

"I don't know what came over me. I'm not like that."

# Intimate Partner violence revolves around power and control

- IPV is intentional – abusers **choose to use violence**, and do so to control and exert power over the survivor.
- IPV is a **pattern of abuse** – perpetrators use a range of abusive behavior over time to coerce and control survivors.
- Perpetrator **isolates the survivor** from her support networks, making it harder to seek help.
- The abuse will not stop unless the perpetrator decides to stop, and the survivor has no control over this.



# Power and control wheel



# The ways perpetrators (ab)use children in their abuse of women

- Refusing to pay maintenance, abandonment, competition with other wives & children
- Threats to take the children away from her
- Encouraging the children to join in with his abuse
- Threatening to and actually hurting the children if she does not do what he wants
- Using the children to find out what she is doing & planning
- Deliberately destroying the relationship between mothers and children

## Consequences of IPV

Physical and psychological

- Constant fear = stress
- Fight, flight, freeze
- Sad, isolated
- Self-blame

Stigma,  
isolation,  
shame

Mental health and  
well-being



Sexual  
health

Physical health

## Medical Physical Consequences of IPV

- Symptoms of depression, anxiety, PTSD , sleep disorders
- Suicidality or self-harm
- Alcohol and other substance use
- Chronic gastrointestinal symptoms without clear diagnosis
- Reproductive symptoms, including pelvic pain, sexual dysfunction without clear diagnosis
- Adverse reproductive outcomes, including multiple unintended pregnancies and/or terminations, delayed pregnancy care, adverse birth outcomes
- Genitourinary symptoms, including frequent bladder or kidney infections or other without clear diagnosis
- Repeated vaginal bleeding and sexually transmitted infections
- Chronic pain without clear diagnosis
- Traumatic injury, particularly if repeated and with vague explanations
- Problems with the central nervous system – headaches, cognitive problems, hearing loss
- Repeated health consultations with no clear diagnosis
- Intrusive partner or husband in consultations

# CONSEQUENCES OF VAWG

## Physical

Death

Suicide

Serious injuries

Injuries during pregnancy

Unwanted or early pregnancy

STIs, inc. HIV/AIDs

Vulnerability to disease

Unsafe abortion complications

Acute or chronic illness

Infant mortality

## Psychological

PTSD

Depression

Anxiety, fear

Self-blame

Shame

Self-hate

Suicidal thoughts

Impact on children

## Social

Rejection / ostracization from family

Isolation

Family breakdown

Social rejection / ostracization

Social stigma

Withdrawal from social life

# Supporting IPV survivors

Approaches, skills and attitudes

## Equality wheel





## Roles and Responsibilities around IPV

**Don't: Try and 'fix' a situation of IPV**

**Do: help survivor to mitigate harm, listen to her, stand with her and support her**

**Practitioners should, as a minimum, offer first line support when women disclose violence:**

- SURVIVOR-CENTERED SUPPORT
- non-judgmental and supportive and validating
- providing practical care and support that responds to her concerns, but does not intrude on her autonomy
- listening without pressuring her to respond or disclose information
- asking about her history of violence, listening carefully, but not pressuring her to talk (care should be taken when discussing sensitive topics when interpreters are involved)
- helping her access information about resources, including legal and other services that she might think helpful
- assisting her to increase safety for herself and her children, where needed
- offering information, and helping her to connect to support services and social supports with her consent.

