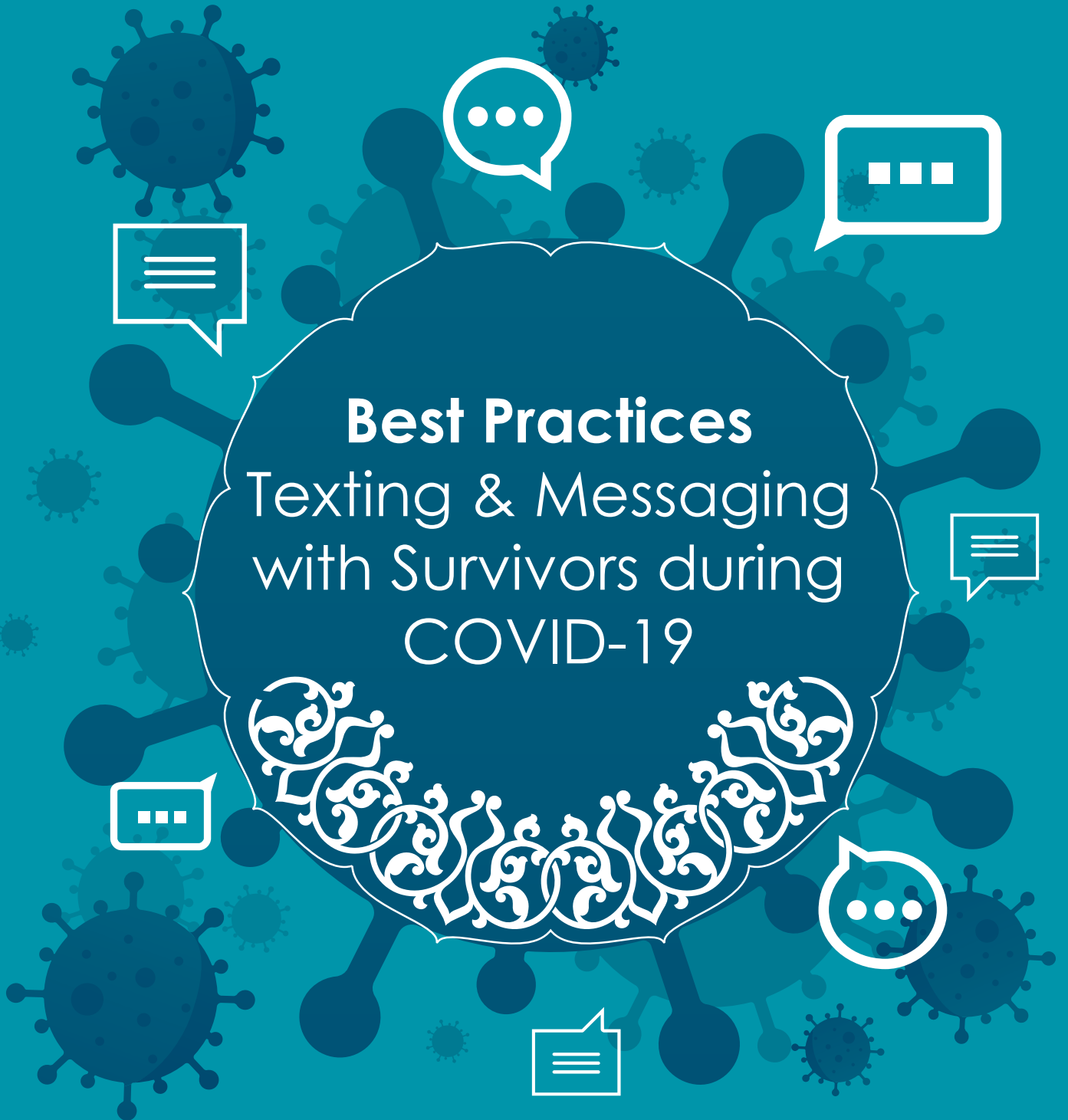# Best Practices
Texting & Messaging
with Survivors during
COVID-19

ABAAD: Best Practices Texting & Messaging with Survivors during COVID-19

In light of the need to adapt service-delivery modalities regarding the COVID-19, **ABAAD – Resource Center for Gender Equality**, recommends the following best practices when agencies and other aid-providers (including community-based organizations) rely on text messaging and other messaging platforms to communicate with survivors or women & girls at-risk of gender-based violence (GBV).

