



من الشعب الياباني
From the People of Japan



Part B

Training Manual

for Remote Service Delivery to
Survivors of Violence in the Arab
States Region



Contents

Introduction	2
Exercises at a glance	7
Creating a safe space	8
Exercise 1: Welcome and Introduction	9
PART ONE: Understanding VAWG and remote service delivery	12
Exercise 2: National and sub-national VAWG data and trends, including during the COVID-19 pandemic and other emergencies	12
Exercise 3: Opportunities and challenges with remote VAWG service delivery	15
Exercise 4: Applying the GBV Guiding Principles to remote service delivery	18
PART TWO: Essential Elements	21
Exercise 5: Understanding the essential elements	21
Exercise 6: How to protect survivor data, privacy and confidentiality	25
Exercise 7: Safety planning	29
PART THREE: Types of remote services	35
Exercise 8: Essential considerations before moving to remote VAWG case management	35
Exercise 9: Remote VAWG case management step-by-step	38
Exercise 10: Understanding how to respond to a helpline call or text	42
PART FOUR: Modalities of delivery	45
Exercise 11: How to choose the right modality (phone calls, text messages, chats)	45
Exercise 12: How to engage with survivors over the phone/manage calls	49
IN FOCUS: Supporting survivors of online violence	52
Exercise 13: Understanding online violence against women and how to support survivors of online violence remotely	52
Assessment and evaluation	56
PART C: Handouts	64

Introduction

Purpose of this Training Manual

This Training Manual (**Part B** of the toolkit) comprises a set of detailed and participatory exercises, with real-life scenarios, designed to strengthen the capacity of community-based and grassroots women-led civil society organisations (CSOs) in the Arab States region to deliver high quality remote VAWG services. It is to be used in conjunction with **Part A** of the toolkit: Guidance Note for Remote Service Delivery to Survivors of Violence in the Arab States Region.

Part B of the toolkit aims to help CSOs apply learning from **Part A** on several key areas through a series of exercises that build the knowledge, skills and confidence of participants in remote VAWG service delivery. It is not comprehensive training on all aspects of remote services and does not cover exercises on all elements in **Part A**. Exercises can be adapted to different contexts and based on participants' level of experience, and additional exercises can be added by facilitators on other areas of remote service delivery (see contextualisation section below). Ongoing and supplemental training is also recommended.

It is also recommended that participants have completed or complete training on VAWG core concepts and the GBV Guiding Principles before going on this training on remote service delivery. For exercises in areas requiring specialist technical skills, for example VAWG case management, it is recommended that participants have been on training and are familiar with international best practice in this area before being trained on how to build on these skills in the context of remote services.

Overall training objectives

- To build understanding of, and capacity in, essential elements of remote VAWG service delivery
- To help familiarise participants with the Guidance Note for Remote Service Delivery to Survivors of Violence in the Arab States Region
- To help organisations understand the steps they can take to deliver safe, ethical, timely and high-quality remote services
- To understand how to support survivors of online violence remotely
- To learn from other participants, in a participatory, inclusive and engaging manner

Who the training is for

This training is for community-based and grassroots women-led CSOs in the Arab States region, in particular frontline staff who provide VAWG services (for example, helpline operators and case managers) and their supervisors. Some parts of the manual will be relevant for management.

How to use the manual

Each exercise is intended to build on the previous one and follows the sequence of guidance in **Part A**. It is important to follow the sequence of the exercises in the sessions, as learning is incremental and the exercises are designed to cover learning on key aspects of remote VAWG service delivery. However, the exercises can also be used as **standalone exercises**.

At the start of each exercise, you will find information on the estimated time for each exercise. Each exercise also has information on what materials will be useful, however you can replace these with other materials you have available. Each exercise has been designed to be facilitated either as an in-person workshop or virtually. There is also cross-referencing to relevant sections in **Part A** for more background information: all numbered references to **Sections** relate to **Part A**. Exercises include group discussion, role-play, observation of role-plays and other experiential learning methods. Some of the role-play and case study scripts have intentionally been left for facilitators to complete to ensure the scenarios are specific to the relevant context, culture and organisation.

In **Part C** of the toolkit you will find templates and handouts which support particular exercises and can be printed and shared with participants, or sent to them on email or other digital means.

Facilitating this manual virtually and in-person

There are a number of prerequisite skills, knowledge, experience and attitudes for those delivering this training (see table below). This includes experience and skills in participatory learning methods, facilitation, communication and self-care and strong knowledge of gender equality, VAWG and power. Attitude is also incredibly important, including open-mindedness, as is a commitment to diversity and non-discrimination. Where training is being delivered virtually, it is recommended that facilitators have some experience facilitating virtual trainings or have practised using the online tools.

Skills	Knowledge	Experience	Attitudes
<ul style="list-style-type: none"> ✓ Training/facilitation skills, especially for adult learners ✓ Participatory methods in workshop facilitation ✓ Working with GBV survivors ✓ Dealing with disclosures individually and in groups ✓ Caring for others ✓ Excellent verbal communication, and active listening skills ✓ Language spoken by participants ✓ Open-mindedness ✓ Ability to facilitate sessions on sensitive topics using non-violent communication techniques ✓ Self-care and stress management 	<ul style="list-style-type: none"> ✓ Gender equality, VAWG and power ✓ Core VAWG concepts, and an understanding of the causes and consequences of VAWG ✓ Understanding of the GBV Guiding Principles (with practical examples) ✓ Specialist technical knowledge in a specific area.¹ ✓ The role of technology in delivering remote VAWG services ✓ An understanding of how the Guidance Note and these training exercises relate to and can be adapted to the local context where the training will be delivered ✓ Different remote modalities ✓ Understanding stress and burnout (types, signs and approaches) 	<ul style="list-style-type: none"> ✓ Delivering VAWG or psychosocial support in the Arab States region and ideally in humanitarian settings ✓ Staff management in humanitarian settings - this should include having dealt with issues around staff wellbeing and staff care when working in humanitarian settings under difficult circumstances ✓ Working with inter-cultural groups of mixed abilities and backgrounds ✓ Knowledge and experience of working in the geographical areas or context where participants are currently or will be delivering remote VAWG services ✓ Collaboration and coordination with community-based organisations and grassroots CSOs ✓ Delivering training virtually, if training is to be delivered virtually (preferred) 	<ul style="list-style-type: none"> ✓ Survivor-centered attitudes – work to understand the point of view of the survivor, and support her to make her own decisions ✓ Show empathy for challenges and stress participants may have faced or may be continuing to experience due to work or current emergency ✓ Be non-discriminatory, maintain a positive attitude towards individuals with different skill levels ✓ Be friendly and approachable ✓ Recognise the skills, knowledge and competencies of all participants

Adapted from: IASC (2017) [Interagency GBV case management training facilitator's guide](#)

¹ For example, case managers should have a full understanding of the Interagency GBV Case Management Guidelines and relevant Case Management guidelines in their context.

This manual was written for people who have these skills and who work with women-led community-based and grassroots organisations that provide VAWG services. As well as having the right skills, it is also important that facilitators have the time and organisational support to run the workshops over a period of a few weeks. It is also a good idea to have at least two co-facilitators for every training.

Ideally, before delivering this training, you will have been on remote service delivery training. As a minimum you should be familiar with the content of both the Guidance Note and this Training Manual. Before delivering the training make sure you and your co-facilitators have read the whole manual.

Training of facilitators

It is recommended that facilitators are trained to run these workshops. Ideally facilitators would go on a training programme with the following structure:

- Attend the training as a participant first
- Find an opportunity to gain further experience
- Run through the programme with co-facilitators and take turns to facilitate different exercises, as well as get feedback from peers.

Timing and length of training

You can find an overview of all the training exercises in this manual in the table below. If you are delivering all the exercises in one go, it is recommended that, where possible and feasible:

- In-person training is carried out during the same week or over a two-week period. This would mean two days of full day training, plus a half day reflections and action planning session at the end of the week.
- Virtual training is carried out in shorter blocks, ideally two hours per training session and no more than half a day per session. This would mean 4-8 virtual sessions, plus a 2-4 hour reflection and action planning session at the end.

Facilitators can adapt the above guide to suit organisational and staff needs and preferences.

Ideal number of participants and size of groups

Ideally there would be between 8 and 10 participants for the training, however this is only a guide as the overall number of participants will depend on a range of different factors. As a general rule, particularly for virtual trainings, try not to exceed 10 participants as this will make it harder to create a safe, inclusive and participatory training environment and could affect individual learning.

Contextualising this Training Manual

This training will be carried out in different settings, countries, regions, languages, and cultures. Whilst this training manual includes templates and handouts, some of these will need to be adapted and/or completed by facilitators before the training. It is particularly important that role-plays are culturally appropriate and relevant to each context where the training is taking place. In addition, facilitators can adapt exercises or add additional exercises to the manual, based on other sections in the Guidance Note and on their own organisational knowledge and experience. It is envisaged that training will generally be delivered to organisations in the same country, however training could be delivered to organisations across multiple countries, in which case exercises can be adapted accordingly.

Understanding your learners

It is important that facilitators develop and carry out a **pre-training analysis** to get to know participants before the training. This will help you learn about participants' needs, expectations and contexts, and their experience, knowledge of and confidence with remote modalities. It is also an opportunity to find out if there are any accessibility requirements and what accommodations you need to make to ensure all learners can participate equally. This will help you adapt the training to learner needs and situations, and ensure the training is relevant and appropriate. Establishing a baseline of knowledge about remote service delivery can also be important in measuring changes in knowledge after the training has been completed. There are different types of training needs analyses that could be carried out, depending on time available, access to participants and resources. However, an example of a pre-training needs analysis can be found in the **Assessment and evaluation** section.

It is also recommended facilitators carry out an initial introductory exercise to assess what participants hope to get out of the training. During this exercise facilitators can introduce participants to each other and also to the Guidance Note. Even if you have carried out a pre-training needs analysis, it is still important to review participants'

expectations and use this as an opportunity to confirm and reaffirm the pre-training analysis results. An example of an introductory exercise (Exercise 1) is included in this manual, however this can be adapted by facilitators as needed.

Facilitator and learner preparation

Each exercise sets out what facilitators need to do to prepare for each exercise. In addition to the steps outlined in each exercise, it will be important to include energisers or icebreakers throughout the training to increase or maintain levels of energy, attentiveness and creativity. Several exercises (Exercises 2, 11 and 12) require participants to prepare ahead of the training. It is important to communicate with participants in advance and give them sufficient notice of any preparation required.

Staff care and well-being

As set out in **Section 2.6** in the Guidance Note, staff can be exposed to high levels of stress and the risk of secondary trauma, particularly when providing VAWG services in humanitarian settings and at times of crisis. This can be more complex when providing services remotely as supervision can become more challenging when staff and supervisors are separated physically. Burnout is a particular risk for staff who are exposed to emotionally demanding situations over a prolonged period of time.

Whilst it is the responsibility of organisations and supervisors to prioritise staff safety and well-being, there is an opportunity for facilitators to reinforce the importance of staff care and well-being throughout this training. It is recommended that facilitators are familiar with signs of stress and trauma (recognising that some signs may be immediate and some may be delayed), and watch for these amongst participants. Participants should be signposted to sources of support, including from trained professionals. It is also recommended that facilitators include appropriate exercises that can help support the mental health and well-being of participants, for example including a meditation exercise at the start or end of each day. Specific activities on care and well-being are included in module 19 of the [GBV Case Management Guidelines](#) (e.g on the signs and stress and trauma, and care and support) and can be included in the training offered here.

Action planning

It is important to support participants to reflect during and after the training on actions they will take as a result of their learning. Reflection is also an important part of self-care and well-being. It is advisable to hold a final session at the end of the training dedicated to supporting organisations to identify and define their next steps for strengthening their capacity in remote service delivery. You will find an action planning template in **Part C (Handout 1)** for organisations to complete at the end of the training. If more than one organisation is attending the training, ensure participants are working with those from their own organisation. Ideally you would print copies of the action planning table for each participant if delivering in-person training. Filling out this template will allow participants to reflect on what they have learnt during each exercise and have a written record of this at the end of the training. Once you have carried out the action planning session, you can ask participants to complete the end of training evaluation (see the **Assessment and evaluation** section).

Using the Icons

There are a number of icons throughout this **Training Manual** to help users navigate through the document.



Signposts facilitators to relevant sections of the accompanying **Guidance Note (Part A of the toolkit)**.



Is a reminder to share key messages at the end of each exercise, or step of an exercise, and to summarise the learning shared by participants and in reference to the **Guidance Note**.



The warning sign indicates that there are particular risks to consider. Particular attention should be paid to participants' wellbeing during these sessions.

Acknowledgements

This Training Manual was produced by Social Development Direct for UN Women Regional Office for the Arab States (ROAS). It was written by Maria Vlahakis, Sali Mohsen M Hafez, Rana Aoun, and Erika Fraser of Social Development Direct under the overall guidance of Manal Benkirane and Lemonia Fokaidou from UN Women ROAS. The toolkit was discussed and reviewed by women-led CSOs in the Arab States region during two virtual consultation workshops in November 2021. A special thanks goes out to all individuals who contributed their time to review the toolkit and take part in the consultation workshops.

Exercises at a glance

 Exercises	Caseworkers	Helpline Operators	Supervisors	Managers	 Time
Exercise 1: Welcome and Introduction	✓	✓	✓	✓	60 mins
Exercise 2: National and sub-national VAWG data and trends, including during the COVID-19 pandemic and other emergencies	✓	✓	✓	✓	60 mins
Exercise 3: Understanding opportunities and challenges with remote VAWG service delivery	✓	✓	✓	✓	45 mins
Exercise 4: Applying the GBV Guiding Principles to remote service delivery	✓	✓	✓	✓	80 mins
Exercise 5: Understanding the essential elements	✓	✓	✓	✓	2 hours
Exercise 6: How to protect survivor data, privacy and confidentiality	✓	✓	✓	✓	1 hour 45 mins
Exercise 7: Safety planning	✓	✓	✓ ✓	✓ ✓	2 hours 25 mins
Exercise 8: Essential considerations before moving to remote VAWG case management	✓	✓	✓	✓	45 mins
Exercise 9: Remote VAWG case management step-by-step	✓	✓	✓	✓	80 mins
Exercise 10: Understanding how to respond to a helpline call or text	✓	✓			2 hours
Exercise 11: How to choose the right modality (phone calls, text messages, chats)	✓				45-60 mins
Exercise 12: How to engage with survivors over the phone/ manage calls	✓	✓			60 mins
Exercise 13: Understanding online violence against women and how to support survivors of online violence remotely	✓	✓	✓	✓	2.5 hours

Creating a safe space

Facilitator checklist for creating safe spaces

In-person and virtual

- ✓ Introduce yourself, the organisation, the purpose of the training and how it will be facilitated
- ✓ Identify and plan for any accessibility issues
- ✓ If a translator, guide or interpreter will be used, meet with them prior to the workshop to discuss their role, how you will work together and the importance of confidentiality in the workshop space. A debrief at the start of each break may also be useful.
- ✓ Get to know your participants and ensure you gain their trust - this is particularly important for exercises on VAWG that might cause distress to participants
- ✓ Encourage participants to raise their hand if they need a break from any activity

In-person only

- ✓ Ideally the workshop space should be welcoming, comfortable, well-lit and ventilated
- ✓ Plan for childcare needs as well as all disability-related needs including physical access, interpreters, signers and helpers (as needed to meet individual support needs)
- ✓ Consider the safety of the venue and the surrounding area for participants

Virtual only

- ✓ Choose a virtual platform that is safe and accessible – further information on different vendors' features, accessibility, cost, encryption and privacy protections is provided by the National Network to End Domestic Violence in their [comparison chart of Video Conferencing & Digital Communication Platforms](#)
- ✓ Ensure the link for the training is not shared publicly to prevent people hijacking, trolling or 'Zoombombing'
- ✓ Require a password to join the training and enable the 'Waiting Room' feature
- ✓ Assign a co-host to monitor the space and manage participants entering the room
- ✓ Update the app so that you have the latest security settings
- ✓ Create a unique meeting ID, rather than using your Personal Meeting ID
- ✓ Do not record any sessions without first notifying participants. Be aware that any meetings that are recorded to the cloud may be able to be accessed by the technology provider.
- ✓ Provide an open and welcoming virtual space, for example by turning on your video, using breakout rooms
- ✓ Encourage active participation including by asking questions in the chat feature
- ✓ Consider the use of virtual icebreakers, such as suggesting people change their background to their favorite movie or something they enjoy doing

Adapted from: [Beyond Consultations toolkit](#) (2018); [Plan Your Power](#) (2019); [National Network to End Domestic Violence](#) (2020); [Sexual Violence Research Initiative](#) (2020)

Exercise 1: Welcome and Introduction

 60 mins



Purpose	This exercise is designed to help the facilitator get to know participants, for participants to get to know each other (if they do not already), explain what the training is about and understand participants' expectations.
Type of exercise	Large group discussion
Learning objectives	<ul style="list-style-type: none"> • Introduce the training • Introduce facilitators and participants • Review training agenda and objectives
Who is this for?	All participants
Time	1 hour
Materials	<p>In-person workshop: Flipchart paper, different colour pens, sticky notes, tape or blue/white tack.</p> <p>Virtual workshop: Google Slides/Google Jamboard document where all participants have editing access; Zoom or similar video conferencing software.</p> <p>Other resources/handouts: agenda with training objectives for participants.</p>
Facilitator preparation	<ul style="list-style-type: none"> • In-person: arrange the chairs into a circle so that participants can see each other and the facilitator. Prepare and print handouts with the training agenda and objectives. Prepare flipcharts to capture expectations, ground rules and a Parking Lot (one flipchart for each). • Virtual: Prepare the agenda and ensure participants are sent an e-copy of it along with the objectives before the training. Prepare a PowerPoint slide for expectations, ground rules and a Parking Lot - ensuring one slide for each. Load to the relevant collaboration portal and ensure each team has the link with editing access.