## Roles and Responsibilities around IPV

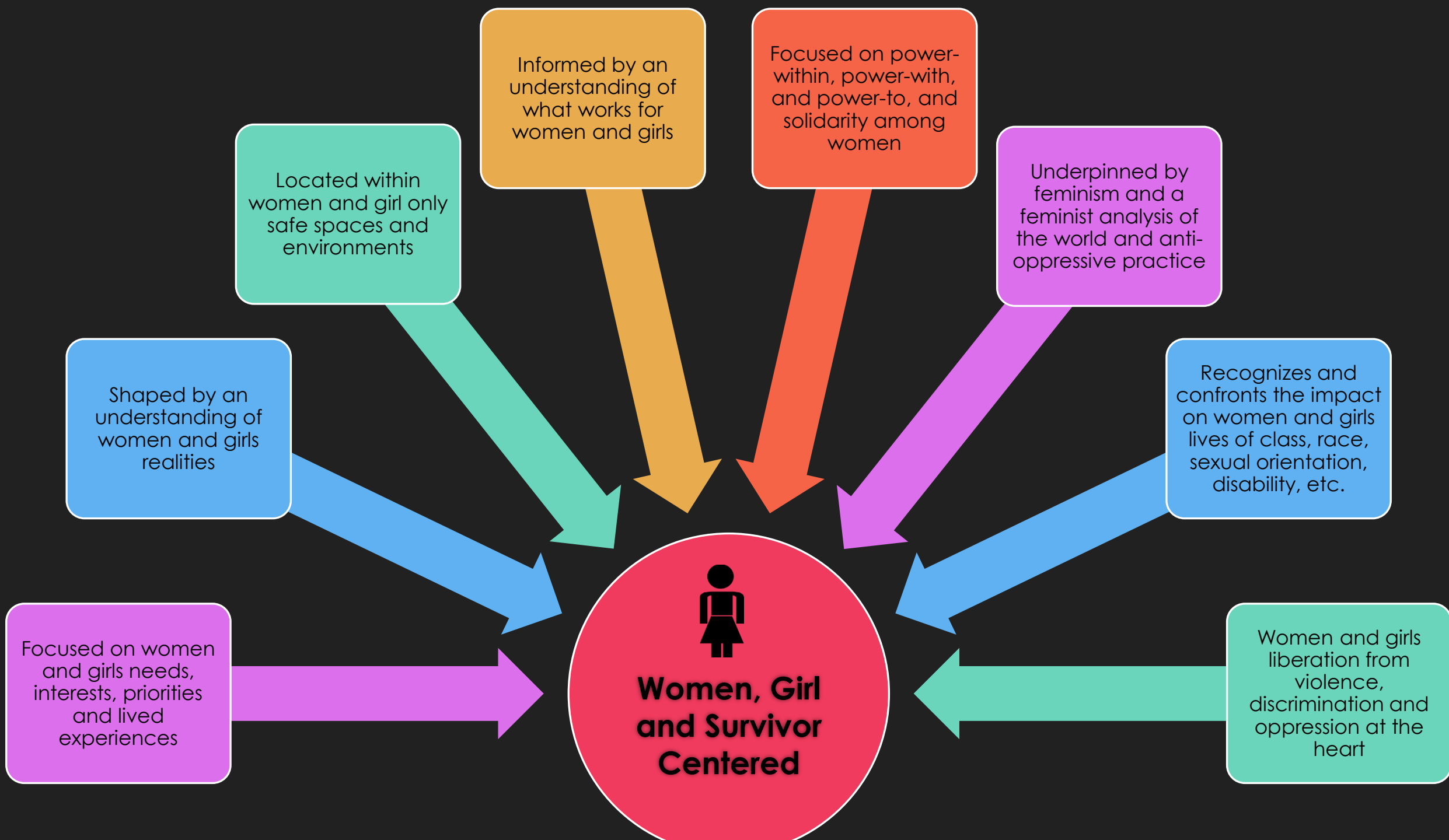
**Don't: Try and 'fix' a situation of IPV**

**Do: help survivor to mitigate harm, listen to her, stand with her and support her**

**Practitioners should ensure:**

- that the consultation is conducted in private
- confidentiality, while informing women of the limits of confidentiality (e.g. when there is mandatory reporting)

**What is the survivor  
centered approach?**



# Supporting IPV survivors

- **Referral to life saving services –**
  - Health teams provide support for family planning (FP), safe abortion care (SAC) and physical injuries
  - Women's networks and GBV actors provide counseling, case management and life saving safety planning
  - All teams to provide her with accurate information

# Basic considerations for Adolescent Girls

## - Girls experience IPV too

- Use simple, clear language is in a digestible format for and can be understood by adolescent girls.
- Working with parents/caregivers. How will your program do that and still promote safety and confidentiality of the girl?
- Informed consent processes. What are you informed consent processes for adolescent girls? How are they different according to age?
- Mandatory reporting requirements. What are the requirements for children in your setting? Up to what age do these apply? What are the risks for the safety of the girl with mandatory reporting?
- Using **best-interest principles to guide** decision making in case management services.
- **Age appropriate services and referrals.** What services exist that target adolescent girls? What services exist that are well equipped to work with them?

