

## TOOL 8: DO'S AND DON'TS OF SAFE IDENTIFICATION AND REFERRAL OF SURVIVORS WITH DISABILITIES

This tool is designed to support frontline workers to safely identify and refer survivors with disabilities to GBV services and assistance. The information in the column on the left is taken directly from the Inter-Agency Standard Operating Procedures for SGBV Prevention and Response in Lebanon, *“Guidance note for frontline workers - Safe and ethical referrals”* (page 54.) The column on the right provides information about the considerations frontline workers may need to take with survivors with disabilities.

<b>“Do’s”</b>	
<b>If approached by a survivor, who seeks help you should...</b>	
Standard Guidance from SOPs	Disability Specific Tips
Be aware of the referral pathways and services available in their areas.	Make note of service providers who have accessible spaces for persons with disabilities (if they exist in your area).
Ensure that discussion with the survivors is done in a safe and quiet place.	Seeking a quiet space is especially important for persons with sensory, psychosocial, or intellectual disabilities – who can be very sensitive to sound and other environmental distractions.  If a person has a physical disability, they may not be able to access traditional secure space used by frontline workers. Frontline workers should think thoroughly through the risks of using alternative spaces and not settle on a location based on accessibility alone.
Comfort the survivor using healing statements such as: <i>“It’s not your fault”, “I believe you”, “This is not your fault”, “I am very glad you told me”, “I am sorry this happened to you”, “You are very brave for telling me”</i> .	If the survivor has an intellectual disability, the frontline worker may need to repeat these statements or try saying them in various ways. They should seek for signs (verbal and non-verbal) that the person understands the message – it may be helpful to have them repeat key statements back to you – i.e. <i>“It is not my fault”</i> as this can help persons with intellectual disabilities absorb and retain important pieces of information.
Listen with a non-judgmental attitude.	When working with all persons, frontline workers should use supportive non-verbal communication, but this is especially important for persons with certain types of disabilities - particularly those who may have difficulties communicating. Eye contact, and appropriate head nodding to show you understand can both support and provide encouragement to persons who have challenges communicating.

## “Do’s”

**If approached by a survivor, who seeks help you should...**

Standard Guidance from SOPs	Disability Specific Tips
<p>Inform the survivor about specialized services available in the area - either by giving the contact details of case management agencies or other services (sign posting), or if requested by the survivor by calling them directly (referral).</p>	<p>Remember to share information in a way that the survivor can receive and understand it. For example, if you are working with someone who is blind or vision impaired, it will not be effective to give them information in written form.</p> <p>If the survivor who is unable to read or write wants to contact an agency directly, you may ask if they would like help to program the number into their phone (saved under an alternative name). Provide alternatives to standard reporting hotlines for survivors who are deaf and seeking services.</p> <p>In the event that a survivor who is deaf has written down any information about their GBV incident, make sure they either destroy the document and/or find a secure place to store it – where others will not be able to find it.</p>
<p>Explain that case management agencies have specialized personnel that can best support the survivor and will work with her/him to find solutions to her/his needs.</p>	<p>Frontline workers should use the key messages suggested in <i>Tool 6: Inclusive Outreach Messages</i>, reminding survivors with disabilities that they have a right to access case management services and that agencies have an obligation to provide persons with all types of disabilities services.</p> <p>If the survivor shares that they have sought and been denied GBV services in the past, frontline workers should contact their supervisor (without disclosing any information that would identify the specific survivor) and request their support to advocate to the case management agency that denied services.</p>
<p>Explain available services: If requested, provide the survivor with information on case management service providers, explain that these service providers have specialized staff that will assist survivors in reaching the different type of assistance they need. All services are free of charge. Explain that specialized medical assistance is available and can provided after the</p>	<p>Frontline workers should use the key messages suggested in <i>Tool 6: Inclusive Outreach Messages</i>, reminding survivors with disabilities that they have a right to access all GBV-related services and support and that agencies have an obligation to provide persons with all types of disabilities these services.</p> <p>Frontline workers should provide the same information to survivors with disabilities as others, describing all the different types of services available. Have materials available in different formats to assist in communicating with those who have intellectual, vision and / or hearing impairments. See</p>

## “Do’s”

**If approached by a survivor, who seeks help you should...**

Standard Guidance from SOPs	Disability Specific Tips
<p>incident notwithstanding how long time elapsed since the incident. Service providers assist all refugees without any discrimination, information is confidential and nothing will be done without the express consent of the survivor.</p>	<p><i>Tool 7: Inclusive Information, Education and Communication (IEC) Materials.</i></p> <p>Remember that survivors with disabilities should have the same opportunity as others to access services from organizations that specialize in GBV case management. Do not refer to organizations (e.g. disability service providers) who are not adequately trained to ensure comprehensive, quality case management for GBV survivors.</p>
<p>Ask and receive the survivor’s consent prior to putting her/him in touch with a primary focal point, using GBV Referral pathway and facilitating the contact between service provider and survivor (i.e. date and time of appointment, means of transportation).</p>	<p>If a frontline worker is having difficult establishing consent with a survivor with a disability, they should consult their supervisor for support on how to proceed.</p> <p>If an appointment is confirmed with the assistance from the frontline worker, the frontline worker should also work directly with the survivor with the disability to develop a strategy for a safe and accessible means of transportation to arrive to the appointment. For survivors with intellectual disabilities, it may be helpful to have them repeat back the details of the appointment to ensure that they have understood the information, and to assist with memory.</p>
<p>Ask the survivor which their preferred option would be to be contacted by a specialized service provider.</p>	<p>Frontline workers should not disclose the details about the survivor’s type of disability when they are asked to contact a service provider. However, they should inform the service provider if the survivor requires a certain type of communication – i.e. if the person is deaf, they may prefer a text message instead of a phone call.</p>
<p>Only after having the survivor’s consent proceed to referral. Referral can be done: Through the phone or through inter-agency referral form.</p>	<p>If a frontline worker is having difficulty establishing consent with a survivor with a complex disability, they should consult their supervisor for support on how to proceed.</p>

## “Don’ts”

**If approached by a survivor, who seeks help, you should not...**

Standard Guidance from SOPs	Disability Specific Tips
<p>Advice/encourage the survivor to seek certain types of services. Limit your interaction to providing information and not advising the survivor on your preferred option.</p>	<p>Avoid focusing on the person’s disability-specific needs. If they are presenting to you as a GBV survivor, the frontline worker’s role is to make sure they have accurate and appropriate information about the GBV services available – it is not the role of a GBV frontline worker to advise the persons or insist that they seek rehabilitation or medical care in relation to their disability.</p>
<p>Ask questions about the incident to the survivor. Remember that it is not your role to decide whether the person is saying the truth or not, whether she really needs help or not. Asking the survivor to tell her story several times with traumatize her/his unnecessarily since the service will not be provided by you.</p>	<p>Survivors with disabilities often are fearful that they will not be believed, perhaps even more so than survivors without disabilities – it is imperative to uphold this piece of guidance, trust their story, and work quickly to support them with the referral information that they need.</p>
<p>Raise expectations – be honest and accurate (e.g. don’t say things like <i>“they will give you money, they will solve all your problems”</i>)</p>	<p>Oftentimes persons with disabilities have been promised many things by service providers and other medical professionals – it is very important to not raise any expectations and to present the same, clear, honest information to survivors with disabilities as you to do all other survivors.</p>