



Strengthening Provision and Coordination of Services to Survivors of Rape and Early/child Marriage, South Sudan

Project Implemented by STEWARDWOMEN with funding from
The UN Trust Fund to End Violence Against Women.

Simplified Handbook on Survivor Care & Support for Survivor Support Groups [SSGs].



Designed by STEWARDWOMEN, March 2020

Acknowledgements;

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Table of Contents	Pages
Introduction; Outcome;	4
Module 1: Introduction to Gender-Based Violence [GBV];	5
Module 2: The Impact of Sexual Violence—Understanding Consequences and Identifying Responses;	7
Module 3: Survivor-centered communication skills;	10
Module 4: What does a GBV survivor need in general?	12
Module 5: What is your role as SSGs? What is your goal?	12
Module 6: Practising survivor-centred skills;	13
Module 7: Survivor-centered communication with children;	14
Module 8: Self care for SSGs;	14
Module 9: What is the role of the Health Care Provider?	15
Module 10: Explaining care and obtaining consent;	16
Module 11: Psychological and psychiatric support, follow- up and referrals of survivors;	18
Annex 1: GBV Referral Pathway for Rubkona;	19
Annex 2: GBV Referral Pathway for Jondoru Community;	21

Introduction;

The handbook is a guidance material produced by STEWARDWOMEN to provide guidance to Survivor Support Groups [SSGs] and field staff. It is designed to be used for orientation of SSGs so as to provide the necessary survivor-centered skills and tools to improve referral systems and care and support to survivors of rape and early/child marriage in their communities. It is meant to assist the SSGs & staff who come into direct contact with survivors and apply basic engagement skills that promote the safety and well being of survivors.

Objectives;

- To introduce SSGs to basic concepts related to working with survivors including GBV;
- To review possible psycho-social consequences of violence and survivor's related needs;
- To provide all SSGs with practical methods for communicating with survivors that increase survivor comfort and facilitate survivor coping skills;
- To provide SSGs a thorough understanding of the dynamics and physical and psychosocial consequences of rape and early/child marriage;
- To practice survivor centered skills in context specific roles;
- To provide SSGs with information on the different roles and responsibilities of all actors engaging with survivors of rape and early/child marriages;
- To provide information about protection activities & justice mechanisms involving survivors of rape and early/child marriages.

Intended outcome;

By the end of the orientation seminars, the SSGs will be expected to be able to practically apply the knowledge & skills acquired and to have the survivors-centred attitude towards the survivors of rape and early/child marriages they meet in their communities.

Knowledge and skills acquired;

All participants will;

Be able to demonstrate a survivor-centered attitude and use survivor centered skills when engaging with survivors.

Ensuring the safety of survivor	Confidentiality of survivor	Respecting the wishes, needs, and capacities of the survivor	Adopting a supportive attitude;
Providing information and managing expectations	Treating each survivor in a dignified way, independent her background, race, ethnicity or the circumstances of the incident	Ensuring referral and accompaniment	Ask for consent of survivors
Be able to understand, discuss and inform survivors about available services while respecting the survivors right to choose	Be able to apply survivor centered skills with children	Recognize the potential stress inducing impacts of dealing with survivors of rape and early/child marriages and practice self care strategies	Health workers must collect and document information to be used for legal justice processes

Positive Attitude;

To develop a survivor-centered attitude towards survivors of rape and early/child marriages;

Module 1: Introduction to Gender-Based Violence [GBV].

Description;

This session is an interactive and highly participatory discussion to help participants understand and describe the key concepts and basic issues underpinning all forms of GBV, sexual violence particularly rape and early/child marriage; to increase participant’s abilities to discuss the key concepts in ways that can be well understood by the SSGs and the staff.

Defining key concepts;

1) What is Gender Based Violence (GBV)?

Gender-Based Violence is an umbrella term for any harmful act that is perpetrated against a person’s will and that is based in socially ascribed (e.g gender) differences between males and females. It includes acts that inflict physical, sexual or mental harm or suffering, threats of such acts, coercion, and other deprivations of liberty. These acts can occur in public or in private.

2) What is Gender and Sex?

Sex	Gender
Refers to the biological difference between men and women	Refers to cultural or societal differences between men & women
Biological differences are physical differences that people are born with.	It determines differences in power between men & women.

They include the ability or inability to give birth to children	Roles & responsibilities men & women have
Grow up a beard etc	Privileges men & women enjoy
Sexual differences cannot be changed.	Expectations of men & women
	Rights women & men have
	Limitations placed on men & women
	Opportunities men & women have
	Access & control of services & goods
	The gender differences can change and are determined by society, culture, religion, and family beliefs.

3) What is rape, attempted rape & early/child marriage?

a) Rape;

- Refers to sexual intercourse without consent or where a person forces another person to have sex against his or her will.
- It can happen when the victim is intoxicated from alcohol or drugs.
- Rape includes intercourse in the vagina, anus, or mouth.
- Men as well as women and children can be raped.

b) Attempted rape;

- It is an attempt to have sexual intercourse with another person without that person's consent where no sexual penetration occurs.
- The intended victim may be able to successfully fight off the attempt before any penetration occurs or the perpetrator may withdraw from the attempt after changing his or her mind.

c) Marital rape or spousal rape;

- Refers to the act of sexual intercourse with one's spouse without the spouse's consent.
- The lack of consent is the essential element and need not involve physical violence.
- Marital rape is considered a form of domestic violence and sexual abuse.

d) Child Marriage;

- Refers to a marriage of a girl or boy before the age of 18.
- It refers to both formal **marriages** and informal unions in which **children** under the age of 18 live with a partner as if **married**.
- **Child marriage** violates **children's** rights and places them at high risk of violence, exploitation, and abuse.

e) Victim;

- A victim is defined by the harm that has come to them.
- A victim is one who has been destroyed and mistreated.
- A victim is powerless, at the mercy of others.