# IPV Summary: key points

- Like all VAWG, IPV is intentional. **Men** who abuse do not simply “lose control”, but **choose to use violence**.
- IPV is **not a one time event**, but a **pattern** of repeated and systematic abuse.
- Perpetrators use **wide range of coercive and abusive behaviors**, including (ab)using children.
- This pattern forms a system of abuse aimed at **exerting power and control over female partner**.
- There is **no good or easy ‘solution’**
- The situation is unlikely to change
- We need to find ways to help women find ways to **increase their safety and options in an unsafe environment**
- Women are looking for **on-going support and services**
- Leaving is a **process and not an event**, even when leaving is possible. **\*\*\*Survivor is most at risk of being killed when she is trying to leave**



ACTIVITY: Why don't you just leave?

# Safety Planning: Introduction

**Who uses safety  
planning, when it  
comes to IPV  
response?**

# IPV: Safety Planning

Essential learning

## What is Safety Planning?

***Remember, women and girls are always safety planning in their mind since we live in a patriarchal, oppressive society which continuously threatens women and girls***

- Tool used by case workers/support workers working with survivors of IPV
- Safety plans look different for every survivor. This means survivors do not need to answer every question on the safety plan, only the questions that are useful to her.
- The safety plan should be realistic, easy to remember, and based on the survivor's situation and what SHE wants to do.
- Includes: Potential risks, specific safety concern, triggers, safety plan questions

# Assessing safety with survivors of IPV



# Safety planning with survivors of IPV

- Safety planning allows the survivor to proceed with a pre-determined course of action
- Help her plan for exactly what she would do in life threatening situations
- Might minimize the harm done by the perpetrator by identifying resources, ways to escape, means to avoid harm and places she can temporarily go for safety
- Safety plan WITH the survivor if there are threats to the safety of the survivor in relation to the incident she sought case management for.

**\*Remember the most dangerous time for any survivor of IPV is when she tries to leave\***



# Pre-assessment activities are aimed at addressing immediate, urgent, life threatening needs

- Ask the survivor about their immediate safety
- Address any urgent medical needs
- Determine if other service providers have already been involved

Does the survivor feel safe here?  
Does the perpetrator know where to find her now?  
**If safety is in question, take immediate action**

If there are immediate emergency medical needs (severe bleeding, extreme pain) take action to get medical help with the survivor's verbal consent.

Has the survivor already reported her case to another organization?  
If so, give them the option of telling you again or giving consent for you to speak with the organization.

# Key non-negotiables in supporting survivors


DON'T	DO
force a survivor to tell her story	find a way to speak to a survivor who discloses to you that will not expose them and put them at risk of further harm
talk to a survivor in public where others can hear	Demonstrate caring and empathy
blame her and DON'T judge her	Reassure her that she is not to blame
ask her probing questions – you are not an investigator	Believe her and Show you care
disbelieve her or question her story	protect her privacy and confidentiality
ask her to analyze in detail what happened to her or to put time and events in order	Listen to the survivor and show respect
Ask her personal details – she will tell you what she wants to tell you and feeling comfortable to tell you	Support her choices and decisions

# Safety assessment

Determine the level of the survivor's safety by understanding:

- Survivor's sense of safety in the home
- Survivor's sense of safety in the community
- Survivor's identified safety/support systems

# Safety needs – how to assess

- **Listen** for situations, circumstances, and people that are harming the survivor
- If it will be understood in your context, use a scale (1-5) to gauge the survivor's sense of safety in different situations
- **Identify who** the survivor does not feel safe with and why
- **Identify what places** they do not feel in and why
- In cases of Intimate Partner Violence, assess perpetrator-specific safety and risks
- Safety assessment  Safety plan
- **When is a safety plan needed? Not needed?**

**Scenario 1:** Lia comes to the Women's Center. She explains that while she fled Nigeria 3 months ago. While she was fleeing, soldiers grabbed her and physically abused her.

