PRECAUTION MEASURES IN GBV CASE MANAGEMENT during COVID-19 pandemic outbreak

GBV case management is one of the entry points to life saving health and mental health support to GBV survivors. During pandemic outbreaks, the increased tensions in the household might heightened the risk of intimate partner, and other forms of domestic violence, hence survivors will still need to receive case management, and ABAAD will continue to offer this service to survivors while ensuring protective measures to both survivors and staff.

GBV case management is founded around the survivor-centered approach, which aims to provide a supportive environment in which each survivor’s rights are respected and in which the person is treated with dignity and respect.

The relationship between the case worker and the survivor is integral to helping the survivor achieve her or his goals. Each interaction between the case worker and the GBV survivor should be in line with the survivor-centered approach, regardless of the exceptional circumstances caused by the pandemic outbreak. While ensuring high safety precautions as listed below, case workers are expected to continue to offer non-judgmental and empathetic care to survivors and to prioritize the well-being and protection of survivors. The case worker need to avoid any behavior that might perceived as “lack of trust, or acceptance” to the survivor.

The survivor-centered approach is put in place through a set of principles that guide the work of all helpers in all their interactions with people who have experienced GBV.

The principles are:
- Right to safety
- Right to confidentiality
- Right to dignity and self determination
- Non discrimination

THE GOLDEN RULES REMAIN

Wash your hands frequently
- Regularly and thoroughly clean your hands with an alcohol-based hand rub or wash them with soap and water for at least 40-60 seconds.

Avoid touching eyes, nose and mouth
- Hands touch many surfaces and can pick up viruses. Once contaminated, hands can transfer the virus to your eyes, nose, or mouth.

Maintain social distancing
- Maintain at least 1.5-2 meters distance between yourself and this right holder.
  Note: Sensitive communicate with the right holder why you need to maintain the distance.

DURING THE CASE MANAGEMENT SESSION:
- Avoid handshaking or any other form of physical contact (greeting, physical contact to show empathy with a distressed survivor)
- Keep a distance of 1.5 to 2 meters between the case worker and the survivor
- Make sure for the case worker to wash hands with soap and water for at least 40-60 seconds before and after the session.
- Offer the survivor use alcohol-based hand gel before and after the session. Note: Hand washing and hand gel use are not both required, you can do either or.
- Ask about how COVID-19 has impacted them. Ask about their children, their livelihoods, etc.
- Normalise distress and listen attentively
- Talk positively and emphasize the effectiveness of prevention and treatment measures
- Avoid issues with children positive discipline, educational and recreational tools to support their children
- Help survivors with children to engage with their children on the mental health aspect of COVID-19
- Support living areas and WGSS with adequate WASH services for COVID-19 in line with the guiding document on home-isolation and overcrowded setting and guidelines by MoPH
- Avoid handling documents from Case Worker to survivor (leaflets, brochures, action plan, safety plan etc.).
- Avoid receiving documents from the survivor unless it’s necessary, and ask the survivor to leave the documents on the desk

AFTER CASE MANAGEMENT SESSION:
- Re-sterilize/sanitize the counseling room including the door handles/chain/desk/ etc.
- Make sure to wash hands after handing the documents after the session.
- Arrange the new handled documents/sheets in a plastic file cover and place it in a separated drawer in the iron cabinet (keep this drawer only for new forms).

BEFORE THE CASE MANAGEMENT SESSION:
- Sterilize/sanitize the room before receiving the survivor (chair/desk/door handle/ pen/etc…)
- Place the chair in a way to keep at least 1.5m between the case worker and the survivor
- Place the hand gel in an accessible place to both
- Make sure to aerate the room before, during, and after the session
- Avoid it possible, having a desk or table that case worker and survivor can lean on or have contact with
- Remove all the unnecessary objects from the surface of the desk

5 STEPS TO COPE WITH THE STRESS LINKED TO COVID-19
- Decrease the time you spend on news or social media and seek information only from reliable sources.
- Check your news from ABC AD or RHOVAD bulletin
- Set a daily routine that includes activities that you enjoy or find relaxing (such as reading, praying, family games, slow breathing, connecting with friends through phone or video calling, playing music you might like).
- Maintain a healthy diet, proper sleep and regular physical activity. Even walking 15-30 minutes daily can make a difference.
- Don’t resort to smoking, drinking alcohol or using other substances to deal with the stress because it doesn’t work and harms you on the long-term

LETS BE KIND TOGETHER WE CAN FIGHT COVID-19
- Check-in regularly with those in hospital or home quarantine and their families through calling, texting, show solidarity and encourage them to do enjoyable activities.
- Listen attentively when people are sharing their concerns.
- Provide calm and correct advice to people who may lack access to information (like older adults). Share factual messages from trustworthy sources. UNICEFLebanon.
- Avoid stigmatizing language, such as attributing the illness to a person’s country of origin, living area, religion, profession, etc
- Speak up against harmful practices such as discrimination against affected persons. Protect their privacy and don’t disclose personal information.