- The word victim mostly used by courts to explain the severity of the incident.

f) **Survivor;**

- A survivor is defined by their life after the violent incident.
- A survivor has continued to live and prosper despite having been victimized.
- A survivor has reclaimed their power.

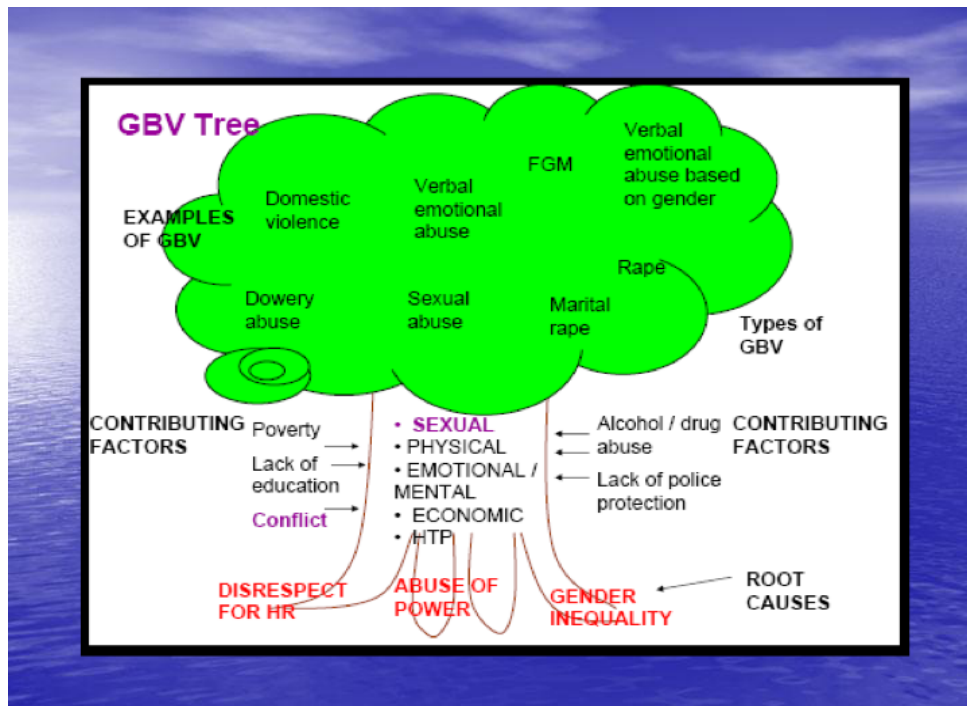
Module 2: The Impact of Sexual Violence—Understanding Consequences and Identifying Responses; Description;

This module will help participants understand the wide range of consequences of gender-based violence - sexual violence in particular - and its immediate and long-term impact on survivors, their families and communities. Further the module offers participants a framework for response at the individual and community level.