Key messages	<ul style="list-style-type: none"> • The toolkit focuses on remote service delivery, however many CSOs will provide or want to provide a mix of in-person and remote VAWG services. • The toolkit focuses primarily on remote services for women survivors of intimate partner violence (IPV) and online violence. However, it recognises that women are at risk of multiple and often overlapping forms of violence, and the toolkit can be used and adapted for other forms of violence. • The toolkit does not provide specific guidance on remote services for girls under the age of 18, however it may be a useful resource for CSOs working with girls who are preparing to shift to remote service provision. It does not cover violence against men and boys. • The toolkit takes an intersectional approach and recognises that any VAWG response should address the specific needs and situations of women in all their diversity. • Women and girls experience violence on a continuum throughout their lives. This includes experiencing offline and online violence, often at the same time. The toolkit recognises that CSOs may have less experience supporting survivors of online violence, and offers specific guidance and training on this. • Importance of self and collective care.
---------------------	---

Directions:

Introduction (5 mins)

- Thank everyone for coming and explain the purpose of this exercise.
- Explain that learning on this training is incremental, and exercises will build on what has been discussed in previous exercises. Therefore, a commitment is needed to attend all sessions.

STEP ONE: Introductions (15 mins)

- Ask participants to think about one interesting fact about themselves (a fact that others might not know, if participants know each other already).
- Ask participants to introduce themselves by saying their name and the interesting fact.
 - **In-person:** Ensure that all participants can see each other as they introduce themselves. If any participant requires adjustments to be made, for example if a deaf participant requires a sign language interpreter, ensure you have discussed this with the participant and that their interpreter is seated in a place recommended by the participant who requires their support. Go round the circle until everyone has introduced themselves.
 - **Virtual:** Call on one person at a time to introduce themselves and their interesting fact, until you have got round everyone. You could ask people to volunteer to introduce themselves, however this can take more time.

STEP TWO: Expectations and training objectives (15 mins)

- Explain that you would now like to find out what participants would like to get out of the training, and that you would like the group to keep a record of this throughout the training.
- Ask participants to write one of their expectations of the training onto a sticky note (a separate sticky note for each expectation). For **virtual training**, make sure you have set up a slide on the chosen online collaboration platform for participants to post their virtual sticky notes.
- Go round the group and ask participants to highlight one thing they want to get out of the training and record their thoughts. For **in-person training**, ask participants to place them on the flipchart paper.
- Some expectations will clearly be part of the current training process, however other expectations might fall outside the scope. You should explain any expectations that fall outside the scope and, where possible, discuss how these points might be taken forward elsewhere. Some expectations might not be part of the training agenda, however with a few adaptations you may be able to include them.

- Ask participants to remember their expectations and ensure you review these together at the end of the training.
- Once everyone has shared one expectation, you can highlight the overall training objectives:

Training objectives:

- To build understanding of, and capacity in, essential elements of remote VAWG service delivery
- To help familiarise participants with the Guidance Note for Remote Service Delivery to Survivors of Violence in the Arab States Region
- To help organisations understand the steps they can take to deliver safe, ethical, timely and high-quality remote services
- To understand how to support survivors of online violence remotely
- To learn from other participants, in a participatory, inclusive and engaging manner

STEP THREE: Training agenda (10 mins)

- Run through the agenda for the training, making sure to highlight start and end times, breaks and lunch times. Show the flipchart or share the slide you have prepared setting out the training agenda for the coming weeks.
- This is where you can introduce the Parking Lot, for ideas and questions raised that you will come back to at another point in the training.

STEP FOUR: Working together and ground rules (10 mins)

- Ask participants to set out how they would like to work together throughout the training (for example, creating a non-judgemental environment, creating a safe space). Write ideas on flipchart paper or ask for a volunteer to write the ideas on the slide you have prepared.
- Then ask participants to discuss some ground rules that will apply (for example turning off mobile phones, not using laptops to work during the training). Write ideas on flipchart paper or ask for a volunteer to write the ideas on the slide you have prepared.

STEP FIVE: Questions (5 mins)

- Ask participants if they have any questions or comments.

Notes to facilitators:

- If you are delivering any of the exercises in this Training Manual as standalone training, then you will need to adapt the overall training objectives to share in this Welcome and Introduction exercise. It is still important to emphasise the need for a commitment to attend all the training being delivered, even if all the exercises in this manual are not being delivered in an incremental way over several weeks.
- Rather than expectations, you could phrase this part of the exercise as 'hopes and fears', to help participants voice their feelings about the training.
- Depending on time and resources, the steps in this exercise could be increased in length and potentially delivered as separate short exercises. This would be easier to do for in-person training, where the training could potentially be delivered over two hours, giving you and participants more time to get to know each other in a fun and engaging way.
- Other steps could be added, for example introducing a step or mini exercise on listening skills, and trust and confidentiality.
- If you have not carried out a pre-training survey, you could carry out a short survey at the end of this exercise to help you understand participants' learning needs.

PART ONE: Understanding VAWG and remote service delivery

Exercise 2: National and sub-national VAWG data and trends, including during the COVID-19 pandemic and other emergencies

 60 mins



This exercise relates to **Section 1.1** in the Guidance Note.

Purpose	This exercise is designed to support participants to reflect on national and sub-national VAWG data and trends in their context, including during the COVID-19 pandemic and other emergencies, and drawing on service level data. It will be important to consider how organisations use data to adapt their services, including to support any shift to remote service provision.
Type of exercise	Small group work and large group discussion
Objectives	<ul style="list-style-type: none"> Review national and sub-national VAWG data and trends, including during recent crises and emergencies. Deepen understanding of the different types of violence and trends in their context and differences within countries and between groups. based on their own organisational experiences and data. Explore the importance of understanding VAWG data and trends and how this helps services adapt and respond to survivors. Work together to analyse available service level data and trends on VAWG in their specific national / sub-national context.
Who is this for?	Caseworkers, helpline operators, supervisors, managers
Time	1 hour
Materials	<p>In-person workshop: Flipchart paper, different colour pens, sticky notes, tape or blue/white tack.</p> <p>Virtual workshop: Google Slides/Google Jamboard document where all participants have editing access; Zoom or similar video conferencing software.</p> <p>Other resources:</p> <ul style="list-style-type: none"> Handout prepared by the facilitator capturing key national prevalence data and key VAWG trends. Handout 2 (for copying, printing or uploading to slides).

Participant preparation	<p>At least one week before the training, explain to participants that they will be doing this group exercise and ask them to reflect on any of the key trends they have observed and any of their own service data that they have collected. Ask participants to consider the following questions:</p> <ul style="list-style-type: none"> • What key VAWG trends have you and your organisation seen during COVID-19? e.g. has there been an increase in calls? • Are there any women and girls that you have noticed are particularly at risk? e.g. refugee women and girls, women and girls with disabilities. • Are there particular types of violence that have got worse? Please consider offline and online violence. • What other emergencies have there been in your context which have affected VAWG trends? <p>Ask participants to agree who will prepare the information in advance.</p>
Facilitator preparation	<p>If there are participants from more than one country taking part, ensure they are working in country groups. Before the session, prepare a short summary of national level prevalence data and key VAWG trends during COVID and other emergencies (drawing on the information in the Guidance Note) so that participants have that to hand during the exercise.</p> <ul style="list-style-type: none"> • In-person workshop: Draw the table in Handout 2 onto flipchart paper (one for each group) and stick on the wall, or print out copies for participants. Write the country name if multiple countries are attending. • Virtual workshop: Prepare a PowerPoint slide with the table in Handout 2 - ensuring one slide per group and add the country name at the top of the slide if more than one country is represented. Load to the relevant collaboration portal and ensure each team has the link with editing access.

Directions:

Introduction (5 mins)

- Explain the purpose of the exercise and tell participants how long that they have (45 mins)
- Allocate participants into small groups (virtual breakout groups for virtual trainings).

In small groups (20 mins):

- Ask the groups to nominate one person to complete the flipchart or slides. For **virtual training**, ask groups to nominate someone to share their screen during the discussion.
- Ask one person to volunteer to be rapporteur back to the whole group.
- Ask the groups to spend 20 mins completing the different sections in **Handout 2**. As well as filling out national information, participants should note sub-national/regional variations. Encourage participants to draw on their own organisational data and experiences.

In the large group (30 mins):

- Bring participants back into the whole group to discuss their small group work for 20 mins.
 - **In-person:** Ask the whole group to spend a few minutes by each completed template where the group who did the work shares a few reflections and others have an opportunity to ask questions.
 - **Virtual:** Share the slides over the chosen online platform using the screensharing function. Ask one member of each small group to present their group's slides (3-5 mins each depending on number of groups). Ask other participants if they have any comments or questions.

- Then ask participants what implications these trends have on their VAWG services and how they use data to adapt their services (10 mins). Capture ideas on a flipchart or slide.
- Explain that in the next exercise they will be looking specifically at opportunities and challenges with remote service delivery, and they can draw on this data and trends as they do that. Make sure you keep the flipchart and slide for them to refer to during the training.

Closing (5 mins):

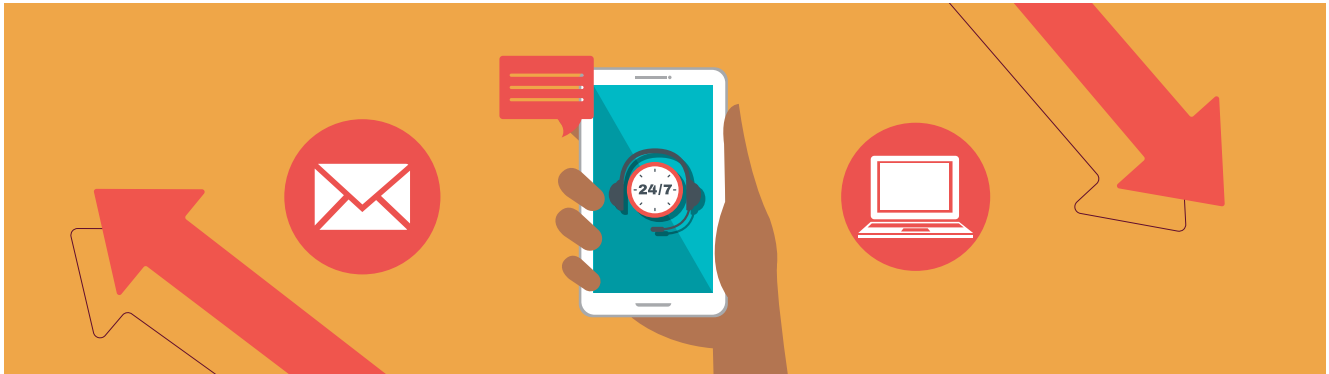
- At the end the exercise, remind participants of the purpose of the exercise and recap some of the key learning that emerged in the discussion. Ask if anyone has any questions/comments.
- If there is time you could ask participants whether there was anything they found surprising from their own contexts and when comparing their contexts with the others.
- Thank everyone for their participation.



To close this exercise, summarise the learning shared by participants, including the importance of data to their services. Refer to **Section 1.1** in the Guidance Note.

Exercise 3: Opportunities and challenges with remote VAWG service delivery

 45 mins



This exercise relates to **Sections 1.2 & 1.3** in the Guidance Note.

Purpose	This exercise is designed to support participants to understand remote service delivery approaches used by CSOs in their specific national contexts and across the Arab States region.
Type of exercise	Small group work and large group discussion
Learning objectives	<ul style="list-style-type: none"> Recognise how remote service delivery differs from in-person service delivery. Learn about different approaches used by CSOs at the national level and in the region, specifically what has worked well and what some of the challenges have been.
Who is this for?	Caseworkers, helpline operators, supervisors, managers
Time	45 minutes
Materials	<p>In-person workshop: Flipchart paper, different colour pens, sticky notes, tape or blue/white tack.</p> <p>Virtual workshop: Google Slides/Google Jamboard document where all participants have editing access; Zoom or similar video conferencing software.</p> <p>Other resources/handouts: Handout/slides that the facilitator prepares with key opportunities and challenges.</p>
Facilitator preparation	<ul style="list-style-type: none"> In-person workshop: Prepare a handout to give participants at the end of the exercise with Box 1 of the key opportunities and challenges with remote service delivery (taken from Section 1.2 of the Guidance Note). Virtual workshop: Prepare a PowerPoint slide with the table below - ensuring one slide per group. Load to Google Slides and ensure each team has the link with editing access. Prepare a few additional PowerPoint slides with Box 1 of the key opportunities and challenges with remote service delivery (taken from Section 1.2 of the Guidance Note)

Key messages	<ul style="list-style-type: none"> • The majority (86%) of women-led CSOs in the region have changed how they reach out to communities, women and girls during COVID-19. • Remote service delivery holds great potential for making VAWG services more accessible and inclusive. However, availability, access and usage of the internet and digital technologies is not universal and women and girls often face particular challenges. • Key opportunities include immediate service access for survivors, greater geographical coverage, the potential to address barriers survivors face in accessing services, and can help services adapt to the changing context. • Key challenges include the digital exclusion of women and girls, survivor safety and privacy concerns and the need to train and prepare staff. It can also sometimes be harder to build trust and rapport with new users of the service remotely. • Important that CSOs are prepared for any transition to remote services.
---------------------	---

Directions:

Introduction (5 mins)

- Explain the purpose of the exercise and how long participants will have (45 minutes).
- Allocate participants into small groups:
 - **In-person:** Ask participants to break into groups of three or four and take some flipchart paper and markers. Ask the groups to nominate one person to complete the flipchart.
 - **Virtual:** Allocate participants into three or four virtual groups. Ask the groups to nominate one person to complete the slides on the chosen online collaboration platform. Ask groups to nominate someone to share their screen during the discussion.

