



**SEXUAL AND GENDER
BASED VIOLENCE
RESPONSE AND PREVENTION
GUIDELINES FOR
WOMEN IN MINING**

Table of Contents

ABOUT AWEIK	3
COMMON TERMINOLOGIES IN UNDERSTANDING SGBV	3
UNDERSTANDING SEXUAL AND GENDER BASED VIOLENCE	4
DIFFERENT FORMS OF GBV THAT MAY ARISE IN THE MINING SECTOR	5
UNDERSTANDING RIGHTS THAT HAVE BEEN VIOLATED BY DIFFERENT FORMS OF SGBV	5
ATTITUDES ABOUT SGBV THAT HINDER ACCESS TO SERVICES	6
EFFECTS AND CONSEQUENCES OF SGBV	7
SGBV RISK FACTORS.....	7
CARING FOR SURVIVORS OF SGBV.....	8
INAPPROPRIATE RESPONSE TO SGBV.....	8
DO’S AND DONT’S FOR WHEN HANDLING SURVIVORS OF SGBV.....	9
REMEMBER TO USE A SURVIVOR CENTERED APPROACH: It entails;.....	9
IDENTIFICATION OF CHANNELS OF SUPPORT/ TOOLS TO THOSE AFFECTED BY GBV	9
THE REFERRAL PATHWAY.....	10
AWEIK’S APPROACH TO CREATING SOCIAL CHANGE AGAINST GBV.....	11
A. Women’s Participation and Empowerment.....	11
B. Economic Empowerment and Livelihoods	12
C. Transforming Systems and Social Norms	13
D. Care and Support for Women Small Scale Miners Survivors of GBV.....	15
E. Ethical Considerations.....	16
OTHER REFERENCE MATERIALS.....	19

ABOUT AWEIK



AWEIK

AWAKENING WOMEN'S POTENTIAL IN MINING, OIL & GAS

Association for Women in Extractives and Energy in Kenya (AWEIK) is an organization that provides women with opportunities for equitable professional and economic development within Kenya's extractives industry. We awaken women's potential in oil, gas and mining industries through lobbying, branding, member capacity development and business development services.



COMMON TERMINOLOGIES IN UNDERSTANDING SGBV



Sex

Identifies the biological differences between men and women, such as women can give birth, and men provide sperm. Sex roles are universal and largely remain unchanged.



Gender

Refers to the relationship between men and women, boys, and girls, and how this is socially constructed. Gender roles are dynamic and change over time.



Gender Roles

Gender roles are learned behaviors in each society/community, or other special group, that condition which activities, tasks and responsibilities are perceived as male and female.



Gender Equality

is achieved when women and men, girls, and boys, have equal rights, life prospects and opportunities, and the power to shape their own lives and contribute to society.



Equity between sexes

is a question of a fair and equitable distribution of power, influence, and resources in everyday life and in society.



A gender-equals

society safeguards and makes use of every individual's experience, skills, and competence.



Patriarchy

the systemic and institutionalized male domination embedded in and perpetuated by cultural, political, economic, and social structures and ideologies. These systems explicitly make women inferior and subordinate and confer control and decision making on males while making values associated with masculinity the norm or ideal. Patriarchy automatically privileges men over women and its characteristics include male dominance, male centeredness, male identification, and male control

UNDERSTANDING SEXUAL AND GENDER BASED VIOLENCE

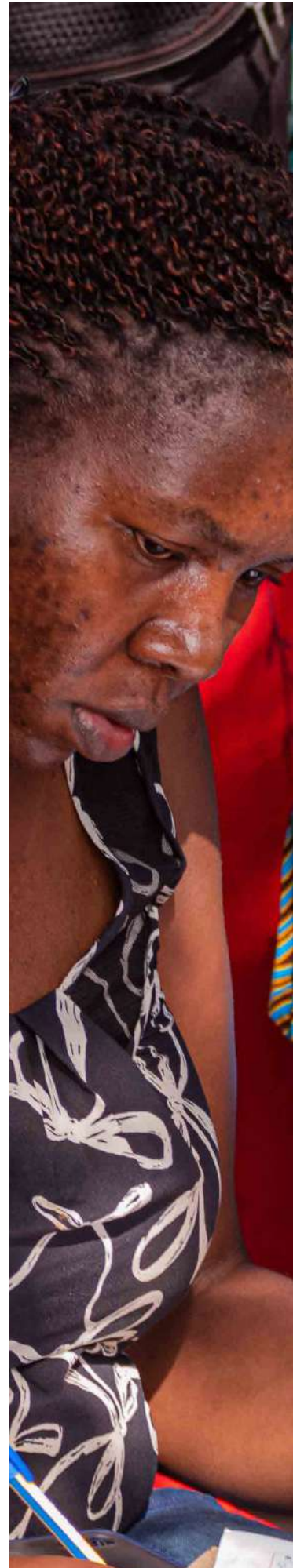
Sexual and gender-based violence against women and girls is one of the most widespread violations of human rights in the country. It can include physical, sexual, psychological and economic abuse, and it cuts across boundaries of age, race, culture, wealth and geography. It takes place in many places including but not limited to homes, streets, schools, workplace, and in farm fields.