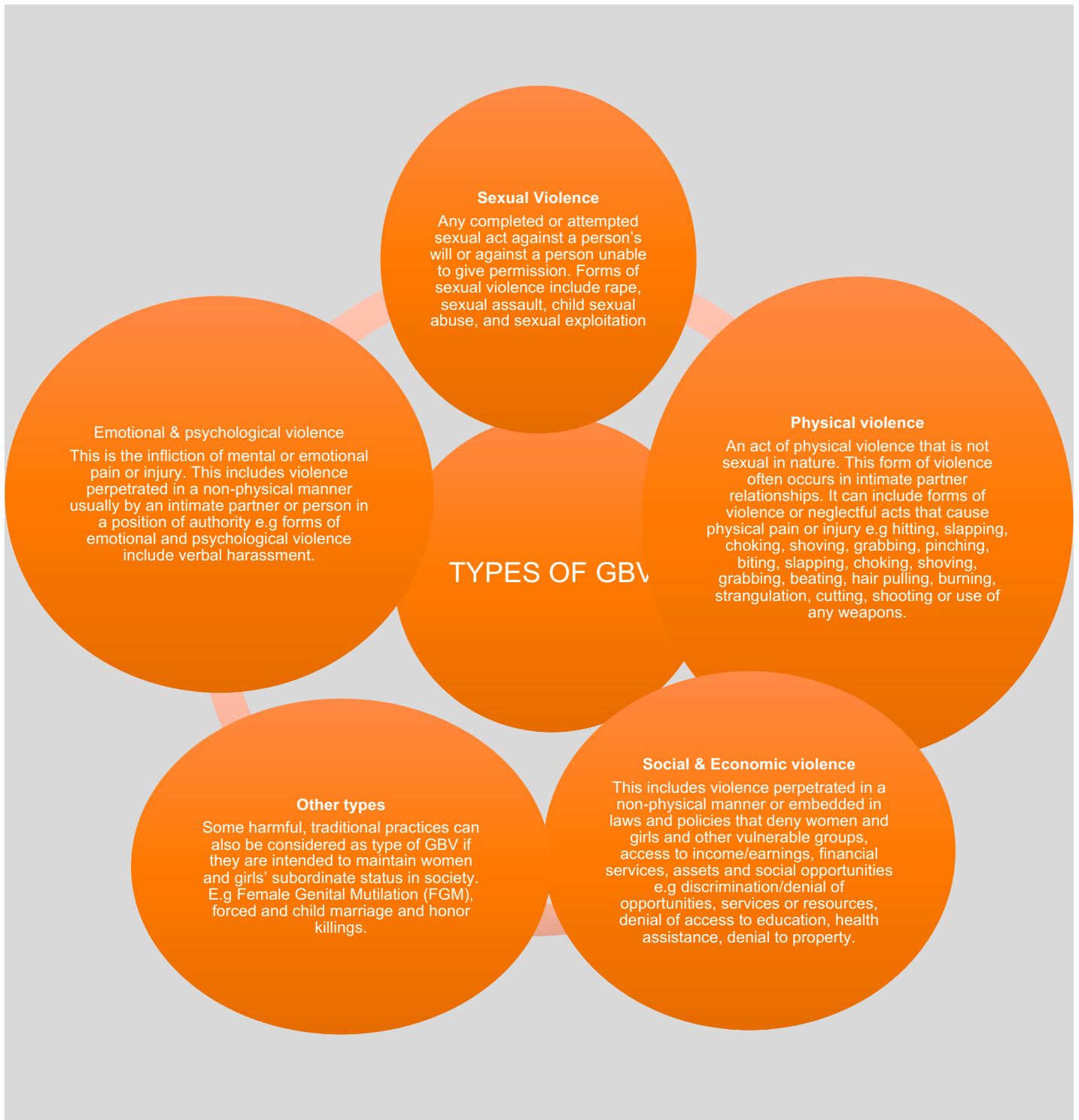
Causes, types, examples, contributing factors of GBV;

GBV is caused by gender inequality and the abuse of power. Anyone can experience GBV including men, boys and gender minorities. At the same time, women and girls are disproportionately affected by the male violence to subordinate, disempowered, punish and control. The gender of the perpetrator and the survivor are central not only to the motivation of the violence, but also to the ways in which society condones or responds to the violence.

A contributing factor is something that makes a problem worse. Factors that contribute to GBV vary according to the setting, population and the type of GBV. There are many situations that make GBV worse, especially in emergency settings.



a) Types of GBV.



Protection of Sexual Exploitation and Abuse (PSEA)

- PSEA is a term used to refer to steps taken to protect vulnerable people from sexual exploitation and abuse by humanitarian actors and associated personnel, including humanitarian aid workers, volunteers, security guards, contractors, UN mission personnel, UN police personnel, peacekeepers, suppliers/vendors of goods and services for humanitarian work.
- E.g exchanging money, shelter, food other goods for sex or sexual favours from someone in a vulnerable position.

Consequences of GBV for survivors.

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

PHYSICAL HEALTH CONSEQUENCES

- Physical injury
- Disability
- Sexually Transmitted Diseases & infections including HIV
- Unwanted pregnancies
- Unsafe abortion, miscarriage
- Fistula
- Chronic pain
- Sleeping and eating disorder
- Death, including suicide

PSYCHOLOGICAL HEALTH CONSEQUENCES

- Depression and sadness
- Fear and anxiety
- Self-blame, guilt and shame
- Re-experiencing the trauma, flashbacks
- Avoidance of places or situations, isolation
- Anger
- Trouble concentrating or remembering
- Self-harm
- Suicidal thoughts/actions

SOCIAL CONSEQUENCES

- Victim-blaming
- Stigmatization
- Rejection and isolation by the family and/or community
- Forced marriage
- Decreased earning capacity/contribution
- Increased poverty
- Risk of re-victimization
- Death/honor killings

Key GBV guiding principles and approaches

1. Survivor Centered Approach

A survivor centered approach creates a supportive environment in which the survivor's rights and wishes are respected, their safety is ensured, and they are treated with dignity and respect. A survivor-centered approach is based on the following guiding principles;

a. Safety

Safety is a primary consideration-It refers to both physical safety and security from harm as well as to a sense of psychological and emotional safety for people who are highly distressed. It is important to consider

the safety and security needs of each survivor, his/her family members and those providing care and support, including yourself (service provider). Individuals who disclose GBV may be at high risk of further violence from the perpetrators themselves, people protecting perpetrators and members of their own families due to notion of family honor.

b. Confidentiality

This refers to the right of a person to have any information about them kept private unless they explicitly request it. It promotes safety, trust and empowerment. Maintaining confidentiality means not disclosing any information at any time without the consent of the survivor. Lack of confidentiality can put the survivor and others, including those the survivor has disclosed to, at risk for further harm.

c. Dignity, Respect and self-determination

All those who come into contact with the survivor have a role to play in restoring dignity, respect and self-determination that has been taken away by GBV. Survivors have a right to choose who they wish to disclose to and which services they want to access. The survivor is the primary actor and the role of the helpers is to provide information they can use to choose their path of recovery. Failing to respect the dignity, wishes and rights of survivors can increase their feelings of helplessness and shame, self-blame and cause re-victimization and further harm.

d. Non-discrimination.