**Scenario 2:** Sarah comes to the DV center. She explains that two nights ago, her neighbor came into her home and physically beat her.

**Scenario 3:** Joy discloses to you that she has been experiencing violence from her husband for a long time and she is now pregnant and is worried how they will support the child because they have nothing. He is not working and is getting more aggressive

**ACTIVITY:** Is a safety plan needed based on information provided in these case scenarios?

## COVID-19 Additions to Safety Planning

### Food

1.	Does the household have enough food in the house to last at least two weeks?	Yes No, proceed to #2
1.	If no, is someone in the household able to go to the store and access food?	Yes No, proceed to #3
1.	If no, describe the barrier (transportation, fear, money, etc.)?	
	If <b>transportation</b> , is there anyone that they can identify that may be willing to take someone in the household to the store to get food?	Yes No, what can IRC do to support?
	If <b>fear</b> , (especially for those elderly or in poor health), is there anyone who may be willing to buy food for them?	Yes No, what can IRC do to support?
	If <b>financial</b> , are there any supports they can identify (community, religious institutions, etc.)?	Yes No, what can IRC do to support?
<i>Some locales have instituted meal pick-up points and times for children who were receiving meals at school. Check the most up to date information in your community</i>		

### COVID-19 Specific

1.	Is there anyone in the family who is considered high risk, including elderly or those who have chronic health issues?	Yes, proceed to #2 No, proceed to next section
1.	What precautions is the household taking to ensure enhanced protection? These may include having the person have their own room in the house, limiting mobility of other household members, etc.	
1.	Are there soap, hand sanitizer and cleaning supplies readily available in the household?	Yes No, what can IRC do to support?
1.	Does the household know what to do if someone in the household is exhibiting signs of COVID-19 (fever, shortness of breath, cough)?	Yes No, what can IRC do to support?
1.	Is there fever reducing medicine in the household (acetaminophen or NSAID)?	Yes No, what can IRC do to support?
1.	Do they know where they can get reliable information in their language?	Yes No, what can IRC do to support?

### Childcare

1.	Are you able to stay home with your children while schools are closed?	Yes No, proceed to #2
1.	If no, do you have any friends, relatives, neighbors, etc. who would be able to help you with watching the children?	Yes No, what can IRC do to support?

## COVID-19 Additions to Safety Planning

### Medical Care

1.	Does anyone in the household have an important medical appointment in the next four weeks?	Yes, proceed to #2 No, proceed to #3
1.	If yes, can they call their medical facility to see if they can access that care and if there are any contingency plans if it is cancelled?	Yes No, proceed to #3
1.	If no, can someone else in their family call the medical facility for them?	Yes No, what can IRC do to support?

### Medicine

1.	Is anyone in the household on needed and regular medication?	Yes, proceed to #2 No, proceed to next section
1.	Do they have enough to last 30 days?	Yes, proceed to next section No, proceed to #3
1.	Do they have a refill available?	Yes, proceed to #4 No, proceed to #5
1.	If yes, are they still able to go get the refill medicine at the pharmacy? If so, can they call the pharmacy and pick it up early based on concerns that the situation may change?	Yes, proceed to next section No, what can IRC do to support?
1.	If no, can they call the doctor and ask the doctor to send in a refill prescription?	Yes No, what can IRC do to support?

### Medical Supplies

1.	Does anyone in the household rely on regular medical supplies (such as test strips, oxygen, etc.)?	Yes, proceed to #2 No, proceed to #3
1.	If yes, do they have enough supplies to last them for at least 4 weeks?	Yes, proceed to next section No, proceed to #3
1.	If no, do they have the means to get more supplies, including financial and transportation/access?	Yes No, what can IRC do to support?