Physical violence is the most experienced form of violence in Kenya with 45% of women aged 15-49 having experienced physical violence at some point in their lives since age 15; and 20% having experienced physical violence within the 12 months prior to the DHS survey in 2014. Processes of socialization result in low reporting rates of GBV (ACORD, 2009). For example, 44% of women and 36% of men aged 15-49 across the country believe that wife beating is justified in some cases (KDHS, 2015). Men report significant experiences of interpersonal violence, often perpetrated by teachers, parents and other men, with 44% of men aged 15-49 having experienced physical violence over their lifetime and 12% over the last 12 months; and 6% of men aged 15-49 having experienced sexual violence and 2% in the last 12 months.

The National Crime Research Center report (2018) indicates that defilement cases accounted for 2.9% of all crimes compared to 7.1% at the national level. Gender based violence accounted for 5.8% of the case compared to the national estimate of 9.2%. Women of low education status who are economically dependent on their male partners remain more vulnerable to SGBV. Jewkes (2002) cites men as the most common perpetrators and attributes this to the unequal power relationships between them and women. Cases of GBV against men are rare due to the cultural stigma hence the low numbers that have been reported nationally at 3% (WHO, 2013).

Higher acceptance levels of wife-beating amongst women hints towards an internalization of underlying social norms by women in abusive relations, as observed in other country contexts (see for example Takyi and Mann, 2009). Acceptance of GBV at a sociocultural level perpetuates the cycle of violence and limits help-seeking behavior. For example, just 44% of women and only 27% of men who reported having experienced physical or sexual violence from anyone have sought help from any source to stop the violence (see Figure 1 below, based on KDHS, 2015). Stigma also plays a large part in influencing reporting behavior. For example, ACORD (2009) observe that women who seek support through the Kenyan police are often embarrassed, ridiculed and verbally abused.

Overall, formal routes are seldom sought- only 7% of women who reported seeking help in KDHS (2015) went to the police, 2.9% went to see medical personnel or a doctor, 1.7% to a social work organization, 0.5% to a lawyer. The most common sources of help among women are their own and their husband's families (65% and 31%, respectively). Among men, the most common sources of support are their own family (49%), followed by the police (19%) and others (17%) (Ibid.) International and the national legal instruments have clarified obligations of State and County to prevent, eradicate and punish violence against women, girls, men and boys.





Gender-based violence not only violates human rights and dignity, but also hampers productivity, reduces human capital and undermines economic growth within the County. It impoverishes individuals, families and communities, reducing the economic development of the community. Violence against women and girls especially, is a problem of pandemic proportions.