All people have the right to the best possible assistance without unfair discrimination on the basis of gender, age, disability, race, language, religion or political beliefs, sexual orientation and social class.

2. Rights based Approach;

A rights-based approach seeks to analyze and address the root cause of discrimination and inequality to ensure that everyone, regardless of their gender, age, ethnicity or religion, has the right to live with freedom and dignity, safe from violence, exploitation and abuse, in accordance with principles of human rights law.

3. Community Based Approach

A community-based approach ensures that affected populations are actively engaged as partners in developing strategies related to their protection and the provision of humanitarian assistance. The approach involves direct consultation with women, girls and other risk groups at all stages in the humanitarian response, to identify protection risks and solutions and build an existing community based protection mechanisms.

4. Do no Harm” approach

Involves taking all measures necessary to avoid exposing people to further harm during one’s intervention.

Module 3: Survivor-Centered communication skills;

The five (5) key survivor-centered communication skills are as follows;

1. Body language

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

- a. Square:** this means we sit square with the survivor, facing her/him

- e. **Open:** this means that we do not put anything between the survivor and us. No desk, no objects. The space between you and the survivor should be open.
- f. **Lean:** this means that you lean in towards the survivor. This helps the survivor know we are interested in what she is saying and that we want to stay and listen.
- g. **Eye contact:** this means that we maintain eye contact with the survivor at all times (unless this is considered culturally inappropriate)
- h. **Relax:** this means that we stay in a relaxed sitting position. It does not mean that we slouch in our chairs and look sloppy, but we do not want to sit very stiff and rigid. We want to be comfortable so that the survivor can feel comfortable and relaxed too.

b. Verbal Messages

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

c. Active listening Skills

- Use open ended questions to really understand how the survivor is thinking and feeling.
- Paraphrase and summarize (*e.g let me see if I understand what you have told me so far*).
- Reflect content and/or feeling (e.g you can say, *it sounds like you were very scared the moment when he yelled and raised his fist*). Reflect how the survivor is feeling and thinking so she can see it like in the mirror. Help her to see options/the situation more clearly. Help her to focus.

d. Validate and normalize

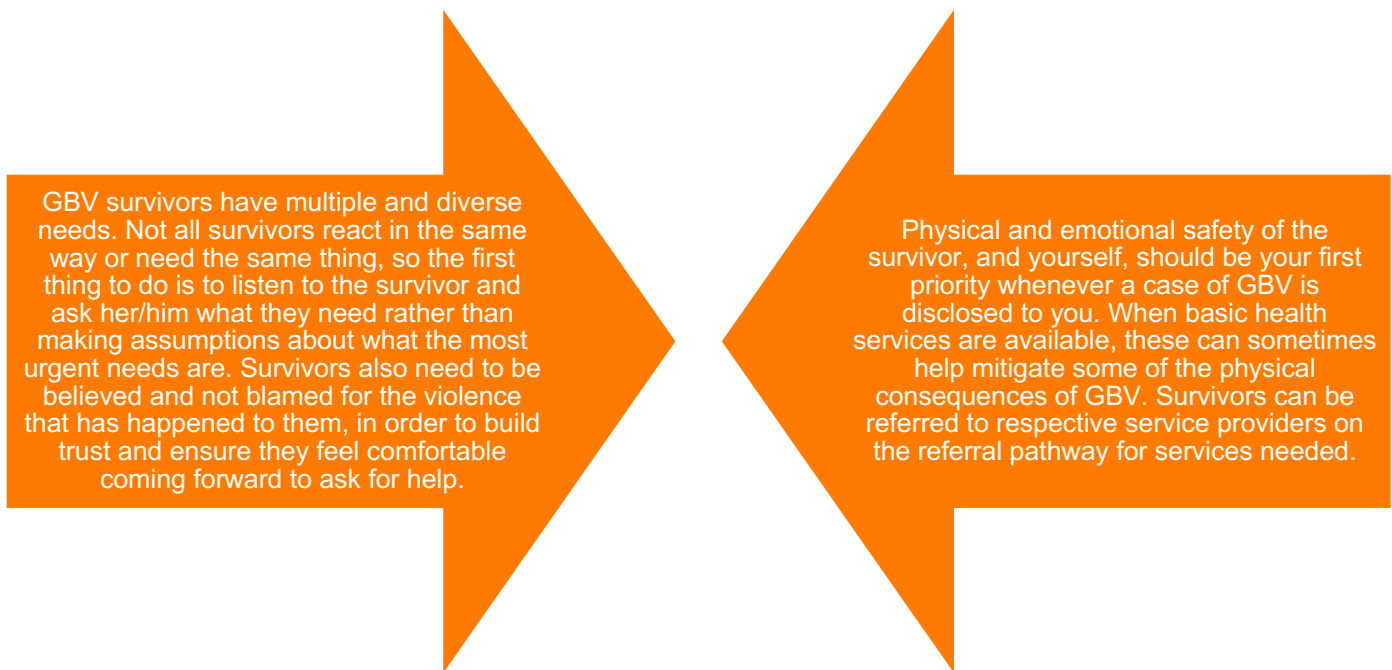
- The best thing we can do is understand and acknowledge what survivors are feeling-and make it feel normal, e.g if a survivor begins to cry, we can say, "you have every right to be upset and sad," "its ok for you to cry here, I will be with you and we can talk when you are ready."
- Because we want survivors to feel better. Our instinct maybe to tell the survivor NOT to show her emotions, or diminish her experience, such as, "*don't be afraid, don't cry, everything is going to be fine,*" but we want to let survivors know that they are having **normal reactions** to an **abnormal event**.
- This may feel uncomfortable to us-to have to sit with someone who is crying, or angry, or depressed-but being a true helper means that we allow them to feel what they need to feel.
- Instead of telling survivor what not to feel, we should validate their feelings and normalize it.
- **Healing statements** are things that helpers can say to a survivor immediately after she tells us what happened and throughout the helping process in order to promote her healing and recovery. Examples include;
 - *I believe in you.*
 - *I am glad that you told me.*
 - *I am sorry this happened to you.*
 - *This is not your fault.*
 - *You are very brave to talk with me.*