### Shelter

1.	Are there concerns about paying rent?	Yes, what can IRC do to support? No
1.	Are there concerns about being able to pay for water/electric/gas?	Yes, what can IRC do to support? No
1.	Are there enough minutes on a household/cell phone that can be used in case of emergencies?	Yes, what can IRC do to support? No

*Some locales have suspended eviction and utility shut-off. Check the most up to date information in your community.*



# IPV Safety planning:

Intervention with survivors to help them analyze the risks for harm in their lives and think about how to reduce those risks

**\*the survivor can't control when and where they experience violence\***

Key tasks:

- Identify what the survivor has been doing since the incident to keep themselves safe and how those strategies have been working
- If there are particular places or people that are unsafe, identify strategies for avoiding or mitigating the danger in those situations
- Identify safe people and places the survivor can go to in an emergency or for protection

# Safety Planning

- **Contingency mechanism** to help her minimize the harm done by the perpetrator by identifying:
  - resources
  - ways to escape
  - means to avoid harm
  - places she can run to for safety
- **Empowers** her to have some control of a situation that is usually quite victimizing and demeaning

# Find out the exact circumstances in which the survivor is in the most danger

- Triggers are **not** the cause of the abuse.
- They are set of circumstances that can **set off** the perpetrator's use of violence.
  - Triggers can be people, situations, incidents, interactions, or experiences that anger the perpetrator and lead him to **choose** violence.
- Each perpetrator responds to different triggers
- Identifying them = key to good safety planning
  - Open-ended questions

**Specific coercion and intimidation techniques involving children should be addressed in the survivor's safety plan.**

The safety plan should be co-created with the survivor and include a risk assessment, a discussion around the survivor's sense of safety and identification of circumstances in which the survivor is in most danger.

# **Strategies to minimize harm in IPV situations involving children may or may not include**

- job training for the survivor
- facilitating access to basic human needs
- participating in a group activity (women's group or religious group)
- exploring how to engage further with individuals who already provide support to that person
- developing a temporary "escape plan" that can be applied with the children
- being away from the home with the children at times when the abuser is known to become violent (for example, on market days when the perpetrator may increase alcohol use)
- exploring options

# **Recognizing that children are not passive agents in intimate partner violence between their caregivers, a safety plan that takes into account specific actions to protect children/minimize harm, may be appropriate**

- Teaching children when and who to call for help
- Instructing children to leave the home as things begin to escalate and determining where to go
- Come up with a code word to say in case of an emergency
- Identify a safe space the children can go to in the home when they're afraid and something to think about when they're scared, instructions to stay out of particular areas of the home
- Teach them that they should never intervene, even though they may wish to protect the mother,
- Help them make a list of people they are comfortable talking and expressing themselves to
- Explore the mother and children's further engagement with adults whom the children identify as safe and supportive, such as teachers, relatives, mentors, etc.

**Following the development and refinement of the survivor safety plans and obtaining informed consent to provide referrals to the survivor, case managers may also present service options for children and adolescent who are witnessing IPV or whom may be survivors of child abuse themselves.**



## **Case-specific provisions for empathetic, survivor-centered care for women survivors with children**

- Case workers should not blame female survivors for the resulting effects of IPV on their children
- Case workers should be careful to avoid seeing woman as primarily responsible for children's safety, despite the abuser's own responsibility for harm
- Case workers should recognize the long term effects of IPV on the survivor including how it relates to her mental health, substance use, etc.
- Women who stay with an abusive partner should not be blamed for harm to children
- Case workers should not stigmatize, minimize or negate women's experience of IPV based upon perceived harm of children

## **Case-specific provisions for empathetic, survivor-centered care for women survivors with children**

- Case workers must understand that other intersecting issues may affect a woman's help-seeking behaviors as well as her safety-related decisions. In addition to being a mother, the woman's experience of IPV may intersect with her ability/disability status, her ethnicity, religious practice, immigration status (refugee, internally-displaced person), etc.
- Case workers should validate and support the efforts women are making to provide safe nurturing homes for their children and should not assume that women survivors of IPV utilize mal-adapted parenting strategies or perpetrate child abuse.