PRACTICAL MEASURES TO TAKE DURING THE GBV CASE MANAGEMENT SESSIONS INCLUDE THE FOLLOWING:

During the epidemic outbreak, prioritize scheduling sessions with survivors at high risk of GBV and those requiring immediate support only, while re-scheduling follow up sessions where survivors’ situation is stabilized and they don’t have the need for immediate care.

- Survivors in need of CMR/ forensic doctors.
- First encounter for the admission of the emergency temporary safe sheltering service.

High-risk cases include:
- Life threatening situation/ threats of
  - Rape and sexual assault survivors
  - Human trafficking survivors
  - Survivors with mental health disorders/ especially those who are at risk of suicide
  - Children at risk
  - Survivors of extreme physical abuse

Masks and gloves usage:
- To avoid creating any barrier between the case worker and the survivor, It is required to use masks and gloves (by both Case Worker & survivor) only IN CASE the case worker or the right holder are contracting any sneezing, cough or any other susceptible symptom.

Ensure to explain the prevention aspect behind this practice. Healthy individuals do not need to wear masks. In fact, Studies have shown that masks do not protect healthy individuals from contracting viruses. In some cases, when used more than once or for prolonged periods and when discarded inappropriately, they can present more harm than protection.

Children:
- It’s highly recommended to avoid having children in the safe spaces, in case this is not possible, children should wear masks, and not enter the counseling rooms
- Hand gel should be provided multiple times to the child, by WGSS staff

FOLLOW UP ON PHONE (phone counseling) is necessary during such situations to compensate for the limitation of face-to-face encounter.
- Always respect the wishes of the survivors before re-scheduling sessions and make sure to receive survivors’ verbal consent before making such decisions. Survivors should have a say concerning accepting one or one sessions, since they can be, not comfortable doing so due to self-health concerns. Consent around these sessions should be granted at all time.

NB: SINCE SHOWING EMPATHY IS NECESSARY: INSTEAD YOU CAN CONVEY IT THROUGH YOUR BODY LANGUAGE, TONE OF VOICE AND HEALING STATEMENTS INCLUDING FACIAL EXPRESSION, NODDING, AND SOME STATEMENT (I.E: IT MUST BE DIFFICULT, IT’S PAINFUL, THAT’S REALLY BAD)

MASQUES ET GLOVES USAGE:
- À éviter créer un obstacle entre le casseur de dossiers et la survivante, il est requis de porter des masques et des gants (par les deux Casseurs & les survivantes) seulement EN CAS le casseur ou le porteur de droits sont atteints d’une crampe, un éternuement ou des autres symptômes potentiels.

S’assurer de comprendre l’aspect préventif derrière cette pratique. Les individus sains n’ont pas besoin de porter des masques. En fait, les études ont montré que les masques ne protègent pas les individus sains contre les virus. Dans certains cas, quand utilisés plus d’une fois ou pendant des périodes prolongées et quand jettés incorrectement, ils peuvent présenter plus de mal que de bien.

Enfants:
- Il est fortement recommandé d’éviter d’avoir des enfants dans les endroits de sécurité, en cas contraire, les enfants devraient porter des masques et ne pas entrer dans les pièces de conseil
- Le gel de mains devrait être fourni plusieurs fois aux enfants, par le WGSS staff.

SUIVI SUR LE TÉLÉPHONE (counseling téléphonique) est nécessaire pendant de telles situations pour compenser la limitation de l’interactions face-à-face.
- Toujours respecter les souhaits des survivantes avant de repayer les sessions et assurer à recevoir le consentement verbal des survivantes avant d’accepter telles décisions. Les survivantes doivent avoir une parole concernant l’acceptation d’une ou d’une session, puisqu’elles peuvent ne pas être à l’aise en faisant des importantes. L’accord autour de ces sessions devrait être accordé à tout moment.

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5. Avoid any behavior that might perceived as “lack of trust, or acceptance” to the survivor.

ABAAD SAFE LINE: 24/7 +961 81 78 81 78

1544 “Embrace Lifeline” - The National emotional support and suicide prevention hotline, if you feel severely distressed (from 12:00pm to 5:30 am)