5. Behavior messages

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

- **Giving advice** means telling someone what you think they should do and how you think they should do it.
- As a helper we should never give advice to a survivor.
- **Giving information** means explaining facts to someone so they can make an informed decision about what to do.
- Giving information empowers a survivor to have control over her choices, and shows you respect a survivor's opinion and judgments.

Module 4: What does a GBV survivor need in general?



The SSG will be enlightened on the GBV Referral pathway in Annex 1 & 2.

Module 5: What is your role as SSGs? What is your goal?

Description;

This module focuses on the different roles and responsibilities of all actors engaging with survivors of sexual violence. The activities will help participants to distinguish between different goals and tasks of the various actors and understand the implications for communicating and engaging with survivors. In addition, more attention is given to the goal and limitations of protection-activities as well as to justice mechanisms in situations of transition.

What is your role as SSGs?

- Survivor Support group is a place for or a team of adult individuals who offer understanding, comfort and support to survivors of SGBV.
- The group offers a safe, non-threatening setting for survivors of sexual violence to talk and process their feelings within a group setting. Issues such as trust, anger, grief, coping and survival strategies, and self-esteem are addressed.
- The SSG can also be a place for adult victims and survivors to meet.
- The support group provides a safe and confidential setting for survivors to share their feelings and thoughts with others who have experienced the same trauma.

- Group members learn positive coping skills from each other in order to move into the role of "survivors" rather than "victims."
- **The goal** is that each survivor that participates in the group meetings receives both practical and emotional support regarding their sexual assault, as well as a realization that the assault was not their fault and that their reactions to the assault are normal.

Guidelines for survivor sessions;

- The group is for survivors of adult sexual assault who are at least 18 years of age.
- To participate in this group, please call our standby case worker on +211 922 682 252 to set up survivor intake appointment.
-

Module 6: Practising survivor-centred skills;

Description;

The purpose of this module is to practice survivor-centred communication skills within sector-specific roles. Participants are given the opportunity to practice skills in the context of a conversation, an assessment or an interview with a survivor. In addition, specific attention is given to survivor-centred interviewing to document incidents and experiences of sexual violence. This information could be used in accountability processes.

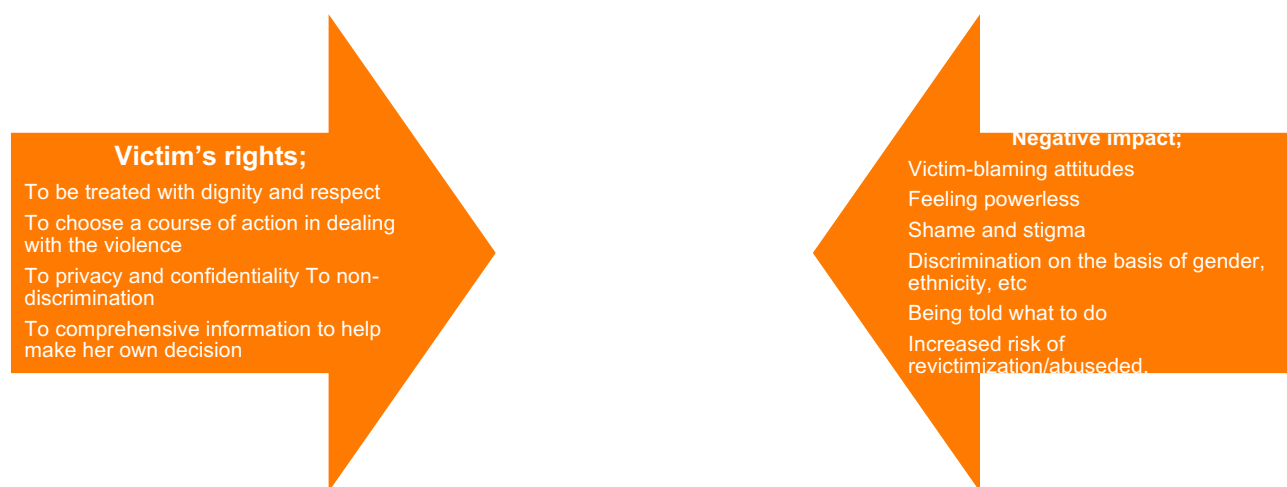
A survivor-centred approach to violence against women seeks to empower the survivor by prioritizing her rights, needs and wishes. It means ensuring that survivors have access to appropriate, accessible and good quality services including:

- Health care
- Psychological and social support
- Security
- Legal services (UNFPA, 2012).