DIFFERENT FORMS OF GBV THAT MAY ARISE IN THE MINING SECTOR

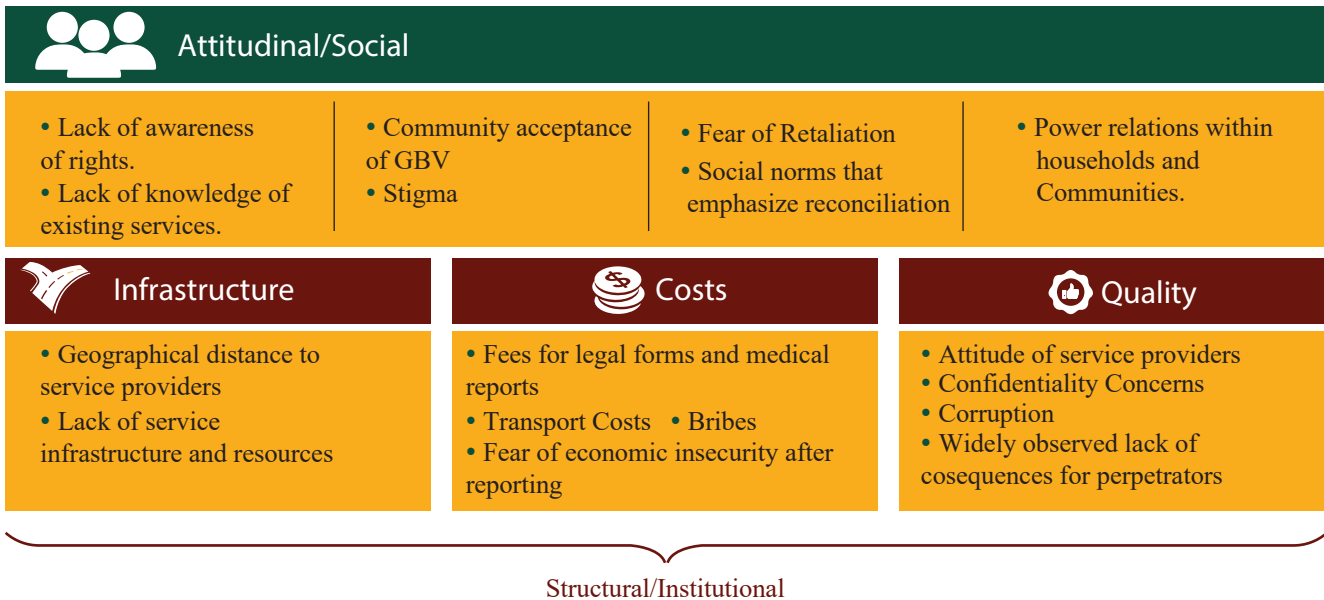
- Physical Violence:** any act of physical violence that is not sexual in nature and results in pain, discomfort or injury, such as domestic violence.
- Sexual Violence:** any form of non-consensual sexual contact, such as rape (including in the context of marriage), sexual exploitation, forced prostitution, trafficking and inappropriate touching.
- Economical Violence:** Denial of resources, opportunities or services, assets or livelihood opportunities, education, health or other social services.
- Psychological/emotional abuse:** threats of physical or sexual violence, intimidation, humiliation, forced isolation, stalking, harassment, unwanted attention, remarks, gestures or written words of a sexual and/or menacing nature, destruction of cherished things, etc.

Type of SGBV	Which rights are violated?
Rape	The right to freedom from torture, or cruel, inhuman, or degrading treatment or punishment, the right to life
Sexual Exploitation	The right to human dignity and physical integrity
Violence base on sexual orientation	The right to live free from discrimination, and the right to equality, including equal protection of the law
Confinement	The right to cultural, political and public participation; the right to an education; equal access to public services; the right to live free from discrimination
Domestic violence	The right to life and the right to equality, including equal protection of the law
FGM	The right to the highest attainable standard of physical and mental health
Trafficking	The right to liberty, security of person, and freedom from slavery. Being trafficked also contravenes one's right to physical and mental health, and potentially to the right to education

ATTITUDES ABOUT SGBV THAT HINDER ACCESS TO SERVICES

Attitude and treatment by staff, including treatment of confidentiality-Treatment by staff including not treating complaints and requests for support as confidential

- Survivors of violence often fear retaliation and further violence
- Barriers imposed by family and social networks relate to power relations within communities and between perpetrators and service gatekeepers/providers
- Related to these gender norms are barriers imposed by family and social networks, for example when they exert pressure on girls and women not to report incidents perpetrated by family members, including husbands and fathers, thus reinforcing existing cultural norms. For example, reconciliation is widely viewed as preferable among married couples, particularly where there are children involved, which is at times perceived to be the only thing binding couples together
- Stigma and a fear to report due to complex social and gender norms.
- community acceptance of a number of 'moderate' types of violence poses a significant barrier



EFFECTS AND CONSEQUENCES OF SGBV

Physical Effects	Psychological Effects	Social Effects
<ul style="list-style-type: none"> Bruises Wounds Damage to sexual organs Infections, including HIV/AIDS Miscarriage Unwanted pregnancy Unsafe abortion Disability Death 	<ul style="list-style-type: none"> Post-traumatic stress Anxiety Fear Anger Depression Shame Self-blame Low Self-esteem Mental disorders Suicidal thought 	<ul style="list-style-type: none"> Blaming the Survivor Social stigma Isolation in the community Sexual problems Loss of role in the society Exclusion from education Reduction of work potential Reduction of parental skills

SGBV RISK FACTORS

WHO identified the following Risk Factors.