In small groups (15 mins):

- Ask the groups to spend 15 minutes brainstorming the key opportunities and challenges with remote service delivery and complete the following table.
 - **In-person:** Ask the groups to divide the paper into two columns: the first column should be called 'Opportunities' and the second column 'Challenges'. Ask the groups to first discuss the opportunities with using remote service delivery and list these in the left-hand column. Then ask them to discuss the challenges (perceived or real) and list these in the right-hand column. Ask participants to give relevant examples from their own organisation and experience where possible (e.g. during the COVID-19 pandemic).
 - **Virtual:** ensure the chosen online collaboration platform is set up with the following table. Ask groups to brainstorm using virtual sticky notes first. Ask participants to discuss each point and give relevant examples from their own organisation and experience where possible (e.g. during the COVID-19 pandemic).

Opportunities	Challenges

In the large group (20 mins):

- Bring everyone back to the whole group. Ask one small group to give feedback on the opportunities. Then ask the other groups if they had the same points or anything different. Then ask one small group to give feedback on the challenges. Again, ask the other groups if they had the same or different points.
- Discuss the main differences noted. Is anything missing or surprising? If participants have missed any key points set out in the Guidance Note (**Box 1 Section 1.2**) then highlight these.
- Give participants the handout you have prepared from the Guidance Note.

Closing (5 mins):

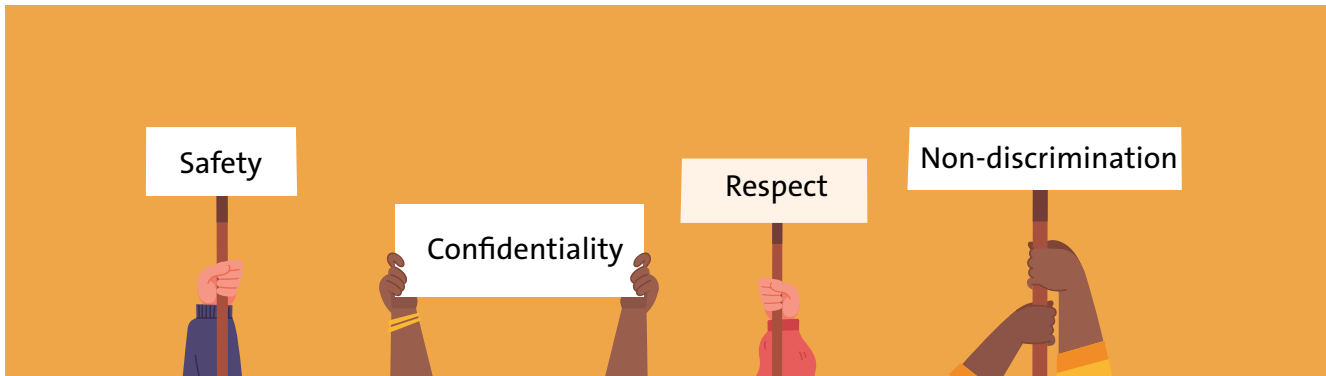
- At the end the exercise, remind participants of the purpose of the exercise and recap some of the key learning that emerged in the discussion. Ask if anyone has any questions or comments to add.
- Thank everyone for their participation.



To close this exercise, share the key messages above and summarise the learning shared by participants. Refer to **Sections 1.2 & 1.3** in the Guidance Note.

Exercise 4: Applying the GBV Guiding Principles to remote service delivery

 80 mins



This exercise relates to **Section 1.4** in the Guidance Note.

Purpose	This exercise is designed to support participants to understand how the GBV Guiding Principles can be applied and adapted to remote services and to help them be better prepared for emergencies.
Type of exercise	Small group work and large group discussion.
Learning objectives	<ul style="list-style-type: none"> • Refresh understanding of the principles which guide the ethical responsibilities that service providers have when working with survivors (GBV Guiding Principles). • Understand how to apply the GBV Guiding Principles to remote VAWG service delivery, and the main challenges in doing so. • Recognise how remote service delivery differs from in-person service delivery. • Refresh understanding of the importance of having a preparedness plan in place.
Who is this for?	Caseworkers, helpline operators, supervisors, managers
Time	1 hour 20 mins
Materials	<p>In-person workshop: Flipchart paper, different colour pens, sticky notes, tape or blue/white tack.</p> <p>Virtual workshop: Google Slides/Google Jamboard document where all participants have editing access; Zoom or similar video conferencing software.</p>
Facilitator preparation	<p>Prepare a role-play script based on the template at Handout 3.</p> <p>In-person: print one copy of the role-play script for the participant who volunteers to do the role-play with you.</p> <p>Virtual workshop: Prepare a PowerPoint slide with information on adapting the GBV Guiding Principles for remote services.</p>

Key messages	<ul style="list-style-type: none"> • GBV Guiding Principles are applicable to both in-person and remote service delivery. • However, adapting the GBV Guiding Principles to remote service delivery is an important aspect in supporting preparedness for a shift or expansion of remote services, and should be considered prior to implementing any remote service modality.
---------------------	--

Directions:

Introduction (5 mins):

- Explain that participants will now be looking at the GBV Guiding Principles and how these can be adapted for remote service delivery. The idea is to support organisations with their preparedness planning for remote service delivery.
- The first step will help participants identify the guiding principles and their roles and responsibilities. The second step will look at how the principles can be adapted to remote services.

STEP ONE: The GBV Guiding Principles and roles and responsibilities (30 mins)

In the large group (10 mins):

- Before moving onto this activity ask participants ‘**What are the GBV Guiding Principles?**’ It will be important that participants can first identify the principles guiding the ethical responsibilities service providers have when working with survivors (GBV Guiding Principles), so that they have these principles clearly in mind when they are thinking of ways in which they can apply and adapt them to remote service delivery.
- Facilitate a whole group discussion for 10 minutes and try to elicit responses on all four guiding principles (see below). Where possible ask participants to give practical examples related to their organisation, experience and role in the organisation.

GBV Guiding Principles

- **Safety:** The safety of the survivor and their children is always the first priority when providing support to a survivor of VAWG. This includes their physical, psychological and emotional safety.
- **Confidentiality:** The survivor has the right to decide what information to share, with whom and when. Upholding confidentiality means not sharing the survivor’s information with anyone, without their explicit permission and informed consent.
- **Respect:** All action taken should be guided by respect for the rights, wishes, choices and dignity of the survivor.
- **Non-discrimination:** Every survivor should be treated equally and fairly, regardless of their sex, age, sexual orientation, gender identity and expression, nationality, race, ethnicity, religion, disability, HIV status or any other socioeconomic, identity-based or geographical determinants of inequality.

Explain to participants that they will be split into small groups of three or four to think about their own role and responsibilities in relation to the guiding principles.

In small groups (10 mins):

- Explain to groups that they have 10 mins to discuss their role and responsibilities to comply with the guiding principles. Each group will need to present back to the larger group.
- Ask one person to volunteer to be rapporteur back to the whole group.

Back in the large group (10 mins):

- Bring participants back into the full group and ask each group to give feedback.
- Capture the key points on flipchart paper. For **virtual training**, ask a volunteer to be a scribe and write the ideas onto a slide.
- Then explain that you will carry out a role-play with one participant looking at the GBV guiding principles in relation to remote service delivery, with the other participants observing.

STEP TWO: How the guiding principles apply to remote services (45 mins)

In the large group (20 mins):

- Ask for a volunteer to play a role-play with you. You will play the caseworker who is providing remote case management support from home; the participant will play the survivor.
- Give the volunteer the background script you have prepared (**Handout 3**).
- Ask everyone else to watch and to keep in mind the guiding principles and the roles of different staff members. Ask them to think about the following questions:

- What did I do well as a caseworker providing remote VAWG support?
- What did I not do well?

After the role-play ask the volunteer to say how they felt during the role-play. Ask the observers what they thought. Try and elicit feedback across all the guiding principles.

Still in the large group (20 mins):

- Ask the group to spend 20 minutes discussing the following questions and facilitate a group discussion:

- What are the key considerations when applying the guiding principles to remote VAWG services?
- What are the main challenges?
- How does this differ from in-person service delivery?

Capture the key points on flipchart paper and make sure this is visible throughout the training. For **virtual training**, ask a volunteer to be a scribe and write the ideas onto a slide.

Closing (5 mins):

- At the end the exercise, remind participants of the purpose of the exercise and recap some of the key learning that emerged in the discussion. Ask if anyone has any questions or comments to add.
- Thank everyone for their participation.



To close this exercise, share the key messages above and summarise the learning shared by participants. Refer to Section 1.4 in the Guidance Note.

PART TWO: Essential Elements

Exercise 5: Understanding the essential elements



2 hours



This exercise relates to **Sections 1.4 and 2.1 – 2.7** in the Guidance Note.

Purpose	This exercise is designed to support participants to work together and unpack the essential elements of remote service delivery in their specific national context, and in relation to specific groups of women and girls.
Type of exercise	Pair work and small group work
Learning objectives	<ul style="list-style-type: none"> Explore the essential elements of remote service delivery, as set out in the Guidance Note, and their relevance to case management, helplines and online support groups (the three types of services which the toolkit focuses on). Apply an intersectional approach throughout the different stages of preparing for and delivering remote services.
Who is this for?	Caseworkers, helpline operators, supervisors, managers
Time	45 minutes (step 1) + 1hr 15 minutes (step 2)
Materials	<p>In-person workshop: Flipchart paper, different colour pens, sticky notes, tape or blue/white tack.</p> <p>Virtual workshop: Google Slides/Google Jamboard document where all participants have editing access; Zoom or similar video conferencing software.</p> <p>Other resources/handouts:</p> <ul style="list-style-type: none"> Handout 4 Handout of the key considerations to take in taking an intersectional approach to the essential elements (prepared by the facilitator)

Facilitator preparation	<ul style="list-style-type: none"> • In-person workshop: Copy or print Handout 4 and hand out to participants (step 2). Prepare a handout to give participants at the end of step 2 with the key intersectionality considerations for the essential elements (taken from Section 1.4 of the Guidance Note). • Virtual workshop: Prepare a PowerPoint slide with the 7 essential elements (step 1); Prepare a PowerPoint slide with the table at Handout 4 and load to the relevant collaboration portal and ensure each team has the link with editing access. Prepare a PowerPoint of the intersectionality table in Section 1.4 of the Guidance Note.
Key messages	<ul style="list-style-type: none"> • The Guidance Note highlights seven essential elements of remote service provision, which are important to consider when preparing for and delivering remote services. • The essential elements are: updating referral pathways; coordination and partnerships; safety planning; data security and privacy; choosing a technology platform; staff training, supervision and care; and communicating. • Important to take an intersectional approach to the essential elements to ensure that services are accessible and provide safe, non-discriminatory and survivor-centered support to survivors who experience intersecting inequalities and those who may be at increased risk of violence.

Directions:

STEP ONE: What are the essential elements of remote service delivery? (45 mins)

Introduction (5 mins):

- Explain the purpose of the exercise and how long it will take (45 mins).
- Write each essential element in marker on a large piece of paper or two pieces of flipchart paper stuck together. For **virtual training** put the diagram below onto a PowerPoint slide and upload to the chosen online collaboration platform.



- Split participants into pairs:
 - **In-person:** Ask participants to pair up with someone they don't usually work with. This will help ensure cross functional working.
 - **Virtual:** Assign people into pairs randomly on the platform you're using.

In pairs (15 mins):

- Give each pair one of the essential elements to work with. If you don't have enough participants to cover all 7 essential elements, you can ask the pair doing 'updating referral pathways' to also look at 'coordination and partnerships' and the pair looking at 'safety planning' to also look at 'data security'. If this is the case you will need to give participants slightly longer to complete the exercise.
- Ask each pair to spend 15 minutes discussing why each of these essential elements is important for remote service delivery.
 - **In-person:** Ensure one person from each pair writes down the key points on sticky notes. Ask them to ensure they discuss each point.

- **Virtual:** Ensure one person in each pair writes their key points on the virtual sticky notes and move these to the slide. Ask them to ensure they discuss each point.

In the large group (25 mins):

- Bring participants back into the full group and ask each pair to present back their key findings:
 - **In-person:** Ask each person to put their sticky notes on the wall after they have presented. Once each pair has fed back, ask all other pairs if they have anything to add. If they do, ask them to write their point on a sticky note and put this up on the wall. If not move onto the next pair.
 - **Virtual:** Ensure you switch to the correct slide depending on which pair is presenting back. Once each pair has fed back, ask all other pairs if they have anything to add. If they do, ask them to add this point to the slide.
- If participants have missed any key points set out in the Guidance Note (p22 summary of the chapter) you could highlight these.

STEP TWO: Essential elements and intersectionality (1 hour 15 mins)

Introduction (15mins):

- Now explain to participants that they will build on their understanding of the essential elements and look at what it means to apply an intersectional approach to each.
- First, start by asking participants what their understanding of intersectionality is and which women and girls are at increased risk of violence in their context. Encourage as many people to participate as possible. Aim for a 10-15 minute discussion on this.
- Then explain to participants that they will be put into small groups (zoom/online breakout groups for virtual trainings).

In small groups (30 mins):

- Explain to groups that they have 30 minutes to discuss and complete the table at Handout 4. Each group will need to present back to the larger group and get feedback.
 - **In-person:** Give handouts to participants and ask them to capture their key points on the flipchart/paper. Ask them to ensure they discuss each point. Ask participants to give relevant examples from their own organisation and experience where possible.
 - **Virtual:** Ask participants to brainstorm on the virtual sticky notes and move these to the slide. Ask them to ensure they discuss each point. Ask participants to give relevant examples from their own organisation and experience where possible.
- For **virtual training**, ask groups to nominate one person to complete the slides and share their screen on zoom.
- Ask one person to volunteer to be rapporteur back to the whole group.

In the large group (10 mins):

- Bring participants back into the whole group to discuss their small group work.
 - **In-person:** Either do a gallery walk where all the groups circulate and look at each group's table. You can give people additional sticky notes (new colour) and ask them to add any comments to other people's mappings.
Or: Ask the whole group to spend a few minutes by each mapping where the group who did the mapping shares a few reflections and others have opportunity to ask questions.

- **Virtual:** Share the slides using the screensharing function. Ask one member of the group to present back the slides on behalf of their groups (5mins each). Ask other participants if they have any comments or questions.
- Share the handout you have prepared on essential elements and intersectionality with participants (intersectionality table in **Section 1.4** of the Guidance Note). For **virtual trainings** share the slide you have prepared. Discuss with the group whether there is anything additional that they haven't already discussed.

Closing (5mins):

- At the end the exercise, remind participants of the purpose of the exercise and recap some of the key takeaways that emerged in the discussion. Ask if anyone has any questions or comments to add.
- Thank everyone for their participation.



To close this exercise, share the key messages above and summarise the learning shared by participants. Refer to **Sections 1.4 and 2.1 - 2.7** in the Guidance Note.

Exercise 6: How to protect survivor data, privacy and confidentiality



1 hour 45 mins



This exercise relates to **Section 2.3** in the Guidance Note.