It is essential that competent service delivery actors have the appropriate attitudes, knowledge and skills to prioritize the survivor's own experiences and input. By using this approach, professionals can create a supportive environment in which a survivor's rights are respected and in which she is treated with dignity and respect.

A survivor-centered approach helps to promote a survivor's recovery and to reinforce her capacity to make decisions about possible interventions (UNICEF, 2010).

The table below compares survivors' rights with negative impacts typically experienced by VAWG survivors;



Adopted from virtual knowledge centre on EVAW-UNWOMEN.

Module 7: Survivor-centred communication with children;

Description;

To help participants understand basic principles of engaging with children and practice survivor -centred communication skills with child survivors of sexual violence

Considering the Best Interests of the Child;

In all actions concerning children and adolescents, **the best interests of the child** shall be a primary consideration. This principle should guide the design, monitoring and adjustment of all humanitarian programmes and interventions. Where humanitarians take decisions regarding individual children, agreed procedural safeguards should be implemented to ensure this principle is upheld. **Children are people under 18 years of age. This category includes infants (up to 1 year old) and most adolescents (10–19 years). Adolescents are normally referred to as people between the ages of 10 and 19.**

Ensure service providers understand and apply basic steps and procedures for engaging with child survivors in age-, gender-, and culturally appropriate ways. These include:

- Upholding the guiding principles for working with survivors (e.g. promoting the child's best interests; ensuring the safety of the child; comforting the child; ensuring
- appropriate confidentiality; involving the child in decision-making; treating every child fairly and equally; and strengthening the child's resiliencies).
- Following informed consent/assent procedures according to local laws and the age and developmental stage of the child.
- Applying confidentiality protocols to reflect the limits of confidentiality, as in circumstances where a child is in danger.
- Assessing a child survivor's immediate health, safety, psychosocial and legal/justice needs, and using crisis intervention to mobilize early intervention services that ensure the child's health and safety.
- Providing immediate mental health and psychosocial support (including psychological first aid) to the child and, where necessary and available, providing referrals to longer- time support.
- Ensuring, where necessary, that child safety in family/social contexts is assessed in an ongoing way after disclosure of abuse, and that decisive and appropriate action is taken when a child needs protection.
- Identifying strengths and needs to engage the child and family in a resilience-based care and support process.
- Proactively engaging any non-offending caregivers.
- Knowing other child-friendly service providers in the local area and initiating referrals properly.

Module 8: Self Care for SSGs;

Description;

The purpose of this module is to help participants understand how dealing with survivors of sexual violence can affect all of us. The goal of exercises and lectures is to recognize different forms of stress and to offer participants individual and organizational tools for self care. Recognize stressors and different forms of stress;

difference between day to day stress, cumulative stress, burn-out and vicarious trauma. Identify ways to deal with stress and apply strategies for self-care. Understand how social and organizational support can contribute to reducing stress related to working with survivors

Remember, it is not selfish to focus on your own and desires when you are a caregiver—it's an important part of the job. You are responsible for your own self-care. Focus on the following self-care practices:

- Learn and use stress-reduction techniques, e.g. meditation, prayer, yoga etc
- Attend to your own healthcare needs.
- Attend to your own healthcare needs.
- Exercise regularly, even if only for 10 minutes at a time.
- Take time off without feeling guilty.
- Participate in pleasant, nurturing activities, such as reading a good book, taking a warm bath.
- Seek and accept the support of others.
- Seek supportive counselling when you need it, or talk to a trusted counsellor, friend, or pastor.
- Identify and acknowledge your feelings, you have a right to ALL of them.
- Change the negative ways you view situations.
- Set goals.

Module 9: What is the role of the health care provider?

Description;

The purpose of this module is to introduce the medical modules; to help health care providers their responsibilities regarding the care of survivors of rape; and to provide an understanding of the structures (legal, medical, social etc.) surrounding care of survivors and their implications for clinical management. Identify the responsibilities of health care providers caring for survivors of sexual violence. Understand the importance of supplementary services (referrals-including medical, legal and social services). Understand the implications for their work of the applicable laws and policies regarding care of survivors. Understand the importance of survivor-provider confidentiality and the implications of mandatory reporting for a survivor. Identify the human rights issues involved in care for survivors and the health care provider's roles in protecting these rights (survivor- centred approach)

Roles of the health care provider;

- The health and welfare of the patient is the foremost priority.
- Ideally the health care and legal (forensic) services should be provided at the same time and place by the same person.
- Health workers should receive special training in providing services for victims of sexual violence and should also have a good understanding of local protocols, rules and laws applicable to the field of sexual violence.
- There should be a constructive and professional relationship with the other individuals and groups treating and assisting the victim or investigating the crime. Networking with other service providers can help ensure comprehensive care.
- Health workers should be free of bias or prejudices and maintain high ethical standards in the provision of these services.
- Resource constraints may preclude the possibility of service provision in an ideal facility, but it is possible to improve the quality of existing facilities by by ensuring they are accessible, secure,

clean and private.

Facilities for treating victims of sexual violence: fundamental requirements.