- lower levels of education (perpetration of sexual violence and experience of sexual violence)
- a history of exposure to child maltreatment (perpetration and experience); witnessing family violence (perpetration and experience)
- antisocial personality disorder (perpetration)
- harmful use of alcohol (perpetration and experience)
- harmful masculine behaviour, including having multiple partners or attitudes that condone violence (perpetration)
- community norms that privilege or ascribe higher status to men and lower status to women
- low levels of women’s access to paid employment; and low level of gender equality (discriminatory laws, etc.)
- difficulties in communicating between partners; and male controlling behaviours towards their partners.
- ideologies of male sexual entitlement; and weak legal sanctions for sexual violence.

Gender inequality and norms on the acceptability of violence especially against women are a root cause of violence against women.

CARING FOR SURVIVORS OF SGBV



SGBV survivors have the right to seek legal redress for what they have suffered and to be supported and assisted while they navigate through the justice system.

Investigators and all actors in the justice system should make every effort to respect the SURVIVOR'S RIGHTS including:

- To be treated with compassion and respect for their dignity
- To be informed about their rights in seeking redress
- To be informed about their role in judicial proceedings, on timing and progress of the proceedings and of the disposition of their case
- To express their views and concerns whenever their interests are at stake
- To be properly assisted and supported through judicial proceedings
- To privacy
- To physical safety. Measures must be taken to minimize inconveniences to Survivors, protect their privacy and ensure their safety/the safety of their families from intimidation and retaliation
- To the speedy investigation and prosecution of their case. All measures must be taken to avoid unnecessary delays in investigation and prosecution, or in the execution of decisions and orders
- To restitution and compensation for the damage/harm suffered
- To material, medical, psychosocial and social assistance through government or NGOs. Survivors' should be informed on the availability of such services
- To be received by personnel properly trained and sensitized to the needs of the survivors
- Most vulnerable victims (children, differently able, etc) have the right to special assistance based on their needs

INAPPROPRIATE RESPONSE TO SGBV

SGBV related offences are serious offences which, according to our laws and policies, must be prosecuted under the criminal justice system.

These cases should not be compromised or dealt with by the Police/stakeholder outside of the established legal framework.

A case is “compromised” when a police officer, a prosecutor a Magistrate/Judge or any other legal officer: Receives money from a party (suspect, victim, witnesses) to drop the case. Or when there are plans for the suspect’s family to pay the survivor instead of going to Court. One should not only refrain from engaging in such activities but also actively report whoever engages in this practice

DO’S AND DONT’S FOR WHEN HANDLING SURVIVORS OF SGBV

Ensure the survivors’s safety by taking them to a safe space.

The Survivor

- Should NOT shower or bathe
- Should NOT throw away your clothes: Preserve evidence, if they change clothes, wrap them in a brown paper bag/newspaper (not a plastic)
- Should AVOID urinating, if need they should urinate in a bottle and carry the urine to hospital
- Should NOT brush their teeth or cut their nails

The Survivor should seek medical assistance . They Should

- Visit the hospital or health facility
- Get preventive treatment for HIV/AIDS, Sexually transmitted infections, pregnancy with 72 hrs and physical injuries
- Ensure that the post rape care form is filled and take the original and duplicate copy with you.

The matter should be reported to the police.
It is important that the survivor seeks psychological support (counselling)
The survivor should seek legal advise.

REMEMBER TO USE A SURVIVOR-CENTERED APPROACH: It entails;

- **Respect:** all actions you take are guided by respect for the survivor’s choices, wishes, rights and dignity.
- **Safety:** the safety of the survivor is the number one priority.
- **Confidentiality:** people have the right to choose to whom they will or will not tell their story. Maintaining confidentiality means not sharing any information to anyone.
- **Non-discrimination:** providing equal and fair treatment to anyone in need of support

IDENTIFICATION OF CHANNELS OF SUPPORT/ TOOLS TO THOSE AFFECTED BY GBV

A community based referral and response mechanism is one that is most practical in responding to SGBV. In the mining sector, the linkages into the referral system start from the administration local structures in place.