# Find out what resources the survivor possesses

- Once the survivor has identified potentially dangerous situations, she needs to develop an idea of how to react in those situations.
- Usually, survivors have some coping mechanisms and strategies to keep her (and her children if she has them) safe already in place.
  - **Key = find out what is working already and build upon it**
- As the survivor begins to identify potential responses and resources, help her to plan exactly what she would do in each of the threatening situations. After she has identified all the resources she has, you can begin to discuss how they can be appropriately applied to dangerous situations.

# Supporting the survivor with identifying and building on her safety strategies

## Types of questions to ask the survivor

- Open
- Concrete/Specific
- Clarifying
- Non-judgmental

## Types of safety strategies

- Realistic
- Within her control
- Positive
- Non-collusive w/perpetrator
- Practical

## Practical

- Pretend a refugee woman arrived in Greece and made it to where you are working. She fled with her husband who is getting more abusive and controlling. Where could she turn to since her networks are gone? How would she access support networks?

# Safety planning with survivors of ipv

- Identify her existing responses
- Identify her existing resources (people, money materials)
- Explore potential safety strategies
- Discuss what would happen if she needed to/ decided to leave
- Summarize the discussion for her and document it if helpful.



# PSYCHOSOCIAL SUPPORT: PROVIDING INFORMATION

- Providing accurate information about causes and dynamics of IPV and the normal responses and feeling a survivor may have can be very supportive and healing for a survivor.
- Key messages:
  - What intimate partner violence is
  - How it affects a person and normal reactions to it

**Hearing this information may reduce self-blame and shame about the violence she has been or is experiencing and validate and normalize her reactions to it.**

# Key Points

- Assess a survivor's level of **safety**.
- Find out the exact **circumstances** in which the survivor and her children are in the most danger.
- Find out what **resources** the survivor possesses and develop a plan for safety that incorporates those resources.
- Help her identify **strategies** to include her children in safety planning.

Safety planning resources are in the  
Interagency Case Management Guidelines:

<https://www.gbvsurvivor.gr/gbv-resources-useful-links/?lang=en>



Connecting to other health,  
PSS, and networking

- What urgent medical care may survivors of IPV need?
- What are the major barriers for the survivor in accessing urgent medical care? Do they differ for Greek and refugee/migrant women?
- How could these barriers be overcome?
- What is our role as a community of practice in addressing the barriers?

Discussion: Health actors

**Psychosocial support (PSS) and social networks is a critical intervention as it contributes to the safety, healing and recovery of violence survivors, and to the safety and well-being of all women and girls .**

Provides PSS and supports social networks through:

## **Psychosocial support (PSS) and network and solidarity building - overview**

**Establishing safe spaces** in which women and girls can exchange and access information, inform where and how to access services for survivors, link to and access support from other women and girls in the community, and exercise their own voice and agency.

**Providing PSS group and individual emotional support activities** as well as crisis counseling which can help women and girls cope with trauma experienced and heal as well as build valuable support networks.

**CASE MANAGEMENT** focuses on the needs and priorities of the individual related to the violence she is experiencing.

**PSS** focuses more broadly on the individual AND groups and links women and girls to **social networks with other women and girls in their community** for healing, learning, supporting each other, taking action to change their lives.