Feature.	Notes.
Accessibility.	24-hour access to service providers is preferable.
Security.	At both an individual and community level there may be some antagonism to sexual assault services. There should therefore be adequate measures to protect patients, staff, health records and the facility itself. Strategies could include the use of a guard to control access, adequate lighting, video-surveillance, lockable doors and cabinets, and fire prevention equipment.
Cleanliness.	A high standard of hygiene is required in the provision of any medical service. The facility should also comply with local safety and health regulations as they apply to fire, electricity, water, sewerage, ventilation, sterilization and waste disposal.
Privacy.	Unauthorized people should not be able to view or hear any aspects of the consultation. Hence, the examination room(s) should have walls and a door, not merely curtains. Assaultants must be kept separate from their victims.

Module 10: Explaining care and obtaining consent;

Description;

The purpose of this module is to provide participants with the opportunity to practice the skills needed to explain to survivors the available services and to engage in the informed consent process. Understand the importance of using a survivor-centred approach throughout the survivor's interaction with Health services. Understand what information they should provide to a survivor before beginning an examination. Understand and be able to engage in the process of informed consent

What is informed consent?

Informed consent is when a service provider — like a doctor, nurse or a legal professional, nurse, or other professional — explains the services available to a patient/survivor before the he/she agrees to it. This type of communication lets the survivor ask questions and accept or deny the service.

In a healthcare setting, the process of informed consent includes:

- your ability to make a decision
- explanation of information needed to make the decision
- your understanding of the medical information
- your voluntary decision to get treatment
-

What should informed consent include?

An informed consent agreement should include the following information:

diagnosis of your condition

name and purpose of treatment

benefits, risks, and alternative procedures

benefits and risks of each alternative With this information, you can make an educated choice about the procedures you receive.

Why do you need to sign a consent form?

When your healthcare provider recommends specific medical care, you can agree to all of it, or only some of it.

Before the procedure, you'll have to complete and sign a consent form.

This form is a legal document that shows your participation in the decision and your agreement to have the procedure done

When you sign the form, it means:

- You received all the relevant information about your procedure from your healthcare provider.
- You understand this information.
- You used this information to determine whether or not you want the procedure.
- You agree, or consent, to get some or all of the treatment options.
- Once you sign the form, your healthcare provider can move forward with the procedure.
- If you don't want a procedure or treatment, you can choose to not sign the form.
- Your healthcare provider won't be able to provide specific types of treatment if you don't agree to it.

Can others sign a consent form on your behalf?

In some cases, another person can sign a consent form for you. This is appropriate in the following scenarios:

- You aren't of legal age.
- If you're younger than 18, a parent or guardian will need to give consent on your behalf. This is because, children are known not to give consent.
- Another person can make your medical decisions if you can't provide consent. This may happen if you're in a coma, or it is an emergency.

When is informed consent not required?

- Informed consent isn't always required in emergencies.
- In an emergency, your provider may look for your closest blood relatives for consent. But if your relatives aren't available, or if you're in a life-threatening situation, a healthcare provider can perform the necessary life-saving procedures without consent.

Key points;

- When a healthcare provider recommends a specific procedure, you have the right to accept or refuse it.
- If you decide to move forward, you'll need to give informed consent first.
- Informed consent means that you made a voluntary and educated decision.
- It also means that your healthcare provider has fully explained the medical procedure, including its risks and benefits.
- Talk to your healthcare provider if you have questions or concerns about this process. As the patient, you have the right to make informed choices about your medical care and what works best for you.

Module 11: Psychological and psychiatric support, follow- up and referrals of survivors;

Description;

The purpose of this module is to help health care providers provide appropriate psychological support, follow up and referrals to survivors. Understand the psychological and social impact of rape. Provide appropriate psychological and psychiatric support using survivor-centred skills. Understand the timelines and variations for follow up of survivors. Understand when to refer a survivor.

As you provide information, also discuss which of the survivor's needs and current concerns require additional information or services. Do what is necessary to ensure effective linkage with those services (for example, walk the survivor over to an agency representative who can provide a service, set up a meeting with a community representative who may provide appropriate referrals). Examples of situations requiring a referral include:

- An acute medical problem that needs immediate attention
- An acute mental health problem that needs immediate attention
- Worsening of a pre-existing medical, emotional, or behavioural problem
- Threat of harm to self or others
- When medication is needed for stabilization
- When pastoral counselling is desired
- On-going difficulties with coping
- Significant development concerns about children and adolescent.
- When the survivor asks for referral

When making a referral:

- Summarize your discussion with the person about his/her needs and concerns.
- Check for the accuracy of your summary.
- Describe the option of referral, including how this may help, and what will take place if the individual goes for further help and what will take place if the individual goes for further help.
- Ask about the survivor's reaction to the suggested referral.
- Give written referral information, or if possible, make an appointment with the service provider.