THE REFERRAL PATHWAY



AWEIK'S APPROACH TO CREATING SOCIAL CHANGE AGAINST GBV

A. Women's Participation and Empowerment

Women's participation promotes community resilience by building on their existing capacities and resources. Supported with the right knowledge and skills women are able to build their power with the support of male gender champions and become key actors in challenging oppressive situations, cultural practices, beliefs and attitudes.

The participation of women, including through finding ways to ensure that those who are marginalized also have a voice, helps to improve the power of women to negotiate and participate in decision making processes. To avoid backlash against GBV programming and promote acceptance of GBV services, it is useful to engage (join powers) with men, especially community leaders. Engaging male as well as female decision makers and community members can mitigate backlash by facilitating wider community understanding and support for GBV programming.

Participation is a key aspect of empowerment and must include the processes that lead women to perceive themselves as able and entitled to make decisions equally with men.



NOTE

Understanding both the underlying and presenting constraints to women participation across the mining value chain is not only key to mainstreaming their roles but also in diagnosis potential areas and issues for effective interventions.

Small-scale miners, there are already attempts to involve "gatekeepers" and male gender activists to facilitate the participation of women at all levels of the supply chain.

KEY ACTIONS

1	Consult periodically with women on GBV risks at the workplace and constraints to their participation in decision making and in accessing support for violations.
2	Include women in designing GBV protocols at every level of the value chain by facilitating their participation.
3	Identify and address barriers and risks to participation through consultations with and services for women, and promote a better understanding of specific barriers and discrimination that create increased risks of GBV for certain women and girls.
4	Together with women, identify those who face the greatest marginalization and risk, and design approaches to ensure their participation.
5	Identify and join forces with male gender activists who already working to deconstruct harmful gender norms.
6	Implement GBV programming that addresses power imbalances in the mine sites and business environment explicitly and promotes women leadership and meaningful decision-making.
7	Identify and build upon education programmes that provide opportunities to build women empowerment and life skills. This include advocacy to upgrade technology that promotes women involvement and productivity.
8	Promote women's economic diversification by liaising closely with livelihoods actors to engage women and girls in economic empowerment activities such as vocational training, microenterprises, financial management and natural resource management.

9	Women must be permitted to express themselves freely, not required to participate if unwilling, and not prompted to provide information in public that may be traumatizing or embarrassing, and; leaders engaging women and girls must explain the purpose of the engagement, provide opportunities for feedback and ensure confidentiality.
10	Support women to participate at all decision-making levels in conflict resolution.

Indicators

- Special fora established, in a safe and non-stigmatizing manner, to ensure the meaningful participation of all women who may face increased barriers to access.
- Women included in leadership structures at all levels of the mining value chain.
- Number of male gender activists working together with women activists to bring about positive social change.
- Percentage of women and men activists that are active members of the GBV campaigns.

HINDRANCES TO WOMEN ARTISANS' FULL PARTICIPATION AND EMPOWERMENT

- Strong belief that the presence of women at the extraction sites (holes) is a bad omen that would make it difficult to find the mineral ores.
- The practices around land ownership where there is still resistance to women ownership and cases where upon the death of her husband a woman is compelled to joint land ownership with her male in-laws or succession made to the sons.
- The traditional manual extraction process remains labour intensive and unsafe for women participation at the extraction level.
- Time and location of meetings and activities (mostly at night), and how these are determined and communicated;

B. Economic Empowerment and Livelihoods

Supporting women’s access to and control over economic resources can be an effective means to enhance resilience, reduce vulnerability, mitigate the risk of GBV in emergencies, and help ensure that the needs of women, girls and their families are met.

The term “livelihoods” refers to the capabilities, assets and strategies that people use to make a living. Investing in economic empowerment and livelihood programmes for women reduces their vulnerability to GBV, including sexual exploitation and abuse. In the case of women artisanal miners, diversification on livelihood opportunities can go a long way in building their economic resilience and empower them to challenge other forms of GBV. Dependency on mining becomes a challenge during the rainy seasons when the mines are dangerous to be accessed.



KEY ACTIONS

1	Conduct a gender analysis to identify: (1) potential harm/risks that may arise from the participation of women in economic activities, as well as measures to mitigate those risks; (2) potential barriers women might face in accessing and participating in economic recovery and/or livelihoods interventions; and (3) household power dynamics around asset management, financial decision-making, and control and use of income.
2	Map livelihood and reintegration support programmes that target women and older adolescent girls, and include relevant livelihood services/initiatives in GBV standard operating procedures and referral systems..