Text messaging can increase access for some beneficiaries, keep survivors and/or at-risk women and girls engaged, and can be used to relay important information and reminders of important dates. In addition, text messaging with beneficiaries can provide opportunities for advocacy and sensitization on health topics regarding COVID-19 and keeping oneself and their families safe and protected.

Communication with beneficiaries may rely on native/national texting service (SMS) or the use of apps such as WhatsApp. However, third-party apps need to be downloaded by both users in order to be used. Moreover, some beneficiaries may feel safer using apps (such as WhatsApp) because they are more secure.

It is important for service-providers to assess the beneficiary's safety risks before initiating any e-modality; including whether beneficiary has access to a phone or uses a shared phone with others. In addition, it is important to allow the beneficiary to decide which messaging/communication platform best meets their needs.

Ensuring Privacy: Best Practice
1. Talk to beneficiary/survivor about how to increase privacy if there is a concern that their phone might be monitored.
2. Suggest strategies such as: (1) deleting message history, (2) not saving contact details, such as the name of caseworker, and (3) using code-names for aid-agencies.
3. Important to have beneficiary/survivor notify CW whether there have been changes to the number in which the text messaging service/app is connected/linked with. *I.e. WhatsApp is linked with a specific number; therefore, changes to the number will result in messages being diverted to another user currently using the same number.*

Preventing Impersonation: Best Practice
A concern when communicating via text/messaging with beneficiaries/survivors is impersonation – when someone other than the beneficiary is communicating with the aid-provider and/or caseworker. This can be the case if beneficiary/survivor shares phone with others or when their phone is not secured (i.e. has no passcode or the passcode is known).
1. Establish a method to verify identity – which may include a previously agreed on phrase or code-word.

2. Check regularly with beneficiary/survivor to make sure messaging is still a safe method of communication or whether this has been jeopardized.
3. If beneficiary/survivor notes discomfort with messaging; suggest communication and/or follow-up over the phone or face-to-face.
   - *Note: If beneficiary/survivor notes increase in intimate partner violence (IPV) at home and risk has increased from low-to-medium to high-risk; then face-to-face follow-up is recommended. However, ensure CW adheres to face-to-face regulations regarding COVID-19 and CM.*

Ensuring Data Privacy: Best Practice
1. Caseworkers (CWs) should not use personal phones to message with beneficiaries/survivors. Best to use agency-provided cellphones (i.e. hotlines) with WhatsApp bundle.
2. CWs should not save beneficiary/survivor's full-name on phone. Suggested to use either initials, acronyms, or designated case-number.
3. Delete voice-notes (VN) and/or other text messages sent to beneficiary/survivor regularly to ensure data privacy.
4. CWs should discourage beneficiary/survivor from sharing picture of abuse or forwarding abusive messages. This may put the CW and beneficiary/survivor at risk by the perpetrator, or increase risk of IPV at home-level.
5. CW should not create a WhatsApp Group for beneficiary/survivors.

Informing Beneficiary/Survivor of Rights & Choices: Best Practices
As with CM in-person, the CW needs to inform beneficiary/survivor of their rights and options.
1. At the start of the messaging conversation, CW should highlight the limitation of the message modality, device safety, privacy, and frequency of follow-ups/communications.
2. If texting modality is to be used for awareness/sensitization sessions; the moderator needs to prepare short and clear messages about topic(s).