Annex 1: GBV REFERRAL PATHWAY FOR RUBKONA COUNTY (Outside POC)

IMMEDIATE RESPONSE HEALTH SERVICES			
<p>MSF Holland Location and Focal Point: Nam Clinic Bentiu Town Services: Treatment of injuries, Prevention of HIV-post exposure prophylaxis (PEP) within 3 days of reporting, Treatment of STIs, Prevention of unwanted pregnancy-emergency contraceptives (within 5 days), Hepatitis B Vaccination, medical counseling Time of Operations : Monday - Friday 8.00am – 5:00pm Saturday 8:00am-1:00pm Sunday for emergencies only Emergencies: 24/7</p>	<p>CORDAID Clinic Locations and Focal Point: 1. Bentiu State Hospital Bentiu Town 2. Rubkona PHCC Rubkona Town Services: Treatment of injuries, Prevention of HIV-post exposure prophylaxis (PEP) within 3 days of reporting, Treatment of STIs, Prevention of unwanted pregnancy-emergency contraceptives within 5 days), medical counseling, Time of Operations: Monday-Friday 9:00am - 5:00pm Saturday and Sunday on call</p>	<p>IOM Clinic Locations and Focal Points: 1. Yoanyang Clinic Rubkona Town Services: Treatment of injuries, Prevention of HIV-post exposure prophylaxis (PEP) within 3 days of reporting, Treatment of STIs, Prevention of unwanted pregnancy-emergency contraceptives within 5 days, Tetanus Toxioid Time of Operations : Monday-Friday 08:30am-5:30pm Saturday, 08:30am-12:30pm Sunday Off, on call for emergencies</p>	<p>Nhialdu PHCC Location and Focal Point: Services: Treatment of injuries, Prevention of HIV-post exposure prophylaxis (PEP) within 3 days of reporting, Treatment of STIs, Prevention of unwanted pregnancy-emergency contraceptives within 5 days Time of Operations : Daily 08:00-5:00pm</p>

PSYCHOSOCIAL SERVICES		
<p>Ministry of Gender, Child and Social Welfare Locations and Focal Points: Ministry of Gender, Child and Social Welfare, Bentiu Town</p> <p>Services: Initial psychosocial support and facilitates referral</p> <p>Time of operations Monday-Friday 8:30am- 5:30pm</p>	<p>IRC Locations and Focal Points: Women and Girls Friendly Space 1. Humanitarian Hub, Bentiu Town 2. CARE Compound, Rubkona Town</p> <p>Services: Case Management, Psychological First Aid, Individual and Group Therapy, Psychosocial support, Recreational Activities, Basic Counseling, facilitates referral, material support (based on the assessment and need) Time of operations: Monday-Friday 8:30am- 5:30pm</p>	<p>DRC Locations and Focal Points: Women and Girls Friendly Space 1. Suksita, Bentiu Town</p> <p>Services: Individual Counselling and Case Management, Group Psychosocial support activities, provide information on available services, facilitating referral, Material support (based on the assessment and need) Time of operations: Monday-Friday 8:00am-5:00pm</p>
FOR CHILD PROTECTION		
<p>Mercy Corps Location and Focal Point Adolescent and Youth Center Rubkona Services: General child protection Psychosocial support activities, individual case management on child protection Time of Operations: Monday –Friday 830am-530pm</p>	<p>GUNO Location and Focal Point Child Friendly Space Bentiu Town, Rubkona, Services: General child protection Psychosocial support activities Time of Operations Monday-Friday 8:30am-5:30pm</p>	
PROTECTION / SAFETY AND SECURITY	LEGAL & JUSTICE	
<p>Nonviolent Peaceforce Locations and Focal Points: 1. Nonviolent Peaceforce Compund, Bentiu Town 2. Mobile Services in Rubkona Town</p> <p>Service: Protective accompaniment Time of Operations: Monday – Friday, 8:00am-5:00pm</p>	<p>STEWAROWOMEN Locations and Focal Points: Legal Aid Clinic Desk Suksita, Rubkona Town CHD Compound Services: Legal representation in court, legal advice, investigation, monitoring court proceedings Time of Operations : Monday to Friday 8:00am-5:00pm</p>	

Annex 2: GBV REFERRAL PATHWAY FOR JONDORU COMMUNITY.

IMMEDIATE RESPONSE		
HEALTH SERVICES	LEGAL AID SERVICES	PROTECTION, SECURITY, POLICE
<p>Juba Teaching Hospital Distance: 7km Focal Points: 1) Alex Longa 0925724011 2) Dr. Richard 0924576721</p> <p>Hai Kuwet Health Centre</p> <p>Malakia Health Centre Distance: 6km Focal Points: Stephen</p> <p>Juba Way Station Distance: 1km</p> <p>Alshabah Children Hospital Distance: 6km</p> <p>Transport System: Taxis & Motorbikes</p>	<p>STEWAROWOMEN Focal Points: 1) Rosemary Kulia Legal Officer 0928 375 499 2) Sarah Bint Yusuf Legal Officer 0924 882 772</p> <p>Kator B Court Distance: 4km Focal Point: Dafaalah</p> <p>Gudele High Court Distance: 6km</p>	<p>Formal Protection Centre:</p> <p>Jebel Police Station Distance: 3km Focal Point: John</p> <p>Malakia Police Station Distance: 7kn Focal Point: Sokiri 0927328705</p> <p>Mijiki Mauna Police Station Distance: 7km Focal Point: Morris</p> <p>Informal protection services provided by block chiefs</p> <p>Block 1 Chief Focal Point: Momo Nathan</p> <p>Block 11 Chief Focal Point: Wani Arkangelo</p> <p>Block V Chief Focal Point: Stephen Alteki</p> <p>Moroyo Block Chief Focal Point: Yuwani Loku Manyaa</p> <p>Kor William Focal Point: Pitia Marak.</p>