3	Identify and address barriers and risks to participation through consultations with and services for women, and promote a better understanding of specific barriers and discrimination that create increased risks of GBV for certain women and girls.
4	Together with women, identify those who face the greatest marginalization and risk, and design approaches to ensure their participation.
5	Identify and join forces with male gender activists who already working to deconstruct harmful gender norms.
6	Implement GBV programming that addresses power imbalances in the mine sites and business environment explicitly and promotes women leadership and meaningful decision-making.
7	Identify and build upon education programmes that provide opportunities to build women empowerment and life skills. This include advocacy to upgrade technology that promotes women involvement and productivity.
8	Promote women's economic diversification by liaising closely with livelihoods actors to engage women and girls in economic empowerment activities such as vocational training, microenterprises, financial management and natural resource management.

Indicators

- Economic empowerment and livelihood programmes are integrated into GBV standard operating procedures, and included in the referral system and service mapping.
- Percentage of women who report sole or joint involvement in household decision-making.
- Percentage change from baseline in women's access to and control over financial resources following participation in economic empowerment or livelihood programmes.
- Percentage change in net income of the female participants of livelihood programmes.
- Number of projects to support the economic empowerment of women through targeted livelihood and employment interventions.

C. Transforming Systems and Social Norms

A social norm is a shared belief about what behaviour is typical, normal, appropriate and expected in a group. Social norms are generally maintained by social approval and/or disapproval. Transforming norms and systems that perpetuate gender inequality can have a tangible impact on women's health, safety and security. Emergency contexts can provide opportunities for change that can enhance gender equality and strengthen national systems throughout recovery and rebuilding. Space may open to build positive social and cultural norms that challenge GBV and a culture of impunity for perpetrators.

Primary prevention approaches should focus on addressing the root causes of GBV within the mining sites. It should be observed that a GBV prevention strategy is incomplete and unsafe unless it includes specific measures and resources to support women, including survivors, to recover and build support and solidarity. Primary prevention also includes holding perpetrators to account through legal and justice systems and enhancing women's agency through economic, political and social empowerment.

Secondary prevention includes strategies that focus on response for survivors and consequences for perpetrators. This includes addressing the consequences of various forms of violence, mitigating the harm this violence can cause, and taking steps to prevent the violence from happening again. Health care for GBV survivors, case management, and psychosocial support are examples of secondary prevention.

NOTE

Social change strategies must target factors operating at multiple levels, including:

Individual factors: attitudes, agency, factual beliefs, self-efficacy;

Social factors: social norms and networks;

Material realities: access to resources, poverty, existing infrastructure, and

Structural forces: laws, political ideologies, policy framework and globalization.

Tertiary prevention includes actions that focus on the long-term impact of violence when untreated, such as community reintegration and acceptance, addressing trauma, and the long-term medical and psychosocial needs a survivor may have.

Engaging men requires transformation at both the individual and systemic levels. Programming that is accountable to women and girls supports men’s and boys’ critical reflection on the power and privileges they enjoy, and helps them to give up their “privileges” to dismantle patriarchy. GBV prevention programming can also provide opportunities for men and boys to benefit from transformed gender roles and norms that open up new opportunities for positive masculinities, such as increased communication and sharing with female partners, participation in fatherhood, emotional expression, or less restricted sexual and gender identities.

KEY ACTIONS	
1	Ensure essential services for health and psychosocial support, at minimum, are functional before beginning more transformative social norms and systems change activities..
2	To appropriately contextualize and target GBV prevention programming, conduct a gender and power analysis of local systems and norms to identify how they sustain gender inequality and GBV.
3	Engage women and adolescent girls in transformative life skills/education sessions to change internalized harmful gender norms, increase understanding of GBV causes and consequences, and strengthen solidarity and support among survivors.
4	Invest in female and male activists and volunteer attitudes, knowledge and behaviour change before starting programming with the community on GBV prevention and gender equality.
5	Equip male community activists and staff with skills to support women’s voice and leadership and to act as allies for GBV prevention programming.
6	Facilitate women’s leadership in prevention programming and ensure prevention programming is safe and responsive to the needs of women.
7	Engage female and male community leaders, religious institutions and other opinion leaders to support social change and GBV prevention activities, and ensure their accountability to women.
8	PrWork with local women’s movements and women’s rights activists to understand gaps in legal protections against GBV, and participate in joint action to promote systemic change to achieve women’s and girls’ equal rights under the law.
9	Monitor the changes in social norms and utilize data to inform targeted, responsive GBV prevention programming.
10	Establish accountability mechanisms to ensure prevention programming is led and guided by women’s and girls’ interests and needs
11	including by facilitating regular listening sessions with women and girls from the community to seek feedback on the harmful and helpful effects of GBV prevention programme activities