**Linking with women's groups, women leaders or informal networks of women** in the community, and will equip them to provide emotional support to other women in their community

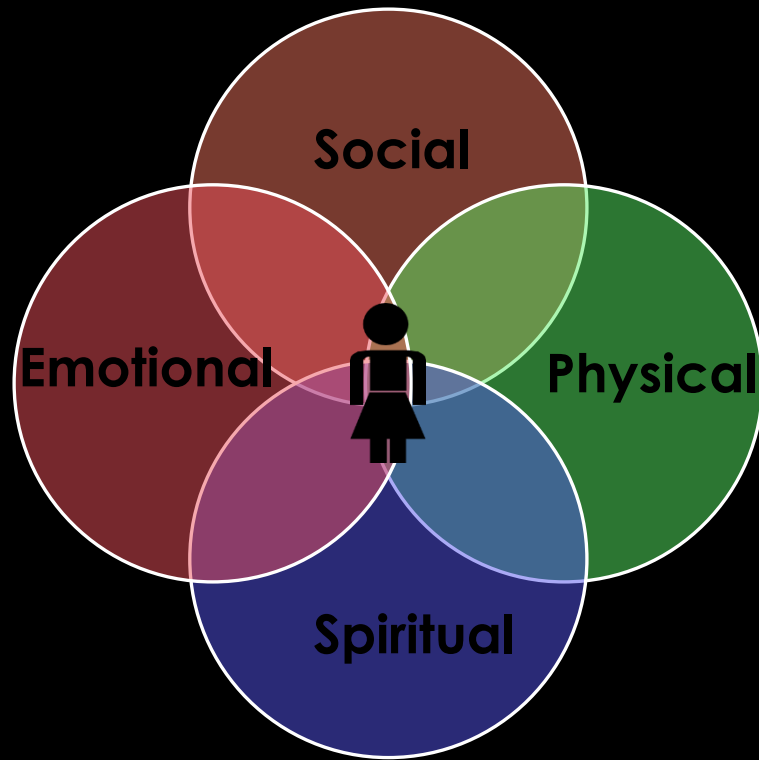
# IPV Summary: key points

- Like all VAWG, IPV is intentional. **Men** who abuse do not simply “lose control”, but **choose to use violence**.
- IPV is **not a one time event**, but a **pattern** of repeated and systematic abuse.
- Perpetrators use **wide range of coercive and abusive behaviors**, including (ab)using children.
- This pattern forms a system of abuse aimed at **exerting power and control over female partner**.
- There is **no good or easy ‘solution’**
- The situation is unlikely to change
- We need to find ways to help women find ways to **increase their safety and options in an unsafe environment**
- Women are looking for **on-going support and services**
- Leaving is a **process and not an event**, even when leaving is possible. **\*\*\*Survivor is most at risk of being killed when she is trying to leave**

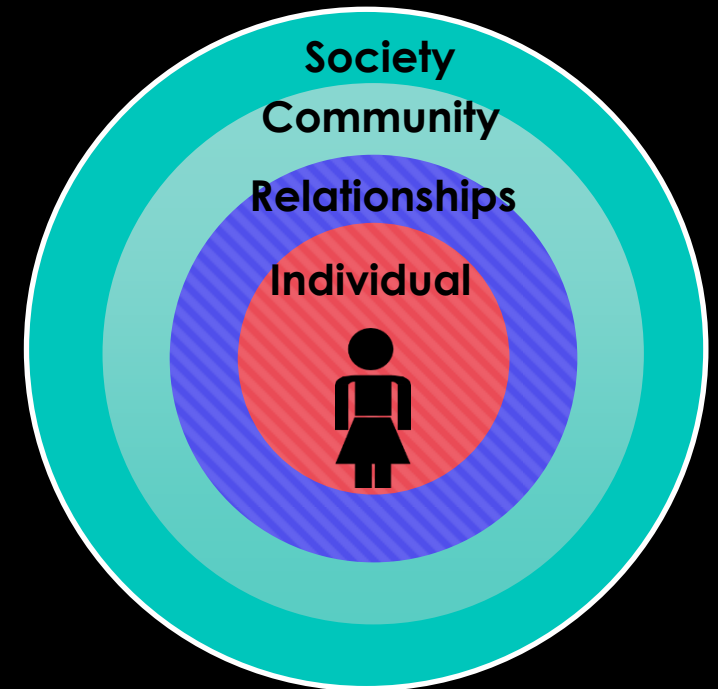
# Creating the *other world* for woman and girls.

Women and girls live in a society that primarily is not designed for them. Our role is to work to resist, challenge and change that.