Purpose	This exercise is designed to support participants to protect survivor data, privacy and confidentiality when providing remote VAWG services.
Type of exercise	Small group work and role-play
Learning objectives	<ul style="list-style-type: none"> Review good and bad practice for increasing data security and privacy for survivors when staff are providing remote services, including from home. Identify the risks to survivors' safety and confidentiality related to phone calls and texting/ messaging. Identify the key elements that need to go into data management standard operating procedures (SOPs).
Who the training is for?	Caseworkers, helpline operators, supervisors, managers (step 1); Supervisors, managers in particular, but also other staff (step 2)
Time	1 hour (step 1) + 45 minutes (step 2)
Materials	<p>In-person workshop: Flipchart paper, different colour pens/markers</p> <p>Virtual workshop: Google Slides/Google Jamboard document where all participants have editing access; Zoom or similar video conferencing software.</p> <p>Resources:</p> <ul style="list-style-type: none"> Copy of Box 9 from the Guidance Note which is a checklist on how to secure and protect survivor data when working remotely (to be prepared as a handout by the facilitator). Handout 5: Role-play script/background

Facilitator preparation	<p>Prepare a role-play script based on Handout 2.</p> <p>In-person: Print out copies of handouts for participants</p> <p>Virtual:</p> <ul style="list-style-type: none"> • Prepare a PowerPoint slide with the role-play script/background at Handout 5 that all participants can view in their small groups. Load to the relevant collaboration portal (step 1). • Prepare a PowerPoint slide with the question “What are the key elements that data management SOPs need to include for remote service delivery?” Load to the relevant collaboration portal and ensure each team has the link with editing access. Also prepare a slide with Box 9 (step 2).
Key messages	<ul style="list-style-type: none"> • Only collect minimal information and as much information as is necessary to provide the service. • Do not save documentation of abuse such as photos and videos. • Help survivors make informed choices about their use of each platform, and strategies to help them safety plan about how to minimise the storage of sensitive information on their devices or accounts.

Directions:

STEP ONE: Good and bad practice in protecting survivor data and privacy (60 mins)

Introduction (5 mins)

- Explain the purpose of the exercise to participants and tell them how long that they have overall. Explain that they will now look at an example of “bad practice” in protecting survivor data, privacy and confidentiality when providing remote support from home.

Role-play in small groups (20 mins):

- Allocate participants into small groups of 3 or 4 people – 2 people to role-play and 1-2 people to observe.
- Explain that one person in each group will be the caseworker, and a second person will be the survivor. Ask for volunteers in each group to be the caseworker and survivor.
 - **In-person:** Give the two volunteers in each group the script/background you have prepared (based on **Handout 5**) and make sure they act out a remote scenario.
 - **Virtual:** Ensure the volunteers have an e-copy of the script you have prepared or put the script from **Handout 5** onto a slide and upload to the chosen online collaboration platform.
- Explain that, during the role-play, the other group members should observe and take notes, paying particular attention to the following questions:

- What is the caseworker not doing well?
- What effect is this having, and could this have, on the survivor?
- What could the caseworker do to improve?

- Once the group has carried out the role-play ask them to discuss this within their small group, and consider what they would do differently.

In the large group (20 mins):

- After 15 mins bring everyone back together in the larger group.
- Ask each group to share their feedback and discuss.
- Remind participants of good practice for increasing data security and privacy for survivors (see section 2.3 in the Guidance Note). Highlight any additional points that haven't been raised by participants.

Still in the large group (15 mins):

- Before moving onto step 2, facilitate a discussion on **“What are the specific risks to survivors’ safety and confidentiality related to phone calls and texting/ messaging?”** Prompt participants to consider the following, if needed:

- Device
- Location
- Timing
- What to do if someone else picks up the phone
- What to do if the call drops

- Capture the key points on flipchart paper. For **virtual training**, ask a volunteer to be a scribe and write the ideas onto a slide. Highlight any additional points that haven't been raised by participants (based on section 2.3 in the Guidance Note).
- Then explain that you will be moving onto a small group exercise on SOPs for remote service delivery.

STEP TWO: Data management SOPs for remote service delivery (45 mins)

In small groups (15 mins):

- Explain that in the same small groups as in step 1 participants will now carry out a brainstorm on data management SOPs for remote working. Whilst develop the SOPs is likely to be the responsibility of managers and supervisors, it is important that all staff understand what should go into the SOPs as they will be involved in their implementation.
- Ask participants to answer: **“What are the key elements that data management SOPs need to include for remote service delivery?”** Give groups 15 minutes to do this.
 - **In-person:** ask participants to write their ideas on flipchart paper. Ask them to ensure they discuss each point. Ask participants to give relevant examples from their own organisation and experience where possible.
 - **Virtual:** Ask participants to brainstorm on the virtual sticky notes and move these to the slide. Ask them to ensure they discuss each point. Ask participants to give relevant examples from their own organisation and experience where possible.

In the large group (25 mins):

- After 15 minutes bring participants back into the whole group and ask each small group to share its feedback. Give each group 3-4 minutes, depending on number of groups.
 - **In-person:** the facilitator to capture the main points on flipchart paper, drawing parallels between different groups' suggestions.
 - **Virtual:** Share the slides over zoom using the screensharing function. Ask one person in each group to present back the slides on behalf of their groups. Facilitator to note down the main points and draw parallels between each of the different groups' suggestions.

- Give participants the handout you have prepared with **Box 9** from the Guidance Note. Highlight any additional points that haven't been raised. For virtual trainings, show the slide you have prepared.


Closing (5 mins):

- At the end the exercise, remind participants of the purpose of the exercise and recap some of the key takeaways that emerged in the discussion. Ask if anyone has any questions or comments to add.
- Thank everyone for their participation.




When closing the exercise, remember to share the key messages above and summarise the learning shared by participants. Refer to **Section 2.3** in the Guidance Note.

Exercise 7: Safety planning

 2 hour 25 mins



 This exercise relates to **Section 2.4: Safety planning** in the Guidance Note.

Purpose	This exercise is designed to support participants in understanding the key elements of safety planning. It is divided into two steps: the first step focuses on considerations for remote safety planning, and the second step focuses on assessing suicidality and how to support a suicidal survivor remotely.
Type of exercise	Role-play, brainstorming and group work
Learning objectives	<ul style="list-style-type: none"> • Conduct a thorough assessment of a survivor's safety • Develop a safety plan • Conduct a suicide risk assessment
Who is the training for?	Caseworkers, helpline operators, supervisors and managers (ideally with technical knowledge on GBV and case management)
Time	1 hour and 15 minutes (step 1) + 1 hour and 10 minutes (step 2)
Materials	<p>In-person workshop: Flipchart paper, different colour pens/markers.</p> <p>Virtual workshop: Google Slides/Google Jamboard document where all participants have editing access; Zoom or similar video conferencing software.</p> <p>Other resources:</p> <ul style="list-style-type: none"> • Handout 6: Role-play case study • Handout 7: Safety assessment and planning • Handout 8: Suicide risk assessment

<p>Preparation for facilitator</p>	<ul style="list-style-type: none"> • In-person workshop: Print or copy the templates at Handout 7: Safety assessment and planning, and Handout 8: Suicide risk assessment for each participant. Draw the table in part two (context appropriate things to say/to avoid saying) on a flipchart and stick it on the wall (you will be asking participants to draw their own table in Part 2). Ask for a volunteer to compile the findings from all the groups during their presentation into one common table, to be shared later with the group. • Virtual workshop: Share digital copies of the templates at Handout 7: Safety assessment and planning, and Handout 8: Suicide risk assessment with each participant. Prepare a PowerPoint slide with the table below (Part 2) - ensuring one slide per group. Load to the relevant collaboration portal and ensure each team has the link with editing access. Prepare an additional slide: while the groups are presenting, compile their things to say/to avoid saying into one table to be shared later with the group.
<p>Key messages</p>	<ul style="list-style-type: none"> • Violence is NEVER the fault of the survivor. Safety planning does not mean that survivors can control the violence that they experience; rather, it is merely a way to mitigate the worst of the consequences. • Though it may seem to us as though the best solution is for a survivor to leave an abusive relationship, this is often not possible or desirable. Women have many reasons for staying, all of which are valid and must be respected. • The safety assessment phase of the remote case management process allows a caseworker to understand the situation, priorities and needs of a survivor. • Before proceeding with a more systematic assessment, we should seek to understand immediate safety or health needs, and where/how the survivor has already sought help • Throughout the assessment phase, remember to maintain supportive conversation, using healing statements and taking enough time to make the survivor feel comfortable. • Suicide is one of the most serious consequences of VAWG and should be addressed immediately. If a risk of suicide is identified (for example, the survivor might express wanting to die or wanting their life to end), the service provider should be prepared to undertake a more in-depth suicide risk assessment.

Directions:

STEP ONE: Understanding key elements of safety planning and additional considerations for remote safety planning (1 hour and 15 mins)

Introduction (5 mins):

- Explain to participants that the first part of the exercise will focus on practicing how to conduct a safety assessment and how to develop a safety plan with a survivor remotely. Remind participants that these are Steps 2 and 3 of remote case management (you will be looking at these steps in more detail in **Exercise 9**) and that before you can carry these out you must have carried out an initial safety check with the survivor (Step 1 case management).

Small group role-play (40 mins):

- Invite participants to get into groups of three for this activity. Each group will receive a case study (**Handout 6**) and a safety planning worksheet (**Handout 7**). One partner will play the role of the survivor, Amina, while the second partner will be the caseworker and the third partner will be the observer. During the role-play, the caseworker will carry out a safety assessment and create a safety plan, based on the interaction with the survivor, while the observer's role is to listen in on the safety planning conversation, take notes and complete a safety plan.
 - **In-person:** invite participants to sit with their backs against each other. The idea is that they can hear but cannot see each other, to simulate remote service delivery conditions. Distribute **Handout 7** – let participants know that this template includes the prompts/ questions for the safety assessment and the safety planning.

Accessibility considerations: If you have any participants with hearing impairments on the training, you will need to adapt this exercise to make sure you simulate what would happen during a remote call with them.

Virtual: divide participants into groups of three in virtual breakout rooms or another similar arrangement on the chosen platform. Send a copy of **Handout 7** to each participant via email or chat box. Let participants know that this template includes the prompts/ questions for the safety assessment and the safety planning. Participants can choose to turn their cameras on or off, to simulate different scenarios in remote service delivery (i.e. phone, or telecommunication platforms that allow for videocalls).

- Explain to participants that after each group of three have reached the midway point (i.e. as the caseworker you have finished with the safety assessment) the survivor and the caseworker should switch roles. Now, the caseworker will take the information gathered from the assessment and begin the safety planning process. The observer will remain in their observation role.
- Remind participants that they do not have to ask ALL the questions in the safety planning – they can start with broad questions and ask more specific ones as needed.
- Give participants 20 minutes for the safety assessment, then invite them to switch roles and give them 20 minutes for the safety planning.

In the large group (30 mins):

- After 40 minutes bring everyone back together in the larger group.
- In plenary, conduct a debriefing exercise (15 minutes) by first asking the participants to discuss their experiences as both a survivor and caseworker. Then ask the observers to share their thoughts. Remind participants to be respectful in their feedback and ask:

- How did you feel playing the role of the survivor/ caseworker / observer?
- Did you notice anything about the dynamics of the conversation that caught your attention?
- What were some helpful questions you answered/asked? What were some questions that made you feel uncomfortable and why?
- How was the safety planning process? Do you feel the plan is realistic and achievable?
- Is there anything you learned today that can be applied with survivors in remote service delivery?

- Before closing the exercise, conduct a brainstorming activity in plenary. Invite participants to discuss and answer the following question (15 minutes):

- How would the remote safety planning process be different if it was conducted by a helpline operator within a limited time?

- As a group, summarise key points on how the helpline operator can accelerate the safety planning process, while focusing on the most immediate safety risks.



To close this step of the exercise, share the key messages above and summarise the learning shared by participants. Refer to **Section 2.4: Safety planning** in the Guidance Note.

STEP 2: Assessing suicidality and how to support a suicidal survivor remotely (1 hour, 10 mins)

In the same small groups (10 mins):

- Ask participants to stay in the same small groups and read through **Handout 8: Suicide risk assessment**. Explain that all phrases in italics and in blue are examples of sentences/things to say or ask to the survivor. Ask to think about context-appropriate phrases in their own language/dialect, and come up with a list of things to say/things to avoid saying. For example, things to say could include: “Your feelings are valid”. Things to avoid saying could include “God will punish you if you commit suicide”. Use the table format below:

Steps of the suicide risk assessment	Things to say to a survivor who express suicidal ideation (in your own language/dialect)	Things to avoid saying to a survivor who expresses suicidal ideation (in your own language/dialect)
Step 1		
Step 2		
Step 3		
Step 4		

- Ask the groups to spend 10 minutes brainstorming, assigning one step of the suicide risk assessment to each group.
 - **In-person:** Distribute a flipchart paper and markers to each group and ask them to copy the table above. Ask them to fill in the table in their own language/dialect, following context-appropriate examples of things to say or to avoid saying.
 - **Virtual:** ensure the online collaboration platform is set up with the above table. Ask groups to brainstorm using virtual sticky notes first. Ask them to discuss each step and fill in the table before sharing in plenary.

In the large group (20 mins):

- After 10 minutes, bring back the participants into the large group. Give each group 3-4 minutes, depending on number of groups to present their table.
 - **In-person:** the facilitator to capture the main points on flipchart paper, filling the table with context relevant examples of each step of the suicide risk assessment.
 - **Virtual:** Share the slides using the screensharing function. Ask one person in each group to present back the slides on behalf of their groups. Facilitator to note down the main points and fill in the table on behalf of the group.

Small group role-play – OPTIONAL (20 mins):

Notes for facilitators:

This small group role-play is **optional** as it is highly sensitive and may cause participants stress. Based on your knowledge of participants, decide whether you want to facilitate this role-play or not. For example, caseworkers and helpline operators are likely to come across a suicidal survivor during their work and need to be prepared to conduct a suicide assessment and act accordingly to safeguard the survivor's and their own safety.

If you decide to conduct this role-play, make sure to factor in ample time for reflection and processing afterwards. Make sure to give participants a break after completing this exercise before jumping into the second one, and ensure that support is available if a participant was affected by the role play. Below are a few recommendations to support you in safely facilitating this exercise:²

- Before beginning role-playing, ask: "Have you ever done role-playing in sensitive cases such as dealing with a suicidal survivor? If yes, what was it like for you? If no, do you have any apprehension before partaking in this role-play?"
- After the role-play, ask: "How did that go for you?" Depending on the participant's answer, we might ask, "Is there anything we might do to make this even more comfortable or useful for you?"
- Reminding participants that there is no single 'correct' way in conducting a role-play, but it is about giving them the tools and confidence to work with suicidal survivors in the future.
- Reminding participants to be respectful to each other in their feedback.



There are risks associated with this step of the exercise so please read the facilitation notes carefully and, based on your knowledge of the participants, decide whether this part of the exercise is appropriate. Pay attention to signs of stress, trauma and burnout, and signpost participants to sources of support including from trained professionals.

- Explain that participants should stay in the same small groups and now practice assessing suicidality and how to support a suicidal survivor remotely.
- Invite the participant who played the role of the observer in the previous role-play to be the caseworker. The other two group members will have the choice to play the role of a survivor or observer.
- Inform the volunteers playing the role of the survivor that they will now follow the same case study as before (Amina's case), and make a new call to the caseworker where Amina is expressing suicidal thoughts. Ask the caseworker to conduct a suicide risk assessment and draft a safety agreement with the survivor. The observer will take notes to be shared with the group after the role-play.

² Shea, S.C. and Barney, C. (2015) Teaching Clinical Interviewing Skills Using Role-Playing: Conveying Empathy to Performing a Suicide Assessment, *Psychiatr Clin N Am* 38 (2015) 147–183 <http://dx.doi.org/10.1016/j.psc.2014.10.001>

- Give the groups 20 minutes to complete the role-play.

In the large group (15 mins):

- After 30 minutes bring everyone back together in the larger group.
- In plenary, conduct a debriefing exercise by asking first the participants to discuss their experiences as both a survivor and caseworker. Then ask the observers to share their thoughts. Remind participants to be respectful in their feedback and ask:

- How did you feel playing the role of the survivor/ caseworker / observer?
- Did you notice anything about the dynamics of the conversation that caught your attention?
- What were some helpful questions you answered/asked? What were some questions that made you feel uncomfortable and why?
- How was the suicide risk assessment process?
- Do you feel the safety agreement you put together is realistic and achievable?
- Is there anything you learned today that can be applied with survivors in remote service delivery?
- How are you feeling after this role-play? Is there anything we can do to make you feel more comfortable?