Indicators

- Programmes focused on male engagement include explicit mechanisms for accountability to women.
- Percentage of women and men who report that they disagree or strongly disagree with locally relevant harmful social norms (e.g., victim-blaming attitudes, discriminatory attitudes towards survivors).
- Percentage of community members targeted (disaggregated by sex and age) with social and behaviour change communication strategies that demonstrate increased knowledge of GBV and harmful traditional practices.
- Culturally and locally appropriate key messages, and information, education and communication materials developed to accompany information on GBV services and social norms.

D. Care and Support for Women Small Scale Miners Survivors of GBV

Gender Activists and CSOs supporting their work in the mining sites should continuously upgrade their capacity to respond to GBV situations, including emergencies, and all should be trained in the survivor-centred approach. Equally, site owners and leaderships should be tasked with taking meaningful actions to reduce risks to physical and psychological health and safety of women and girls.

Supporting the work of women activists goes a long way to building the confidence of women and girls to open up for support when violated. Considering that the working with GBV survivors can be stressful, it is common that gender activists will experience fatigue, stress or even burnout. It is advisable that activists or organizations working with them should be aware of these possibilities and establish routine mechanisms for acknowledging and supporting the safety and well-being of the activists.

Site leadership must be tasked to put in place comprehensive controls to prevent acts of sexual exploitation and abuse. All workers have the right to be treated with dignity and respect, and to work in an environment free from harassment, sexual harassment, abuse of authority or discrimination. Being safe from sexual exploitation and abuse is a critical part of care and support for women artisans.

Access to quality, confidential, age-appropriate, compassionate health-care services and referrals to prevent and/or reduce the effects of violence is a critical component of a multi-sectoral response to GBV in emergencies. Adequate health services are not only vital to ensuring life-saving care for women, girls and other at-risk groups, but they are also essential for a society to overcome the devastation of a humanitarian emergency.



The site leadership must encourage mandatory reporting of GBV cases in order to protect survivors (particularly children). Health-care providers can help survivors make informed decisions about what to disclose during a health visit.

Quality psychosocial support services are survivor-centred, age-appropriate, build individual and community resilience, and support positive coping mechanisms. They should include opportunities for social networking and solidarity-building among women and girls. As a critical intervention that contributes to survivors' safety, healing and recovery, psychosocial support interventions can range from basic support by first responders, such as psychological first aid to survivors and families, to more focused case management support, including psychological interventions provided by non-mental health specialists. It is important that psychosocial support for women and girls is informed by an understanding of their experiences of violence and discrimination.



KEY ACTIONS	
1	Site leadership express commitment to end GBV within the sites
2	Develop and effect a sexual offences policy to be signed by all mine workers.
3	Put in place effective complaints mechanisms.
4	Adopt mechanisms to raise awareness of sexual exploitation and abuse among miners.
5	Survivors of sexual exploitation and abuse are survivors of GBV and should be referred to existing GBV services; no parallel referral pathway should be established.
6	GBV and healthcare actors must coordinate with the police to ensure survivors can access health care first and then choose whether to report GBV incidents to the police.
7	GBV survivors must have safe and easy access to health facilities
8	Community awareness-raising and education done to communities understand and reduce stigma attached to GBV, and promotion of community acceptance of and support to survivors.
9	Supporting resumption of educational and livelihood activities.

To enhance survivors' access to health services, it is important that

- Female staff are present;
- The health provider asks the right questions in a non-judgmental way;
- The health facility has private spaces for consultation, protocols for provision of health care to survivors, essential medicines and supplies, and confidential mechanisms for documentation and referrals;
- Communication materials in the facility describe clearly the types of services that are available; and
- The provider makes clear that any disclosure of GBV will be met with respect, sympathy and confidentiality.