**Aiming for a world where women and girls are protected from harm and supported to recover and thrive, free from violence and oppression.**



Feel safe, feel trust,  
have friendship, get  
respect, well being,  
get property, no  
fighting, no abuse  
equal choice, equal  
voice, no  
discrimination



# Resources



GBV Blended Curriculum

<https://www.gbv survivor.gr/?lang=en>

**Thank you.**

**Please provide feedback and inform the next webinar topic in the link provided in the chat**

# DON'Ts

## Non-negotiables for women, girl and survivor-centered practice

- × DON'T deliberately ask a women or girl talk about her experience of violence or force a survivor to tell her story
- × DON'T expose to others that a women or girl is a survivor in public or private
- × DON'T talk to a survivor in public where others can hear
- × DON'T blame her and DON'T judge her
- × DON'T ask her probing questions – you are not an investigator
- × DON'T ask her to analyze in detail what happened to her or to put time and events in order
- × DON'T disbelieve her or question her story
- × DON'T Ask the survivor for details about how they feel – this might release a lot of emotion and distress which you/we are not equipped to respond to
- × DON'T Tell her what to do; don't “advise her” – this completely disempowers her
- × DON'T use verbal or physical force to establish your authority, or get her to do what you want
- × DON'T Ask her personal details – she will tell you what she wants to tell you
- × **DON'T Mediate in cases of IPV - even if she asks you to – this disempowers the survivors and re-victimizes her and there is a high risk of perpetrator (the husband) retaliating and causing harm to the survivor**
- × **DON'T Try to engage with the perpetrator – there is a high risk of causing more harm, perpetrator retaliation**
- × **DON'T provide support or interventions for an abusive husband – that is not your role**

Violence  
against  
women  
and girls



## **DO's**

## **Non-negotiables for women, girl and survivor-centered practice**

- ✓ **DO Create a comfortable, discrete, safe space that accepts women and girls as they are**
- ✓ **DO Listen to the survivor and DO show respect**
- ✓ **DO Demonstrate caring and empathy**
- ✓ **DO Reassure her that she is not to blame**
- ✓ **Do Believe her and DO Show you care**
- ✓ **DO Give her accurate information on what service options are available for her and support her to think through what she wants to do next**
- ✓ **DO Support her choices and decisions (even if you don't agree with them)**
- ✓ **DO Support her to identify a trusted friend, family or other passenger she knows and trusts to be/sit with her**
- ✓ **DO Support her to identify her own safety options and plans to protect herself**
- ✓ **DO Ensure you get her informed consent (informed assent for children) for any connections or referrals you make to services**
- ✓ **DO Ensure you do not harm with any actions you take or support you provide**
- ✓ **DO Always protect her privacy and confidentiality – only share information with her informed consent**
- ✓ **DO find a way to speak to a survivor who discloses to you that will not expose them and put them at risk of further harm from the perpetrator or community members**

**Women, girl and survivor-centered, feminist practice**

# Guiding Principles

## RESPECT/DIGNITY

- Validating, non-blaming and non-judgmental approach for all women and girls
- Value women and girls, including survivors, and care about their experience, history and future
- Women and girls, including survivors make their own decisions about support, services and care and this is valued and upheld in the Centers
- Always **believe** the survivor
- **Accept ALL decisions made by the survivor**

## NON-DISCRIMINATION

- Treat every women and girl fairly and equally
- Do not prioritize or favor survivors based on ethnic, religious, or social status, or background

## CONFIDENTIALITY

- Safe and confidential referrals within the Centers and externally
- When making a referral, only details relevant are shared, and only with the permission of the women, girl, survivor
- Information on women and girls who access the Centers must not be shared
- Sharing information happens on a need-to-know basis or in line with center protocols, or laws and policies
- Permission is obtained from women and girls before sharing information
- Photos and videos are not taken in the Centers

## SAFETY

- Physical and emotional safety
- ALL our actions priorities and safeguard the well-being of all women and girls, including survivors
- Provide safe space to survivor