Setting Beneficiary/Survivor Boundaries and CW Boundaries: Best Practices
One of the downsides of communicating with beneficiaries/survivors via text, means that beneficiaries may assume they can send messages at any time, including after-hours.
1. Important for the CW to set boundaries about availability and working-hours – unless of dire life-threatening emergency. Sometimes CW may be able to respond quicker by message, but at other times, a phone call might be the best alternative if the issue is urgent. Communicate this with beneficiaries/survivors, so they know how and when they'll get a response.

Providing Support to CWs Operating using Text Hotlines/Service-Modality: Best Practices
CWs using text hotline modality might require more support and debriefing from management and/or CM Supervisors. Text hotlines tend to have more numerous and graphic disclosures of abuse. Moreover, in a text conversation, the survivor/beneficiary may just choose not to continue a conversation and stop communicating. This lack of closure could be difficult for some CWs, particularly if it was a heavy conversation.
1. Management should plan for adequate support for CWs working a text hotline.
2. Management should consider more than CW to operate text hotlines; making sure that the load of one CW is not overwhelming.

Providing Quality Service via Text Modality: Best Practices

Because messages are mostly written words, it can be easily misunderstood by both parties. It can also be more difficult for the both the CW and the survivor/assessor to assess for emotion and tone, leading to potential misunderstanding and miscommunication.

1. CW should ensure that the beneficiary/survivor understands the language being used.
2. Avoid using slang or acronyms; for example: LOL (laughing-out loud), HEHE, HAHA, or SMH (shaking my head).
3. Avoid using emoji's which can be taken out of context; for example:☺, :-* (kiss), or heart.
4. CW should stop and clarify points or statements if there is any confusion.
5. If confusion and misunderstanding are present, recommend switching to call-assistance versus text-modality.

Planning Ahead

The current adapted modalities are put in-place to meet the current shifting programmatic needs in-light of COVID-19. As aid-workers and agencies, it is important to plan ahead and identify challenges/obstacles that might hinder intervention. Mitigating these challenges will insure continuation of assistance – albeit remotely.

Moreover, it is important to maintain communication with beneficiaries/survivors; updating them on resumption of previous face-to-face and static CM, PSS, or other services.

And lastly, important to ensure the CWs monitoring text hotlines take into account their own self-care and wellbeing.

ABAAD: Best Practices for Telephone Communication with GBV Survivors or Women & Girl At-Risk of GBV

Communicating with beneficiaries/survivors of GBV and/or women and girls at-risk via traditional phone remains the most secure and easier methods of communicating with service-users. With the onset of the COVID-19 outbreak, protection services have been adapted and shifted to provide remote or distance-services; these include: Case Management (CM), Psychosocial Support (PSS), and Counseling via e-platforms that comprise of texting, video chatting, and video calls. However, phone communications remains the most frequently used method due to its ease and accessibility. For information on Best Practices for Text Messaging, refer to *ABAAD's Best Practice for Texting & Messaging with Survivors during COVID-19.*

Calling Beneficiaries/Survivors: Best Practices
1. Prior to applying and shifting service-modality from face-to-face to phone, it is imperative that aid-provider or caseworker (CW) notify beneficiary/survivor of the temporary change and receive consent and information regarding their safety and access to a phone. In some instances, beneficiaries/survivors may not have their personal phone or their phone is monitored by perpetrator.
2. Privacy concerns are also to be taken into consideration; therefore, CW should obtain as much information from the service-provider regarding feasibility and accessibility of the service-delivery/assistance via telephone.
3. Important for CW to agree with beneficiary/survivor on preferred call-back time, process, and call-duration.
4. Important to inform beneficiary/survivor to notify CW of any changes to number.
   - *Note for Consideration: Phone-based assistance is recommended solely for cases identified or referred as being low-to-medium risk. Cases that are identified as high-risk should be seen, assessed, and/or followed-up face-to-face. In-person CM should apply current COVID-19 precautions suggested; including: The safety and prevention methods needed into account.*