Ethical Considerations

The following ethical concerns and approaches underpin the following:

Survivor-centred approach:

A survivor-centred approach creates a supportive environment in which survivors' rights and wishes are respected, their safety is ensured, and they are treated with dignity and respect. A survivor-centred approach involves understanding and accepting each individual survivor's physical, psychological, emotional, social, cultural and spiritual aspects, and building on these to support and facilitate recovery. This strengths-based approach recognizes that survivors have existing ways of coping and problem-solving, and builds on women's inherent resilience.

A survivor-centred approach is based on the following ethical considerations:

- a. **Safety:** The safety and security of survivors and their children are the primary considerations.
- b. **Confidentiality:** Survivors have the right to choose to whom they will or will not tell their story, and any information about them should only be shared with their informed consent.
- c. **Respect:** All actions taken should be guided by respect for the choices, wishes, rights and dignity of the survivor. The role of helpers is to facilitate recovery and provide resources to aid the survivor.
- d. **Non-discrimination:** Survivors should receive equal and fair treatment regardless of their age, disability, gender identity, religion, nationality, ethnicity, sexual orientation or any other characteristic.
- e. **Rights-based approach:** A rights-based approach seeks to analyse and address the root causes of discrimination and inequality to ensure that everyone has the right to live with freedom and dignity, safe from violence, exploitation and abuse, in accordance with principles of human rights law.
- f. **Community-based approach:** A community-based approach ensures that affected populations are engaged actively as partners in developing strategies related to their protection and the provision for assistance by external actors. This approach involves direct involvement of women, girls and other at-risk groups at all stages in the interventions being pursued, to identify protection risks and solutions, and build on existing community-based protection mechanisms.
- g. **“Do no harm” approach:** A “do no harm” approach involves taking all measures necessary to avoid exposing people to further harm as a result of the actions of supporting actors.
- h. **Principles of Partnership:** The Principles of Partnership comprise a framework for all actors in the mining space to follow principles of equality, transparency, a results-oriented approach, responsibility and complementarity. The principles strive to highlight the role of external actors' response capacity, and enhance the effectiveness of their action based on accountability to affected populations.
- i. **Best interests of the child:** Child and adolescent girl and boy survivors of sexual abuse have the right to have their best interests assessed and determined, and taken as a primary consideration in all decisions that affect them.

The GBV Ethical considerations are interrelated and mutually reinforcing. For example, confidentiality is essential to promote safety and respect.

KEY ACTIONS

1	Training women and men gender activists on the intersection between power and VAWG. To be able to recognize abuse of power and own power to start a positive change process – Power within.
2	Discussions with women ASM on GBV prevention and response.
3	Establish and implement systems and protocols for maintaining confidentiality, and activists and site leaders sign confidentiality commitments.
4	Documentation of survivors’ informed consent prior to any aspect of support.
5	Meetings with women, including all interactions with survivors, are conducted in private settings where women can trust they will be provided with confidential and safe services.
6	Training of gender activists and volunteers who support child survivors of sexual abuse are trained alongside child protection specialized actors on best practices for communicating with children and adolescent girls and boys, and good practice guidelines for supporting child survivors.
7	GBV Ethical considerations are displayed in women’s safe spaces and multi-sectoral service delivery points in local languages, and included in community education efforts and materials.
8	Listening sessions with women from the wider community.
9	Monitoring is established to detect unintended harmful consequences such as breaches of confidentiality, safety, discrimination or respect

Indicators

- Number of site management committee representatives and GBV activists, including volunteers and community workers, who are trained on the GBV Ethical considerations, and who demonstrate improved survivor-centred attitudes, knowledge and skills after training.
- Number of site management committee representatives and GBV activists, including volunteers and community workers, who sign confidentiality commitments (target 100 per cent).
- Number of referrals that include documentation of survivors’ informed consent (target 100 per cent).

OTHER REFERENCE MATERIALS

UNICEF. (2014). Communities Care Programme: Transforming Lives and Preventing Violence. UNICEF, New York.

The Inter-Agency Minimum Standards for Gender-Based Violence in Emergencies Programming (2019)

When working with child survivors, follow the informed consent procedures outlined in the Caring for Child Survivors of Sexual Abuse Guidelines http://gbvresponders.org/response/caring-child-survivors/Informedconsent/assent_procedures_for_adolescent_girls

Caring for Survivors - Training Manual, UNICEF, New York, 2007

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