Closing (5 mins):

- At the end the exercise, remind participants of the purpose of the exercise and recap some of the key takeaways that emerged in the discussion. Ask if anyone has any questions or comments to add.
- Give participants a break to assimilate and process the role-play exercises.
- Thank everyone for their participation.

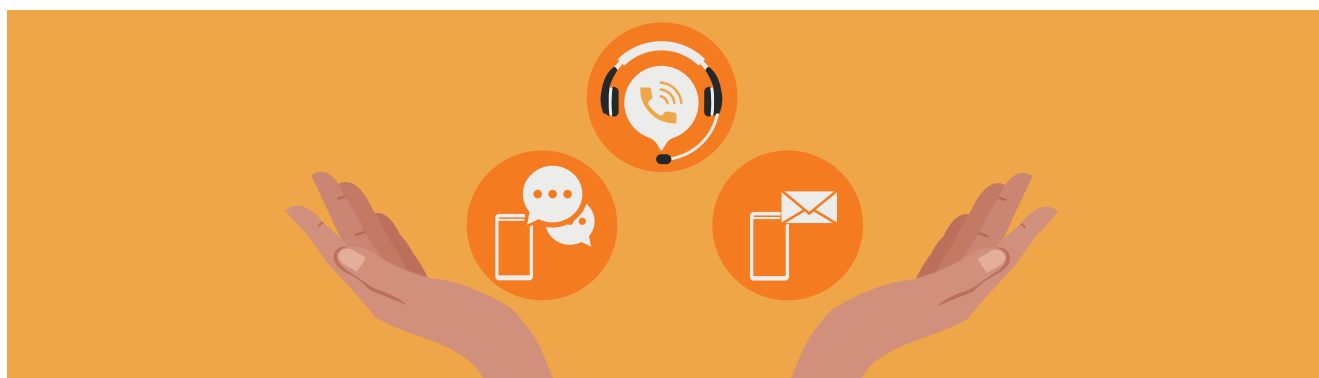


To close the exercise, share the key messages above (in relation to supporting survivors at risk of suicide) and summarise the learning shared by participants. Refer to **Section 2.4: Safety planning** in the Guidance Note.

PART THREE: Types of remote services

Exercise 8: Essential considerations before moving to remote VAWG case management

45 mins



This exercise relates to **Section 3.1** in the Guidance Note.

Purpose	This exercise aims to support participants in understanding remote case management service delivery. It focuses on understanding what needs to be in place before moving to remote case management in terms of equipment, staffing, standard operating procedures (SOPs), coordination, how to continue providing case management to existing users of the service etc.
Type of exercise	Small group work and large group discussion
Learning objectives	<ul style="list-style-type: none"> Explore the essential considerations before the provision of remote case management. Distinguish between remote case management and in-person case management.
Who is the activity for?	Caseworkers, helpline operators who are expected to conduct crisis case management, supervisors and managers (ideally with technical knowledge on VAWG and case management)
Time	45 minutes
Materials	<p>Virtual workshop: Google Slides/Google Jamboard document where all participants have editing access; Zoom or similar video conferencing software.</p> <p>Other resources:</p> <ul style="list-style-type: none"> Handout prepared by facilitators with the key prerequisites for providing remote case management, and the remote case management steps (taken from Section 3.1 of the Guidance Note).

Preparation for facilitator	<ul style="list-style-type: none"> • In-person workshop: Prepare a handout for participants with the key prerequisites for providing remote case management, and the remote case management steps (taken from Section 3.1 of the Guidance Note). • Virtual workshop: Prepare an empty PowerPoint slide and load to the relevant collaboration portal and ensure each team has the link with editing access (one slide per group). Prepare a few additional PowerPoint slides with a summary of the prerequisites for providing remote case management (taken from Section 3.1 of the Guidance Note).
Key messages	<ul style="list-style-type: none"> • Prior to providing remote case management, organisations need to ensure that all necessary procedures are in place, and that staff and their home environment are prepared for the shift. • Prerequisites and essential considerations include: <ul style="list-style-type: none"> • Having updated referral pathways • Selecting a technology platform and procuring necessary equipment • Putting in place procedures for staffing, supervision and staff care, and providing staff training • Identifying an appropriate space for delivering remote case management • Developing standard operating procedures • Putting in place procedures for documentation and data storage

Directions:

Introduction (5 mins)

- Explain that first, participants will be exploring what needs to be in place before moving to remote case management service provision.
- Allocate/ask participants to small groups of 3 to 4 persons each:
 - **In-person:** Ask participants to break into groups of three or four and take some flip chart paper and markers. Ask the groups to nominate one person to complete the flipchart.
 - **Virtual:** Allocate participants into 3 or 4 groups. Ask the groups to nominate one person to complete the slides. Ask groups to nominate someone to share their screen on zoom, while the others discuss and contribute.

In small groups (15 mins)

- Ask the groups to spend 15 minutes brainstorming to answer the following question: **What needs to be in place before moving to remote case management?** Advise the groups to think about all what is needed in terms of coordination, equipment, staffing, SOPs, how to continue providing case management to existing users of the service etc.
 - **In-person:** Ask the groups to write down on their flipchart papers the main points that summarise their answer to the exercise's question. Ask participants to give relevant examples from their own organisation and experience where possible.
 - **Virtual:** Ask groups to brainstorm using virtual sticky notes or text boxes summarising the main points to answer the exercise's question. Ask participants to give relevant examples from their own organisation and experience where possible.

In the large group (20 mins):

- Bring everyone back to the large group. Ask for volunteers to share their list of prerequisites for providing remote case management. Ask the other groups if they had the same or different points, and if they have anything to add. Ask all groups to share relevant examples from their own experience with the whole

group where possible.

- Discuss the main differences noted. Is anything missing or surprising? If participants have missed any key points set out in the Guidance Note (section 3.1 case management; sub-section What are the prerequisites for providing remote case management?) then highlight these.


Closing (5 mins)

- At the end the exercise, remind participants of the purpose of the exercise and recap some of the key takeaways that emerged in the discussion. Ask if anyone has any questions or comments to add.
- Thank everyone for their participation.



When closing the exercise, remember to share the key messages above and summarise the learning shared by participants. Refer to **Section 3.1** in the Guidance Note.

Exercise 9: Remote VAWG case management step-by-step

 80 mins



This exercise relates to **Section 3.1** in the Guidance Note.

Purpose	This exercise aims to support participants in understanding remote case management service delivery. It builds on exercise 3.1.1 and allows participants to practice providing the different steps of remote case management.
Type of exercise	Large group work
Learning objectives	<ul style="list-style-type: none"> Review the different steps of remote case management. Be aware of the importance of adapting in-person case management skills and techniques to remote case management.
Who is the activity for?	Caseworkers, helpline operators who are expected to conduct crisis case management, supervisors and managers (ideally with technical knowledge on VAWG and case management)
Time	1 hour 20 minutes
Materials	<p>Virtual workshop: Google Slides/Google Jamboard document where all participants have editing access; Zoom or similar video conferencing software.</p> <p>Other resources:</p> <ul style="list-style-type: none"> Handout 9: Remote VAWG case management steps (for each participant). Handout 10: Case management role-play case study. Handout 11: Role-play - remote case management steps.
Facilitator preparation	<ul style="list-style-type: none"> In-person workshop: Print and cut out the remote case management step cards from Handout 9 (one for each participant). Print out 1 copy of Handout 10 (to be shared with the 1 participant who is playing the role of the survivor). Virtual workshop: Share 1 digital copy of Handout 10 with the participant playing the survivor, and share a digital copy of Handout 11 with each participant (you may choose to upload it onto the chosen collaboration portal and present it during the exercise).

Key messages	<ul style="list-style-type: none"> • Providing remote case management – especially to new users of the VAWG service – requires making adaptations to the in-person VAWG case management steps. • These adaptations are aligned with crisis case management steps, which can be summarised as follows: <ul style="list-style-type: none"> • Prerequisite: Making or receiving the call/chat • Step 1: Short introduction and safety check • Step 2: Assessment of immediate concerns • Step 3: Safety planning (and action planning) • Step 4: Implementation • Step 5: Sharing resources and key messages • Closing and scheduling an upcoming call/chat. • The length of remote case management and the number of session depends on the situation, the wishes and the needs of the survivor. The caseworker and survivor should agree at the end of each session if and when they will be in contact again for a new session or for check-in.
---------------------	--

Directions:

Introduction (5 mins)

- Explain that participants will now be looking at the different steps of case management and how these can be adapted for remote service delivery. Then, they will engage in a role-play exercise in plenary to practice these adaptations.

In the large group (20 mins):

- Ask participants to spend 5 minutes putting the different remote case management steps in order. Once this is completed, spend 15 minutes discussing essential adaptations of case management steps to remote service delivery, and how they would apply these steps.
 - **In-person:** Cut out and shuffle the remote case management steps cards from the template at **Handout 9: Remote VAWG case management steps**. Ask for a number of volunteers to stand up in a row in front of the group, each volunteer holding one of the cards that indicate a step of the remote case management process. If the number of participants is limited, you may need to allocate more than one card to each participant, who will pass the card to someone further up or down the row until the card is in the right place. Brainstorm as a group on how to reorganise the remote case management steps by asking the volunteers to move up or down the row.
 - **Virtual:** Ask participants to go to the online collaboration portal. With their pointers, ask them to move the virtual sticky notes (each sticky note containing one step of the remote case management process) until the different steps are re-organised in the correct order. It is ok if several participants are moving one sticky note, give the group some time to get the steps in order.
- Once the steps of remote case management are in order, spend 15 minutes discussing in plenary how these different steps can be applied in practice over the phone, over text or over another remote service delivery method. Note that the order of the different steps and their prerequisites are: Making or receiving the call/chat, Step 1: Short introduction and safety check; Step 2: Assessment of immediate concerns; Step 3: Safety planning (and action planning); Step 4: Implementation; Step 5: Sharing resources and key messages; and then closing and scheduling an upcoming call/chat.

Still working in the large group (10 mins):

- Inform the participants that they will now practice the steps of remote case management through a round robin role-play exercise.
- Ask for one volunteer to play the role of the survivor. Once the volunteer is identified, provide them with a copy (printed in person, through direct message if virtual) of **Handout 10: role-play case study**. If the number of participants is limited, the co-facilitator or facilitator can play the role of the survivor.
- Inform the participants that they will each take turns playing the role of the caseworker – taking the survivor from the beginning of the remote case management process all the way through to closing (if they have time – or at least until Step 4).
- Inform participants that they will not do everything comprehensively because of time, but they should focus on some of the key tasks in each step.
- Distribute or share a digital copy of **Handout 11: Role-play – remote case management steps** with each of the participants. Explain that the handout will provide participants with more guidance on the key tasks each person should try to accomplish as the ‘caseworker’ before handing it off to the next person.
- Inform participants that once the role-play has started, the facilitator will clap or make a visible hand gesture to indicate that the person playing the caseworker will hand over their role to another volunteer. Ideally, each of the participants will take turn playing the caseworker, picking up from where the last person left off and continuing to work through the process.
- Explain that the idea is that it is one conversation between the same survivor and the same case manager – but participants are switching who plays the role of the caseworker.
- Review to make sure that everyone understands the round robin role-play exercise.

Accessibility considerations: If you have any participants with hearing or visual impairments, you will need to adapt the sign you give to inform participants to hand over their role to the next participant.

Note to facilitators: If you make it around the circle of participants, switch out the survivor – so someone else will become the survivor (the same story/ character) and the person who played the survivor first will play as a caseworker.

Round robin (40 mins):

- Conduct the round robin exercise, with one survivor and the rest of the participants taking turns playing the role of the caseworker according to **Handout 11** (40 minutes).
 - **In-person:** Place one chair in the middle for the survivor, and ask participants to seat themselves in a circle around the survivor. Ask for a volunteer to start the role-play as the caseworker, then clap or make a visible hand gesture throughout the exercise to indicate when the role of the caseworker should be handed over to the next volunteer.
 - **Virtual:** Ask the survivor to keep their microphone and camera on. The person playing the role of the caseworker should keep their camera and microphone on until they handover to the next caseworker. All other participants to keep themselves on mute. The facilitator should unmute themselves to clap, or make a visible hand gesture, indicating that the role of the caseworker should be handed over to the next person on the list of participants.
- After the role-play ends, debrief as a group in plenary by asking first the survivor and then the caseworker group (15 minutes):
 - What happened? How did you feel? Does the process make sense? What parts of the process felt comfortable? What felt difficult? What did you notice about you/ your colleagues’ tendencies as

caseworkers? What questions did it bring up for you? Is there anything you have learned today that you can apply in your work with survivors? If yes, can you share examples?

Closing (5 mins):

- At the end the exercise, remind participants of the purpose of the exercise and recap some of the key takeaways that emerged in the discussion. Ask if anyone has any questions or comments to add.
- Thank everyone for their participation.



When closing the exercise, remember to share the key messages above and summarise the learning shared by participants. Refer to **Section 3.1** in the Guidance Note.

Exercise 10: Understanding how to respond to a helpline call or text



2 hours



This exercise relates to **Section 3.2** in the Guidance Note.

Purpose	This exercise is designed to support participants in gaining skills and knowledge on how to answer a helpline call/text through a call answering protocol to be developed in session, and what to do after the call/chat has ended.
Type of exercise	Group work and brainstorming
Learning objectives	<ul style="list-style-type: none"> • Learn how to answer a helpline call • Develop a call answering protocol • Understand what to do after the helpline call
Who is this for?	Caseworkers, helpline operators, supervisors and managers
Time	2 hours
Materials	<p>In-person workshop: Flipchart paper, different colour pens/markers.</p> <p>Virtual workshop: Google Slides/Google Jamboard document where all participants have editing access; Zoom or similar video conferencing software.</p> <p>Other resources:</p> <ul style="list-style-type: none"> • Handout 12: Responding to a helpline call or text
Facilitator preparation	<ul style="list-style-type: none"> • In-person workshop: Prepare and print-out copy of Handout 12. • Virtual workshop: Prepare PowerPoint slides with Handout 12, ensuring one slide per group. Load to the relevant collaboration portal and ensure each team has the link with editing access.

Key messages	<ul style="list-style-type: none"> To ensure consistency, a call-answering protocol should be developed and written out for responding to a helpline call or text. A simple protocol may involve the following steps: <ul style="list-style-type: none"> Answer the call according to a standardised script Ensure confidentiality unless in very exceptional circumstances, such as when the survivor threatens his/her own life or is directly threatening the safety of others, or when/where mandatory reporting rules apply Collect intake information Provide emotional and psychosocial support Provide accurate, updated, basic information Provide services according to identified needs including safety planning When appropriate, refer callers to resources After the call, completing paperwork and conducting referrals will be required.
---------------------	--

Directions:

Introduction (5 mins):

- Explain to participants that this exercise will help them understand what a helpline is, how to answer a helpline call, and what to do after a helpline call. Explain that this exercise will include a group work to help participants create their own call answering protocol.

Large group discussion (30 mins):

- Start the exercise by asking the participants the following questions in the large group, and encourage everyone to participate in the discussion:

- What is a helpline?
- When and why is a helpline used in VAWG service provision?
- Who can benefit from helpline services?
- What is the role of a helpline operator?

- While conducting the discussion in the large group, ask for a volunteer to write down the main points from the discussion on a flipchart paper.