Call Picked-Up by Non-Survivor/Beneficiary: Best Practices
What to do when CW calls beneficiary/survivor and the call is answered by an individual other than the service-user?
1. Discuss the possibility of the situation with the service-user and agree on a plan/strategy to mitigate such incidence.
2. Discussions on how the hotline/helpline is saved in the beneficiary/survivor's contact information should be discussed and considered as well. Recommended that the number not be saved. Best to have survivor/beneficiary memorize number.
3. CW should not hang-up the phone if the call is answered by an individual other than service-user as this may result in suspicions. If number is not saved by service-user, apologize and claim it's a "wrong number'. If number is saved as CW name [although not recommended], have CW claim to be a 'friend' and will contact the

beneficiary/survivor at another time. Try to be as vague as possible and do not provide a specific timeframe; *for example: I will call again in thirty-minutes*.

4. CW should check-in regularly with service-user. If phone continues to be answered by an individual other than beneficiary/survivor; have CW share concerns with management and/or CM Supervisor. In such instances, it might be best to triangulate information on whereabouts or status of beneficiary/survivor from community mobilizers (example: outreach volunteers or workers that are previously trained on *GBV Core Concepts and Safe Referrals*).

Dropped Calls & Sudden Hang-ups: Best Practices

Communicating via phone may be interrupted or disrupted because of several factors; including: needing to hang-up quickly for security and/or privacy concerns, loss of service, or lack of battery to operate device. In such instances, it is important to have discussed what-to-do in such instances with the beneficiary/survivor in advance and agree on protocols.

1. CW should discuss what-to-do in such instances with the service-user well in advance. Some of these protocols can include the following: Do they prefer the CW to call them back or await for a miss-call from them?

2. It is best for each agency develop its own protocols regarding dropped-calls and to standardize it among its CWs. *For instance: Let the caller know what your protocol is when a call is dropped; for example, the CW can't call them back, but they can call the hotline again at any time.*

3. In addition, it is important for each agency to agree on a protocol or understanding regarding missed-calls. Agencies may agree to call-back all missed-calls [specifically from cases following-up with] or call-back after receiving two-three consecutive missed-calls [from either a known or unknown number].

4. As with other helpline/hotline protocols, how the CW identifies his/herself must be standardized by agency/management; with the goal of minimizing harm to the caller/beneficiary and ensuring privacy-protection.

Ensuring Caller Privacy: Best Practice

1. It is important to ensure the CWs adhere to caller privacy, confidentiality, and protection. How CWs collect, keep, and store beneficiaries/survivors' personally identifying information can impact their safety and privacy, as well as agency's confidentiality obligations. CWs should be reminded not to store or save callers' numbers or names on mobile phones. If numbers are to be saved for further follow-up, CWs should assign specific coding for each beneficiary/survivor.

2. All helpline/hotline mobile phones operated by CWs should be protected with a passcode that is shared with management and/or CM Supervisor. Stolen mobile phones should be immediately notified to management.

ABAAD: Best Practices for Using Mobile Phones to Communicate with GBV Survivors or Women & Girl At-Risk of GBV

During these times of uncertainty and national mobility restrictions, GBV actors in Lebanon have shifted to remote service delivery in order to limit the spread of COVID-19. The current pandemic has forced service providers to communicate with right-holders and conduct services such as case management and psychosocial support over the phone. And while phones offer convenience and a solution in difficult times, it is important to have policies and procedures in place to protect the privacy and confidentiality of survivors. This section focuses on service providers' communication with survivors and how they can maintain safety and confidentiality using this new modality.

Use of mobile phones and data safety: Best Practices

1. Service providers (SP) communicating with survivors over the phone should have *separate, work-related mobile phones*. They should not use their personal phones.
2. SP phones should be password-protected, and monitored at all times. Nobody apart from the SP should have access to this phone (except in urgent cases when another trained SP may have to take over any relevant duties).
3. SP should use encrypted software to communicate with survivors (e.g. WhatsApp). Encrypted software/app to be used needs to be downloaded by both users in order to ensure communication. SP should discuss platform (i.e. app) that is best/most feasible and accessible to beneficiary/survivor.
4. There should be data safety plans in case the phone is stolen or lost. This includes wiping its memory remotely and deactivating the SIM card, as well as providing right-holders with accurate, timely information about data safety in order to prevent breaches in confidentiality.
5. If the SP is only making phone calls and sending messages, older cell phones are preferable, as they may be less prone to hacking than newer smartphones
6. Mobile phones should be set up by knowledgeable IT staff for enhanced security, and should be checked by said staff regularly (e.g. to scan for malware, check installed apps, and other security measures). Outsourced IT companies should not have access to right-holders' identifiable information, so organizations should plan for that when having phones checked for malware or other security breaches.
7. Delete all messages and call logs from and to right-holders as soon as possible, and recommend that they do the same
8. Don't save survivors' contact information on the phone. This should be stored safely elsewhere, where nobody but the frontliner and any relevant supervisors have access to it.

9. If any information needs to be stored on the phone, store it on a memory card *only*. This allows for frontliners to remove and destroy the memory card in case of threats or possible data breach.
10. Before getting rid of the phone or giving it to another frontliner to use, reset the phone (if applicable) to factory settings. This clears any data that is on the phone

Availability and cost: Best Practices
1. SPs should be available at all times to respond to survivors' needs, based on organizational rotation schedule, annual leave, sick leave, holidays, or other emergencies coordinated with the respective organization.
2. Organizations should provide the mobile phones and cover all related costs.

Monitoring: Best Practices
Organizations should ensure regular and thorough monitoring of frontliners' remote service provision, and ensure a work-life balance, appropriate boundaries, and check in about signs of vicarious trauma or burnout.

ABAAD: Best Practices for Using Mobile Phones for Advocacy with GBV Survivors or Women & Girl At-Risk of GBV

COVID-19 and other unforeseen crisis result in aid-agencies needing to shift modalities and service-delivery while ensuring the ongoing continuation of services. In light of the various adaptations to programming, *ABAAD-Resource Center for Gender Equality*, has developed the following guide with suggested best practices for service-providers to implement and facilitate advocacy and sensitization activities with right-holders via e-platforms and modalities. Advocacy and sensitization can center on topics related to COVID-19 and GBV, or topics related to positive parenting in times of the quarantine and COVID-19.

Data & Personal Information Protection: Best Practices
1. Ensuring the protection of all beneficiaries/survivors is of paramount importance. Therefore, it is recommended the service-providers (SPs) not utilize personal mobile devices for the set-up of advocacy groups; instead, using agency-provided mobile phones are recommended and preferable.
2. Only authorized SPs should have access to the mobile phone and be set as "administrator" to the WhatsApp group.
3. SPs create WhatsApp groups, consisting of no more than 20 participants, for the dissemination of advocacy/awareness topic(s).
4. Groups are to be segregated based on the preference and cultural norms of beneficiaries/survivors. Preferably to segregate/create groups per sex.
5. The groups should be created with beneficiaries/survivors that have previously accessed static/mobile services and/or have been previous service-users.
6. Agency implementing advocacy/sensitization e-modality should include an 'accountability' mechanism where a second SP-staff moderates discussions and monitors any incidents of harassment or online-bullying.
7. SP/group moderator should lay clear guidance on the *Do's and Don'ts* of the group; highlighting the objective of the group is to share awareness/sensitizing materials.
8. Highlight and emphasize confidentiality within the group and its members.
9. Ensure that the materials are in-line with approved agency/Working Group/National key messages to reduce misconceptions.
10. Ensure that the advocacy/sensitization materials meet the current needs of the beneficiaries/survivors.
11. Remind members not to disclose/share any personal information on the group. *Note: If such an incidence does occur, the updated WhatsApp has an option to message a member privately. Moderator/SP should message individual separately and share available services that he/she can rely on or be referred to.*
12. SP/moderator ensures that all group members' numbers and contact information is updated.