In small groups (40 mins)

- Allocate participants into groups of 3 to 4.
- Provide each participant with a copy of **Handout 12: Responding to a helpline call or text**.
 - In-person:** Distribute a print-out copy of **Handout 12** to each group.
 - Virtual:** Upload **Handout 12** to the chosen online collaboration platform and ensure each group has one slide. Divide participants into breakout rooms and provide editing access.

- Ask the groups to spend 40 minutes filling in the third column of **Handout 12** with key points/guidance and context-specific examples. Where possible, invite them to write down possible scenarios, things to say and helpful sentences or cues to use. Specific guidance for each step of the helpline answering process has been written down to italic, to help steer the conversation. Invite participants to use their own language/dialect. Ask each group to assign one person for note taking, and another person for presenting back in plenary.

In the large group (40 mins)

- Invite each group to present in the large group one row of the table which they have filled, starting in order from the first row downwards.
- After each group presents, allow other groups to add any additional guidelines/examples.
- Move on to the next row until all the rows of the table have been filled with context-specific examples. Make sure the group agrees on what is being included under each step.
- Ask a volunteer to take notes on a blank template, or record the session to take detailed notes later. This will provide your organisation with a draft sample call answering protocol, which can be further developed at a later stage.

Closing (5 mins):

- At the end the exercise, remind participants of the purpose of the exercise and recap some of the key takeaways that emerged in the discussion. Ask if anyone has any questions or comments to add. Thank everyone for their participation.



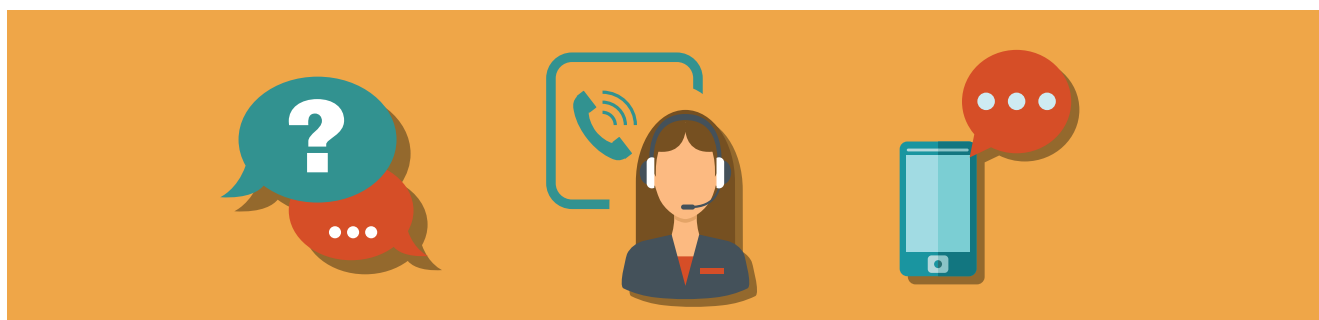
When closing the exercise, remember to share the key messages above and summarise the learning shared by participants. Refer to **Section 3.2** in the Guidance Note.

PART FOUR: Modalities of delivery

Exercise 11: How to choose the right modality (phone calls, text messages, chats)



45-60 mins



This exercise relates to **Section 4** in the Guidance Note.

Purpose	This exercise aims at helping participants to identify and decide on the most appropriate modality to deliver remote VAWG services.
Type of exercise	Small group exercise, pair work and large group discussion
Learning objectives	<ul style="list-style-type: none"> Critically appraise the pros and cons of the different modalities of remote service delivery. Use the most appropriate modalities for the survivors, programmes and services
Who is the activity for?	Caseworkers, protection officers and project managers
Additional facilitator knowledge	The facilitator should be familiar with the type of services that organisations offer, how they can be delivered through different modalities, and adapted to diverse contexts.
Time	45-60 minutes
Materials	<p>In-person workshop: Flipchart paper, different colour pens/markers, sticky notes, tape or blue/white tack.</p> <p>Virtual workshop: Google Slides/Google Jamboard document where all participants have editing access; Zoom or similar video conferencing software.</p> <p>Other resources:</p> <ul style="list-style-type: none"> Case studies/ scenarios

Participant preparation	<p>Three days before the training, the participants are asked to reflect on the following set of points/questions, for the group discussion:</p> <ul style="list-style-type: none"> • Identify one remote service delivery modality that you are currently using. What are its pros and cons? • Identify one remote service delivery modality that you would like to use. Why would you like to use it? • What are the criteria for taking a decision on which modalities to use for remote service delivery?
Facilitator preparation	<p>If there are participants from more than one speciality/team taking part, ensure that they are working in the same groups for this exercise. Before the session, send participants the training objectives, modality and the preparation questions that they should reflect on before the workshop. You can advise the participants to read the remote service delivery section of the Guidance Note, wherever possible.</p> <p>Facilitators should prepare 3-4 fictional case studies/scenarios across different contexts. The participants shall use these case studies to identify and decide the most appropriate modality for decision-making.</p> <div style="border: 1px solid black; padding: 10px; margin: 10px 0;"> <p>Example of a case study/ scenario</p> <p>Women and young girls in village X exhibited an increasing trend of domestic violence perpetrated by the male partner. The village is going through the second month of movement restrictions because of lockdown. Schools are now closed and education is delivered remotely. Luckily, the village has a good internet coverage and 95% of the population own a private cell phone. The education attainment among women and girls is 87% which is relatively high compared to the neighboring regions.</p> </div> <ul style="list-style-type: none"> • In-person workshop: Prepare flipchart papers (2 for each group) and stick on the wall. The first one is dedicated for the initial expectations and sharing their reflections from the pre-training questions. The second one is for consolidating reflections on the case study. Print out copies of the case studies/ scenarios for the participants. • Virtual workshop: Prepare slide deck with the 3-4 case studies - ensuring one slide per case study, and the participants have access to slides. Load to the chosen online collaboration platform.
Key messages	<ul style="list-style-type: none"> • Selecting an appropriate modality for service delivery for survivors of violence should take into consideration the survivor preferred communication channels, trends of violence, organisational capacities and resources. • Each remote service modality has pros and cons. Organisations should assess the pros and cons for each modality, against their contexts and survivor needs.

Directions:

STEP ONE: Understanding current practices and objectives (25 mins)

Introduction (5 mins):

- Start by welcoming the group and having a round of introduction.
- Set the scene by sharing the objective of the exercise, duration and the learning outcomes.

In pairs (10 mins):

- To understand the expectations of the participants and their learning objectives, divide the participants into pairs to discuss the reflections on the points/questions they received before the training.
- Allocate 10 minutes for the participants to discuss the criteria when choosing a service delivery modality. Ask the participants to rank the criteria and write in flipchart of the most important criteria they identified. For **virtual training**, assign the pairs to separate breakout rooms.

In the large group (10 mins):

- Bring participants back into the large group and ask each pair to share the criteria they identified and their key discussion points with the rest of the participants. For virtual training, you can ask the pairs to write the words in the chat of the online platform.

STEP TWO: Choosing the right modality (35 mins)

In small groups (20 mins):

- Based on the groups' preferred modalities of service delivery, assign to each group the case study that is most appropriate for their learning goals and their context.
- Ask the groups to nominate one person to complete the flipchart or slides. For virtual training, you can share a link with the description of the case study and guided questions. Use the questions in the box below to guide the group discussion and critical evaluation of different modalities.

From the information illustrated in the case study, examine:

- What is the most prevalent type of violence in this context?
- How can you best reach the survivors of this kind of violence?
- What is the most appropriate remote service modality? And why?
- What is the second most appropriate remote service modality in this context? What are its pros and cons?
- What is the least appropriate remote service modality to this context?



Consider the protection risks for survivors when assessing the appropriateness of each modality.

Ask one person to volunteer to be rapporteur back to the whole group.

- Allocate 20 minutes for each group to examine the case, reflect and select the most appropriate modality.

In the large group (10 mins):

- Bring participants back into the whole group to discuss their small group work.
 - **In-person:** Ask the whole group to spend a few minutes by each flipchart where the group who did the work shares a few reflections and others have an opportunity to ask questions.
 - **Virtual:** Share the slides using the screensharing function. Ask one member of each group to present back the slides on behalf of their groups and give the participants the opportunities to share comments or questions.

Closing (5 mins):

- At the end the exercise, remind participants of the purpose of the exercise and recap some of the key takeaways learning.
- Discuss with the participants the next steps, and if they plan to pilot a new remote service delivery modality.
- Encourage the participants to have a learning diary when piloting new modalities, so they can document their reflections.
- Thank everyone for their participation.



When closing the exercise, remember to share the key messages above and summarise the learning shared by participants. Refer to **Section 4** in the Guidance Note.

Exercise 12: How to engage with survivors over the phone and manage calls



This exercise relates to **Section 4** in the Guidance Note. It also relates to **Section 2.7: Communication** which offers a guidance on how CSOs can adapt their communication approach to remote service provision as their communication style can help create a safe and supportive environment for the survivor, and build trust and rapport.

Purpose	This exercise aims to strengthen the capacity of caseworkers, helpline operators or social workers to engage with survivors over the phone.
Type of exercise	Pair role-play and plenary discussion
Learning objectives	<ul style="list-style-type: none"> Understand the importance of communications when talking to survivors, and the potential safeguarding risks. Practice engaging with survivors over the call. Identify solutions to manage difficult or unexpected situations when talking to the survivor over the phone.
Who is this for?	Caseworkers, helpline operators, and social workers.
Time	1 hour
Materials	<p>Virtual workshop: Google Slides/Google Jamboard document where all participants have editing access; Zoom or similar video conferencing software.</p> <p>Other resources:</p> <ul style="list-style-type: none"> Handout 13: Case study on how to engage with survivors on the phone/ manage calls Printed role-plays (that facilitators prepare and tailor based on Handout 13) for all participants and separate instructions for one participant

Participant Preparation	<p>Three days before the training, share the objectives of the workshop with the participants and ask them to work together to prepare their reflections on the below questions.</p> <ul style="list-style-type: none"> • What are the biggest challenges that you face in talking to survivors over the phone? • What skills and competencies can help you address these challenges? • Participants can prepare their reflections to be shared with the group
Facilitator preparation	<p>If there are participants from more than one organisation taking part, ensure that they are working in different groups for this exercise, to exchange interviewing and communication practices. Before the session, send participants the training objectives, modality and the preparation questions that they should reflect on before the workshop. You can advise the participants to read the remote service delivery section of the guidance note, whenever possible.</p> <p>Facilitators should familiarise themselves with the communication scripts of the organisation/s attending the training, where these exist. Facilitators should prepare 3-4 fictional role-plays of diverse example of survivors' conditions, types of violence and ways of communication, using Handout 13. The participants shall use these role-plays to understand how the survivor communicates, practice their communication approach and build confidence in communicating with survivors.</p> <ul style="list-style-type: none"> • In-person workshop: Prepare and print out copies of the role-plays for the participants. For each role play, print a separate instruction paper for the participant acting as the operator or the survivor. • Virtual: Prepare PowerPoint slides with the 3-4 role-plays. Load to the relevant collaboration portal and ensure each team has access.
Key messages	<ul style="list-style-type: none"> • Good communication and active listening are key in engaging with survivors over the phone. • Case managers and helpline operators should remain vigilant for any signs of discomfort shown by the survivor. • Case managers and helpline operators should practice managing different scenarios when engaging with survivors. • It is important to adapt both verbal and non-verbal communication when supporting survivors with disabilities.

Directions:

Introduction (10 mins):

- Explain the purpose of the exercise, how long it will take and learning objectives (1 hour).
- In the whole group, ask participants to share their reflections on the workshop preparation questions. Ask each participant to identify one communication challenge that they feel they want to develop in today's training.

Role-play in pairs (15 mins):

- Divide the participants into pairs to discuss how a role-play could help achieve their learning objective. For **virtual training**, assign the pairs to separate breakout rooms.
- In each pair, ask the participants who would be interested in playing the role of the survivor and who would like to be the helpline operator.


- **In-person:** Distribute one copy of **Handout 13** to each participant.
- **Virtual:** Ensure all participants have received an e-copy of **Handout 13**.
- Allocate 20 minutes for each group to read, perform the role-play and reflect on the questions in the instruction sheet.

In the large group (30 mins):

- Coming back into the large group, ask each group to share their reflections against the questions, with the rest of the participants. For **virtual training**, you can ask the groups to write the in the chat function of the online platform, if they prefer to do so.
- From the group discussion, identify the good communication practices that were shared by the participants.
- Then ask participants “**What communication adaptations would you need to make for survivors with disabilities?**” Refer to **Section 2.7** in the Guidance Note.
- Discuss with participants how to create a communication script according to these good practices, or update the existing one.
- Don’t forget to assign a champion for this task.

Closing and next steps (5 mins):

- At the end the exercise, remind participants of the purpose of the exercise and recap some of the key takeaways that emerged in the discussion. Ask if anyone has any questions or comments to add.
- Thank everyone for their participation.

 When closing the exercise, remember to share the key messages above and summarise the learning shared by participants. Refer to **Sections 2.7 and 4** in the Guidance Note.

IN FOCUS: Supporting survivors of online violence

Exercise 13: Understanding online violence against women and how to support survivors of online violence remotely

2.5 hours



This exercise relates to the **In Focus** section in the Guidance Note.

Purpose	This exercise is designed to support participants to understand online violence against women and what women-led CSOs can do to support survivors of online violence through remote service provision.
Type of exercise	Whole group work with case study scenario and small group work
Learning objectives	<ul style="list-style-type: none"> Recognise the nature and scope of online violence against women, and its impact on survivors and communities. Distinguish between online and offline forms of violence. Understand the continuum of violence, both offline and online. Develop ideas, actions and strategies to improve the response to online VAWG.
Who is this for?	Caseworkers, helpline operators, supervisors, managers
Time	1 hour 30 minutes (step 1) + 1 hour (step 2)
Materials	<p>In person workshop: Flip chart paper/whiteboard, markers, post it notes/index cards to write down different aspects of the case study that need to be stressed.</p> <p>Virtual workshop: Google Slides/Google Jamboard document where all participants have editing access; Zoom or similar video conferencing software.</p> <p>Other resources:</p> <ul style="list-style-type: none"> Handout 14: template for developing your own case study on online violence against women. Handout of Box 21 of the Guidance Note (prepared by facilitator). Handout 15: How can women-led CSOs support survivors of online violence?

Facilitator preparation	<ul style="list-style-type: none"> • Prepare case study using the guidance in the template at Handout 14. The case study should resonate with participants and encourage discussion and understanding of the complexity of online violence against women. Two sample case studies are signposted to for inspiration. <p>In-person:</p> <ul style="list-style-type: none"> • Prepare handout with Box 19 from the Guidance Note. • Print or copy Handout 15. <p>Virtual:</p> <ul style="list-style-type: none"> • PowerPoint slide with key details from the case study (sharing information in stages) and list of questions that you will be asking participants (in stages) • PowerPoint slide with Box 19 from the Guidance Note. • PowerPoint slide with the table from Handout 15. Load to the relevant collaboration portal and ensure each team has access.
Key messages	<ul style="list-style-type: none"> • Online violence against women is part of the continuum of violence. • It is gendered and women with multiple and intersecting discriminations and women in public life are often at increased risk. • There are key differences with online forms of VAWG (refer to Box 20 in the In Focus section of the Guidance Note). • Online VAWG is complex and there are varied stakeholders, both negative and positive. • It is important for VAWG service providers to develop ideas, actions and strategies for supporting women and girl survivors of online violence.

Directions:

STEP ONE: Understanding online violence against women³ (90 mins)

Introduction (5 mins):

- Explain to participants that they will now look at an example of an incident of online violence against a woman.

Working together in the large group (40 mins):

- Start to describe the incident in the case study you have prepared by giving only limited information to begin with (details 1-6 from **Handout 14**).
 - **In-person:** Write details 1-6 from the case study template (name, identity markers, initial incident etc) on individual sticky notes and put on the wall.
 - **Virtual:** Share the slide you have prepared with these 6 bullet points.
- Ask the participants the following questions and facilitate a group discussion for 30 mins:

³ This exercise is taken and adapted from FTX: Safety Reboot's training module Deconstructing Online GBV.

- Who else should be responsible here aside from the perpetrator?
- Who is the community around the survivor? How do you think they could have responded?
- What are the survivor's possible responses to the situation?
- How do you think this incident affected the survivor? (impact)

- Ensure participants' thoughts are noted:
 - **In-person:** Write down participants' responses on sticky notes and place on the wall.
 - **Virtual:** Ask a volunteer or co-facilitator to capture ideas on sticky notes and stick them on the slide.

Still working in the large group (40 mins):

- Then share more details of the case study, using the following questions as a guide and highlighting details that the participants have already suggested.

- How did the case escalate? In which spaces was the violence replicated?
- How did the case spill into the survivor's life outside online spaces?
- How did the community respond?
- What other spaces reinforced the initial incident of violence?
- Who else got involved?

- Capture the additional details on the wall or slide.
- Facilitate another 30-minute discussion by asking the following questions:

- What options are available to the survivor to access justice?
- What laws can protect them in their country?
- What other impact will this have on the survivor based on their identity markers?
- What should happen to the initial perpetrator/s? What about the other perpetrators?
- What is the responsibility of the online platform where the incident took place?
- Who else is responsible in this scenario? What is their responsibility?

- Capture participants' responses on individual sticky notes and stick them on the wall/ask the nominated scribe to add sticky notes to the slide.

Closing (5 mins)

- Recap the activity and key learning, reinforcing the key messages above.

STEP TWO: How can women-led CSOs respond to survivors of online violence? (1 hour)

Introduction (5 mins):

- Explain to participants that they will now build on the previous exercise by looking more closely at what women-led CSOs and movements can do to respond to this.

In the large group (10 mins):

- Before moving onto this activity ask participants '**What are the major differences to consider with survivors of online violence?**' It will be important that participants have these factors in mind when they are thinking of ways in which they can effectively respond.
- Facilitate a whole group discussion for 10 minutes and try to elicit responses based on **Box 18** of the Guidance Note.

In small groups (30 mins):

- Allocate participants to small groups of 3 or 4 people. If there are participants from multiple organisations, make sure that people are grouped into their own organisations.
 - **In-person:** Ask participants to break into groups of 3 or 4 and take some flip chart paper and markers. Ask the groups to nominate one person to complete the flipchart.
 - **Virtual:** Allocate participants into 3 or 4 groups. Ask groups to nominate one person to complete the slides. Ask groups to nominate someone to share their screen.
- Give participants the handout you have prepared (Box 19 from the Guidance Note).
- Ask the groups to spend 25 minutes discussing and completing the table at Handout 15 and to consider the following questions:

- What are you currently doing in each of these areas?
- What more could you do?
- What resources do you need to help you achieve this?

- **In-person:** Ask participants to give relevant examples from their own organisation and experience where possible.
- **Virtual:** ensure the online collaboration platform is set up with the table. Ask groups to brainstorm using virtual sticky notes first. Ask them to discuss each point and give relevant examples from their own organisation and experience where possible.

In the large group (10 mins):

- Ask a volunteer from each group to share the top three things they would like to do more of and what they need to be able to achieve this. Give each group approximately 2-3 minutes, depending on the number of groups you have.

Closing (5 mins):

- At the end the exercise, remind participants of the purpose of the exercise and recap some of the key takeaways that emerged in the discussion. Ask if anyone has any questions or comments to add. Thank everyone for their participation.



When closing the exercise, remember to share the key messages above and summarise the learning shared by participants. Refer to the **In Focus** section in the Guidance Note.

Assessment and evaluation



It is important that you assess participants' progress throughout the training and encourage a climate of continuous learning. Encouraging participants to complete an action plan (see Handout 1 in Part C) at the end of the training, or even during the training itself, can help ensure commitments made are acted upon after the training has finished.

Whilst it is dependent on a number of factors, including access to participants, resources and time, it is recommended that, where possible, you carry out a pre- and post-training survey or evaluation. If resources allow, it can also be useful to carry out an assessment 3-6 months after the training.

The three different stages of assessment and evaluation are:

- **Pre-training questionnaire** to help you understand the needs and expectations of participants. This will help you adapt the exercises accordingly and ensure the training is relevant and appropriate. The pre-training questionnaire will also help you establish a baseline of knowledge which can be used to measure changes in knowledge after the training has been completed, although there are limitations with self-reported data (e.g. social desirability bias) and there could be greater accuracy if responses are anonymous. See an example questionnaire on the next page for more information.
- **End of training evaluation** to help capture immediate feedback from participants on the usefulness of the training and how they intend to apply the learning in practice. This is often carried out on the last day of the training. This stage of evaluation can be useful in helping you adapt the training based on participants' feedback. See an example of an end of training evaluation form on the following pages.
- **Follow up questionnaire** after 3-6 months. This will help you follow up on participants' progress, gain valuable feedback on the longer-term usefulness of the training and act as a reminder for participants to apply their learning in practice. This stage can be useful as organisations look to follow up on participants' progress, however time and resources can be an issue in carrying this out. If this stage is completed the same statements as set out in the pre-training questionnaire could be asked again (to allow for quantitative analysis), as well as questions specifically on changes made individually and organisationally 3-6 months on. The same limitations apply in relation to self-reported data. A follow up several months after the training is also an opportunity to check in with participants and organisations on how they are applying the toolkit and learning after having been on the training.

As well as supporting participants and organisations with their own journey on strengthening their capacity to deliver remote VAWG services, assessment and evaluation is also important to ensure you gain knowledge about whether the training exercises have achieved the desired outcomes. Feedback from participants should result in changes and adaptations to the exercises to ensure they are culturally and contextually relevant. It is also an important part of the development of facilitators.

Pre-training needs analysis: Sample email and questionnaire

Notes to facilitator:

- If you are delivering any of the exercises in this Training Manual as standalone training then you will need to adapt the overall training objectives highlighted in the cover email.
- If you are not able to carry out a pre-training analysis, you could carry out a short survey at the end of the Welcome and Introduction exercise instead.
- If you carry out a pre-training needs analysis you still need to check in on participants about their expectations during the Welcome and Introduction exercise. This will help confirm and reaffirm the pre-training needs analysis results at the start of the training.
- The pre-training questionnaire includes a series of statements for participants to rate themselves against. Using the Likert scale, each statement has five response categories, each with a numerical value, which can be used to establish a baseline of knowledge prior to the training. The same statements can be asked in the follow up questionnaire carried out 3-6 months after the training to help you measure change in knowledge of remote service delivery through **quantitative data**. As this part of the questionnaire relies on self-reported data anonymous responses could give a more reliable picture of knowledge. Therefore, it is suggested that the first questions are left as optional.
- Where there are open questions, it is recommended you include a word limit to avoid participants feeling that they have to spend a lot of time filling this out and also to make it easier for you as facilitators to analyse the results.
- If the training is being delivered by and for staff within the same organisation you may not need to ask questions about the organisation's programmes and communities engaged.
- Depending on your organisation's need and staff members' confidence and experience using digital technologies, you could ask more questions on the internet and technology.
- You can adapt and/or add to the questions and statements based on organisational need.

Hello

Thank you for confirming your participation in the training on remote service delivery. We are looking forward to your participation during the training.

We have designed a questionnaire for participants to complete before the training. The aim of the questionnaire is to help us - your facilitators – learn more about you so that we can make the training as relevant and appropriate as possible. It will help us understand your needs, expectations, context, experience and confidence with remote modalities, and support us to adapt training materials.

The overall training objectives are:

- To build understanding of, and capacity in, essential elements of remote VAWG service delivery
- To help familiarise participants with the Guidance Note for Remote Service Delivery to Survivors of Violence in the Arab States Region
- To help organisations understand the steps they can take to deliver safe, ethical, timely and high-quality remote services
- To understand how to support survivors of online violence remotely
- To learn from other participants, in a participatory, inclusive and engaging manner

How to complete the questionnaire

The questionnaire is structured into six sections with a mix of closed and open questions. The closed questions involved you reading a statement and choosing the response category that best describe your view. The open questions give you the opportunity to respond using your own words and ideas.

Please answer this questionnaire openly and honestly. Your individual responses will remain confidential and will not be shared outside of the facilitation team.

We would be grateful if you could complete this questionnaire by [insert date]

Thank you for taking the time to complete this questionnaire!

About you and your organisation (Optional)

1. What is your name, your organisation and your role?.....
2. What country do you live and work in?.....

About your needs and expectations

3. Are you aware of the remote service delivery toolkit for survivors of violence in the Arab States region?
Yes/No/Don't know.....
4. Have you been on training on remote service delivery for survivors of violence before?
Yes/No.....
5. How do you rate your current understanding of remote service delivery? Please fill in the table below, highlighting the extent to which you agree or disagree with the statements.

		Strongly disagree (1)	Disagree (2)	Undecided/ Not sure (3)	Agree (4)	Strongly agree (5)
1.	I understand the opportunities and challenges with remote service delivery					
2.	I understand how to apply the GBV Guiding Principles to remote service delivery					
3.	I understand the essential elements of remote service delivery					
4.	I understand how to protect survivor data, privacy and confidentiality when providing remote services					

5.	I understand how to adapt safety planning processes to support survivors remotely					
6.	I understand how to support survivors who are contemplating, planning or at risk of suicide					
7.	I understand how to implement remote case management					
8.	I understand how to respond to a helpline call or text					
9.	I understand how to choose the right modality for remote service delivery					
10.	I know how to support survivors of online violence					

6. What do you want to learn from the training?
(please answer in no more than 200 words).....

Your organisation's work on remote service delivery

7. What type of VAWG programmes and services do you offer, and which of these are provided remotely?
(please answer in 50-100 words).....
8. What are the challenges you face in your work when it comes to using the internet? Is this a challenge that the communities you work with face as well? In what way?
(please answer in no more than 200 words).....
9. What digital technologies do you use to deliver remote services? (please answer in 50-100 words)
.....

Accessibility requirements

10. Do you require any adjustments to be made to help you participate fully in this training?.....

End of training evaluation: Sample evaluation form

Notes to facilitator:

- These questions are designed to be asked at the end of the training and once participants have completed their action planning. Ideally this will be completed on the final day of the training whilst participants' reflections are still fresh in their mind. For in-person training, evaluation forms can be handed out to participants to complete before they leave the venue. For **virtual training**, the evaluation form can be sent out immediately after the last exercise has been delivered with a deadline to complete responses within one week.
- The purpose of this training is to get **qualitative feedback** from participants about their experiences of the training, so it is important to do this whilst the training is still fresh in their mind. Changes in knowledge and how organisations are applying learning as a result of the training are best tracked during the post-training questionnaire which should be carried out 3-6 months after the training (see next section).
- These sample questions can be adapted depending on whether the training is being delivered virtually or in-person. For example, if the training is delivered virtually, specific questions could be asked about the platform used for the training and whether there were any technical issues that affected learning.
- You can adapt and/or add to the questions and statements based on organisational need.

1. What were your main learning points?.....
 2. Were the overall training objectives clearly communicated to you before the start of the training?
Yes/No/Don't know
 3. Which exercises did you find most and least helpful and why?.....
 4. Were the training materials engaging and easy-to-use?
Yes/No/Don't know
 5. Do you have any comments about the delivery of the training, the duration of the training and your facilitators?.....
 6. How do you intend to make use of your learning in your work and what support might you need for this?.....
.....
 7. In order to contribute to my organisation's development on remote service delivery for survivors of violence, I will commit to... ..
 8. How accessible was the training to you?.....
- Any other comments.....

Follow up questionnaire (3-6 months after the end of the training): Sample questionnaire

Notes to facilitator:

- If you delivered any of the exercises in this Training Manual as standalone training then you will need to adapt the overall training objectives highlighted in the cover email.
- The post-training questionnaire includes the same set of statements from the pre-training analysis, where participants are asked to rate themselves. Using the Likert scale, each statement has five response categories, each with a numerical value, which can be used to measure change in knowledge across the different parts of remote service delivery through the collection of **quantitative data**. As this part of the questionnaire relies on self-reported data anonymous responses could give a more reliable picture of knowledge. Therefore, it is suggested that the first questions are left as optional.
- Where there are open questions, it is recommended you include a word limit to avoid participants feeling that they have to spend a lot of time filling this out and also to make it easier for you as facilitators to analyse the results.
- If the training is being delivered by and for staff within the same organisation you may not need to ask questions about the organisation's programmes and communities engaged.
- Depending on your organisation's need and staff members' confidence and experience using digital technologies, you could ask more questions about their experience with the internet and technology.
- You can adapt and/or add to the questions and statements based on organisational need.

Hello

Thank you for attending training on remote service delivery 3 months ago. The training's objectives were:

- To build understanding of, and capacity in, essential elements of remote VAWG service delivery
- To help familiarise participants with the Guidance Note for Remote Service Delivery to Survivors of Violence in the Arab States Region
- To help organisations understand the steps they can take to deliver safe, ethical, timely and high-quality remote services
- To understand how to support survivors of online violence remotely
- To learn from other participants, in a participatory, inclusive and engaging manner

As part of the evaluation of the impact of the training, we are following up with a short questionnaire to help us identify your progress and how the training and wider toolkit are being applied in your organisation. It is also an opportunity to look at what additional support you might need to help you further apply the learning into practice.

Please answer this questionnaire openly and honestly. Your individual responses will remain confidential and will not be shared outside of the facilitation team. Individuals will not be identified in any evaluation analysis.

We would be grateful if you could complete this questionnaire by *[insert date]*

Thank you for your help with this evaluation!

About you and your organisation (Optional)

1. What is your name, your organisation and your role?.....
2. What country do you live and work in?.....

About your needs

3. Are you aware of the remote service delivery toolkit for survivors of violence in the Arab States region? Yes/No/Don't know.....
4. Are you using the toolkit in your work?
Yes/No/Don't know.....
5. How do you rate your understanding of remote service delivery? Please fill in the table below, highlighting the extent to which you agree or disagree with the statements.

		Strongly disagree (1)	Disagree (2)	Undecided/Not sure (3)	Agree (4)	Strongly agree (5)
1.	I understand the opportunities and challenges with remote service delivery					
2.	I understand how to apply the GBV Guiding Principles to remote service delivery					
3.	I understand the essential elements of remote service delivery					
4.	I understand how to protect survivor data, privacy and confidentiality when providing remote services					
5.	I understand how to adapt safety planning processes to support survivors remotely					
6.	I understand how to support survivors who are contemplating, planning or at risk of suicide					
7.	I understand how to implement remote case management					
8.	I understand how to respond to a helpline call or text					
9.	I understand how to choose the right modality for remote service delivery					
10.	I know how to support survivors of online violence					

6. Since you went on the training, have you used the learning in your day-to-day work?
Yes/No/Don't know.....

If yes, are you happy to share further details about what aspects of the training you have used and how?
(please answer in no more than 200 words).....
7. What support do you need to help you apply the learning further? (please answer in 50-100 words)
.....
8. In your view, are there any improvements that could be made to the toolkit or the training to help you deliver
remote services to survivors of violence?
Yes/No/Don't know.....

If yes, are you happy to share further details? (please answer in 50-100 words).....
9. Do you remember the commitment you made at the end of the training?
Yes/No/Don't know.....
10. Are you and your organisation following up on the actions agreed in the action plan?
Yes/No/Don't know.....

PART C: Handouts



Handout 1: Action Planning

	Key activities	Persons Responsible	Timeframe	Resources needed	Risks	Comments
1.						
2.						
3.						
4.						
5.						

Handout 2: Table on national and sub-national VAWG data and trends (see Exercise 2)

	National	Sub-national/regional variations
VAWG trends noticed by the organisation during COVID-19 E.g. Has there been an increase in calls? Have survivors' needs changed or their way of engaging with the organisation/using the service? Disrupted access to services?		
Variations by specific groups of women and girls (e.g. women with disabilities, adolescent girls, LGBTQI+, refugee and migrant women and girls)		
Types of violence that have got worse (offline and online) E.g. increase in intimate partner violence, child marriage, FGM, online violence		
VAWG trends during other emergencies E.g. increase in intimate partner violence, increase in online violence, disrupted access to services etc		

Handout 3: GBV Guiding Principles (see Exercise 4)⁴

To be completed by the facilitator

Instructions:

Prepare a role play script involving one survivor and one caseworker who is working remotely. Ensure that you include some elements that are in line with the guiding principles and good practice in applying these remotely, and others that are not. This will help participants pick up on the positive areas and aspects that need improvement when providing remote support. These will vary according to context, but it is particularly important to show what it looks like to support the power and choice of a survivor and what it looks like to instead make decisions for the survivor.

Include the following information about the survivor and incident:

- Name of survivor and demographic information (gender, age, disability, social class, race, ethnicity, refugee or internally displaced person status, other identity markers)
- Country where the survivor is from
- Living situation (where does the person live; who else do they live with)
- What happened (incident of VAWG that took place, where, who perpetrator is, perpetrator's access, frequency)
- What the key needs are related to the incident
- The modality the survivor used to reach your services (phone call, text, chat)
- The wider context in which the remote service delivery takes place (e.g. if the service is provided remotely due to a crisis or disruption)
- Anything else important to understanding the context or case

4 This exercise is adapted from the [Inter-agency GBV case management training](#) (2017)

Handout 4: Essential elements and intersectionality (see Exercise 5)

Essential element	Key considerations for taking an intersectional approach
	Please pay particular attention to women and girls who experience multiple and intersecting discriminations and those who are most excluded in your context (for example: adolescent girls; women and girls with disabilities; lesbian, bisexual and trans women; refugee and migrant women etc).
Updating referral pathways	
Coordination and partnerships	
Safety planning	
Data security, privacy and confidentiality	
Choosing technology platform	
Staff training	
Communicating	

Handout 5: Survivor data, privacy and confidentiality (for Exercise 6)

Instructions:

In this role-play, you are the caseworker and will demonstrate an example of “bad practice in protecting survivor data.” Using some of the bad techniques and questions below, role-play a remote phone call with a new user of the VAWG service, your first call, which has been scheduled at a specific time. You are working from home due to the COVID-19 pandemic.

Questions/Statements:

1. I don't have a private place at home to speak and I'm waiting for my daughter/son/other family member to leave the room. Is it ok if we continue the call?
2. Please can you tell me everything that has happened – I need all the details.
3. Can you share photos or videos with me? I will keep these on your file.
4. For documentation purposes I will keep any voice notes or text messages that we have exchanged. Don't worry, I won't share these with anyone else.
5. Can you share your personal email address so that we can correspond on email too?
6. Tell the survivor that she can save your name and number on her device, or write it on paper if that is easier for her.

Behaviours:

1. Pressure the survivor to give you as much information as possible.
2. Leave the paperwork out on the table [or amend the behaviour if carrying out the training virtually].
3. Don't ask the survivor if she can speak freely and safely, and don't remind her to delete voice notes or text messages after your interaction.
4. Don't inform the survivor of the risks and benefits of available remote services and modalities of delivery.
5. Don't discuss what to do if someone else picks up the call or if the call drops.

Handout 6: Role-play case study (for Exercise 7)

Notes for facilitators:

The case study below is provided as an example. You can further adapt the case study to your context, or use a new one that is more suitable. You may also encourage participants to use a case study based on a challenging case they have previously dealt with, while omitting or modifying all identifying data. Make sure to include enough details about the incident to allow the volunteer playing the role of the survivor to have a solid background story. In case the facilitator is developing their own case study, make sure to include:

- Demographic information of the survivor (who the person is—age, gender, disability, ethnicity, refugee or internally displaced person status etc.)
- Living situation (where does the person live; who else do they live with, children?)
- VAWG situation (how long, frequency, types of abuse, any recent critical incidents)
- What the key needs are related to the incident
- How the person reached your services
- Existing safety strategies
- Existing resources that could help with safety
- Anything else important to understanding the context or case

Case Study:

Background for Survivor: “Amina”

You’ve been in an abusive relationship for nearly 7 years now. You married your husband when you were 14 years old and had two children shortly after, a 5 year old boy and a 2 year old girl. You are currently 5 months pregnant with your third child. Since the last emergency [war, conflict, flood, lockdown, etc.], you were forced to move with your family into an internally displaced persons (IDP) camp and have been homebound with your husband who is becoming increasingly violent. Recently, he tried to strangle you with his hands until you fainted. You are pregnant and fear for your baby. Your husband’s mother took pity on you and tried to reason with her son, who promised to treat you and his children better. On another incident, he threatened to kill you and then kill himself if you ever left him.

After unsuccessfully trying to get help from friends, you decided to call the VAWG helpline for help. You received this number from a neighbour who said they could help. The helpline operator referred you to the caseworker and you have been receiving case management for the past two weeks. The caseworker has already referred you to a couple of services, including a midwife in a local dispensary to make sure the baby is OK and a local mental health support provider. However, your husband has forbidden you from leaving the house to receive the health service, and you did not have any strength to attend your virtual mental health support appointments.

You’re scared to go forward with getting services and leaving your husband. As an IDP, you don’t know where you could go and how you would survive. Most of all, you are scared to lose the custody of your two children and you are worried about your unborn child. Additionally, you’re having a hard time sleeping at night because of the bad dreams and you generally feel like you have very little energy and don’t have any emotions, happy or sad.

Background for “Caseworker”

You have been working with Amina for about 2 weeks now. She was referred to you by the helpline operator, whom she had called in crisis after her husband threatened to kill both her and himself.

You have referred Amina to multiple service providers, including a midwife in a local dispensary to make sure her baby was OK, and a local mental health support provider to help Amina process the years of abuse she has endured.

Amina has expressed that she was forbidden to go see the midwife by her husband, and that she is having a hard time attending her virtual appointments with the mental health support provider. During your call today, you realise that the violence is escalating quickly and becoming worse, so you decide to conduct a safety assessment and a safety plan.

Handout 7: Safety assessment and planning (see Exercise 7)

Instructions:

All group members to read the background information for the survivor and the caseworker (Handout 6). During the role-play, the caseworker will carry out a safety assessment and safety planning based on the survivor's case. See below the prompting questions for the safety assessment and safety plan.

Notes for facilitators:

If your organisation has its own safety assessment and safety planning templates, or if such tools have been adopted at the inter-agency in your context (such as in Lebanon or Iraq), please use these instead of the template provided below.

Safety assessments and safety planning are Steps 2 and 3 of remote case management and should only be carried out after initial safety checks have been made with the survivor and informed consent obtained (step 1). See Section 3.1 of the Guidance Note for more information. Even after safety checks have been made, there are risks in asking these questions and the assessment and planning needs to be handled sensitively in line with best practice guidelines on case management and to avoid further harm to the survivor.

Safety assessment prompts/questions:

1. **Assess survivor's sense of safety in home** (ask any follow up questions to find additional information about the severity of the VAWG incidents: gather information regarding previous injury caused by the abuse, any abuse targeting children/dependents, use of weapons, is the violence escalating in severity or becoming more frequent?)
2. **Identify patterns of abuse**
 - Can you tell me about some of the times you have felt most unsafe around your husband/partner?
 - What have you noticed about your husband/partner during those times when you feel unsafe? (What is he doing? What is his state of mind like? Is he under the influence of drugs or alcohol?)
 - What is happening around you during those times when you feel unsafe? (Are you in a particular place? Is it a certain time of day? Are you alone with him? If not, who is with you?)
 - Have you noticed anything in particular that comes before the violence?
3. **Summary of Risk Assessment**

Safety plan prompts/questions:

Existing responses:

What do you do when you are in danger? Discuss with her if and how this is working.

Existing resources (people, money, materials):

Where could you go or who could you call for help if movement is restricted? (Help the survivor to think of at least one safe place she can get to quickly in an emergency. She should arrange things with that place ahead of time. In the event of movement restriction, think together about emergency numbers to call for urgent help, or what services would still be available such as emergency shelters or police).

Whom do you trust? (Think about anyone – neighbours, friends, family members, an organisation –that the survivor can trust. For example, discuss having a signal with helpful neighbours. Upon seeing this signal from the survivor, neighbours would plan to visit in a group or would call the caseworker to activate the emergency plan that is pre-determined).

What financial resources do you have? (Can she save money and hide it somewhere the abuser will never look or keep it in a designated safe place?)

What material resources do you have? (Can any of these be moved out of the abuser's reach? Can any of them be used to support the survivor if she needs a means of income?)

Explore potential safety strategies:

Who already knows about your partner's abuse? (The survivor may not be embarrassed to enlist the help of these people).

Is there anyone who can talk to the perpetrator at a non-violent time to try to discourage his violence? (There may be someone whom the perpetrator respects that could work with him to stop his use of violence. Even if temporary, it may give the survivor some respite).

What local authorities or police might you involve, and under what circumstances would you involve them? (Discuss with the survivor at what point she would report the perpetrator and involve authorities. In cases of lockdown or movement restrictions, discuss how these services are operating and what emergency measures would still be available).

How can you involve your children? (If the survivor has children, what do the children do when the survivor and they are in danger? How can the survivor involve her children in safety strategies? This will also depend on the children's age.)

If needed to/ decided to leave:

If you have to leave, what will you bring? (Consider important documents such as identification for her and the children, clothing, food, and money and how they will be carried).

If you have to leave, what will happen to your children? (If the survivor has children, what will be their role in the escape? Survivors almost always flee with their children, so it is important for the survivor to think about their safety and how much they can handle. If they will not go with her, what are the arrangements for their care?)

Who else might be in danger if you had to leave? Consider whether the perpetrator would take out his frustration on anyone else if the survivor left such as children, older relatives or other dependents.

Summary: Draft the plan

Existing responses	
Resources	
Potential safety strategies	
If had to / decided to leave	

Handout 8: Suicide risk assessment ⁵ (see Exercise 7)

Notes to facilitators:

Suicide risk assessments and safety planning are extremely sensitive and should be handled by trained experienced staff members, preferably psychologists, psychiatrists or social workers.

If it is within your organisational policy and you have been properly trained, you should follow the suicide risk assessment guidance that follows. However, if conducting suicide risk assessments and safety planning is not within your organisational policy, helpline operators/case managers should urgently refer to relevant mental health emergency service providers in their context.

The suicide risk assessment includes the following steps:

- **Step 1: Assess current/past suicidal thoughts**
- **Step 2: Assess risk: lethality and safety needs**
- **Step 3: Address feelings and provide support**
- **Step 4: Develop a safety agreement**

Before beginning, you should reassure the person that it is ok to have feelings of sadness or wanting to die, and that whatever they are feeling is normal. In many cultures and religions, suicide may be looked upon as “weak” or may even be forbidden. To feel safe and comfortable to talk to you about what they are feeling, the person will need to know that you will not judge them.

Step 1: Assess current/past suicidal thoughts

Explain to the person: “I’m going to ask you some questions that may be hard for you to answer, but I am worried about you, so I want to know that you are going to be ok.”

Ask the person questions that can help you assess their current and past suicidal thoughts. Some examples of questions you can ask are below. Keep in mind that these will need to be adapted based on the cultural context.

To assess current or past suicidal thoughts you can say:

- That sounds like a lot for one person to take. Are you feeling so bad that you’re considering suicide to escape?
- Do you think about dying? Or wish you were dead?
- Are you or have you ever thought about hurting or killing yourself?
- Has all that pain you’re going through made you think about hurting yourself?
- Do you ever wish you could go to sleep and just not wake up? How often? Since when?

Based on the person’s responses, you may or may not need to continue with the suicide risk assessment.

1. If the person answers “no”, and there are no signs that they intend to harm or kill themselves, it is likely the risk of suicide or self-harm is low. In this case, you can likely discontinue the assessment. Again, this is determined on a case-by-case basis and depending upon whether there are other signs that the person may be suicidal.
2. If the person answers “yes” to either of the questions, say to the survivor, “Please tell me more about these thoughts”, and then proceed to the next step.

⁵ Adapted from the [Inter-agency GBV case management guidelines](#); 2017

Step 2: Assess risk: lethality and safety needs

You will next need to understand if the person has a plan. You should also assess past suicide attempts because they signal higher risk. Examples of questions you can ask to assess these risks are below.

- If the person is unable to explain a plan for how they would take their own life and/or has no history of attempts, the risk is less immediate. At this point, you should support the person by exploring strategies for coping with difficult feelings and thoughts, and if needed, develop a safety agreement with the survivor (see Step 4 of the suicide risk assessment).
- If the survivor is able to explain a plan and/or indicates they have already attempted suicide, the risk is more immediate. You should continue to the next step.

To assess if the person has a plan, you can say:

“Tell me about how you would end your life. [Allow survivor to answer]. What would you do? When did you think you would do it? Where did you think you would do it? Are (guns/pills/other methods) (at home/easy to get)?”

To assess past suicide attempts you can say:

“Have you ever started to do something to end your life but changed your mind? Or have you ever started to do something to end your life but someone stopped you or interrupted you? What happened? When was that? Tell me how many times that happened.”

As with any part of the assessment, be sure to give the survivor time to answer and pause before asking another question. Always take your cue from the person as to whether they need to go more slowly or take a break. This might be harder to do remotely, so you will need to check in with the survivor (i.e. asking: *are you still able to continue this conversation? Would you like more time to think about the question before answering?* etc.). Pay attention to verbal and other cues as well, such as changes in the survivor’s tone or voice, sudden change in breathing pattern, sound of crying or any other cue indicating the person might need further support or a break.

Step 3: address feelings and provide support

It is critical that you stay calm if the person expresses suicidal thoughts and a plan. It may be the opposite of your instinct, but do not try to talk the person out of it nor offer advice about what they should do. The feeling they have is serving a purpose for them—it is their last attempt to feel that they are in control of something. Instead, you should validate their feelings and acknowledge the courage it took for them to share such information with you and communicate your concern for their safety and well-being.

To address feelings and provide immediate emotional support, you can say:

“I understand that you are feeling this way and I am sorry. I know that it was hard for you to share that. You are very brave for telling me. It is very important to me that you do not hurt yourself. And I would like us to come up with a plan together for how we can help you to not do this. Is this okay with you?”

Step 4: Develop a safety agreement

Developing a safety agreement with the survivor is a way for you to help them identify their own mitigation and prevention strategies. In this step, you will explain the purpose of the agreement. Then you will help the person identify:

- Warning signs
- Strategies to feel better
- A safety person

First help the person identify warning signs:

- Ask the person to describe their experience

“Tell me what happens when you start to think about killing yourself or wanting to hurt yourself? What do you feel? What do you think about? How will you know when you are going to need to use these strategies?”

- Identify the warning signs (thoughts, images, thinking processes, mood and/or behaviors) using the survivor’s own words.

Next help the person identify strategies to feel better:

- Explain to the survivor, that you want to find other things the person can do to make themselves feel better. *“When you have thought about killing yourself before, what prevented you from doing it?”*

“Tell me some things you can do to help yourself feel better when you start to think about hurting yourself or wanting to end your life. What has helped you feel better in the past? Is there someone you can talk to or go to?”

- Based on what the person says, agree that they will use these strategies/do these helpful things instead of hurting themselves.
- Ask the person what might get in the way of them using these strategies to feel better. In other words, you want to identify strategies that are practical and feasible for the person to do.

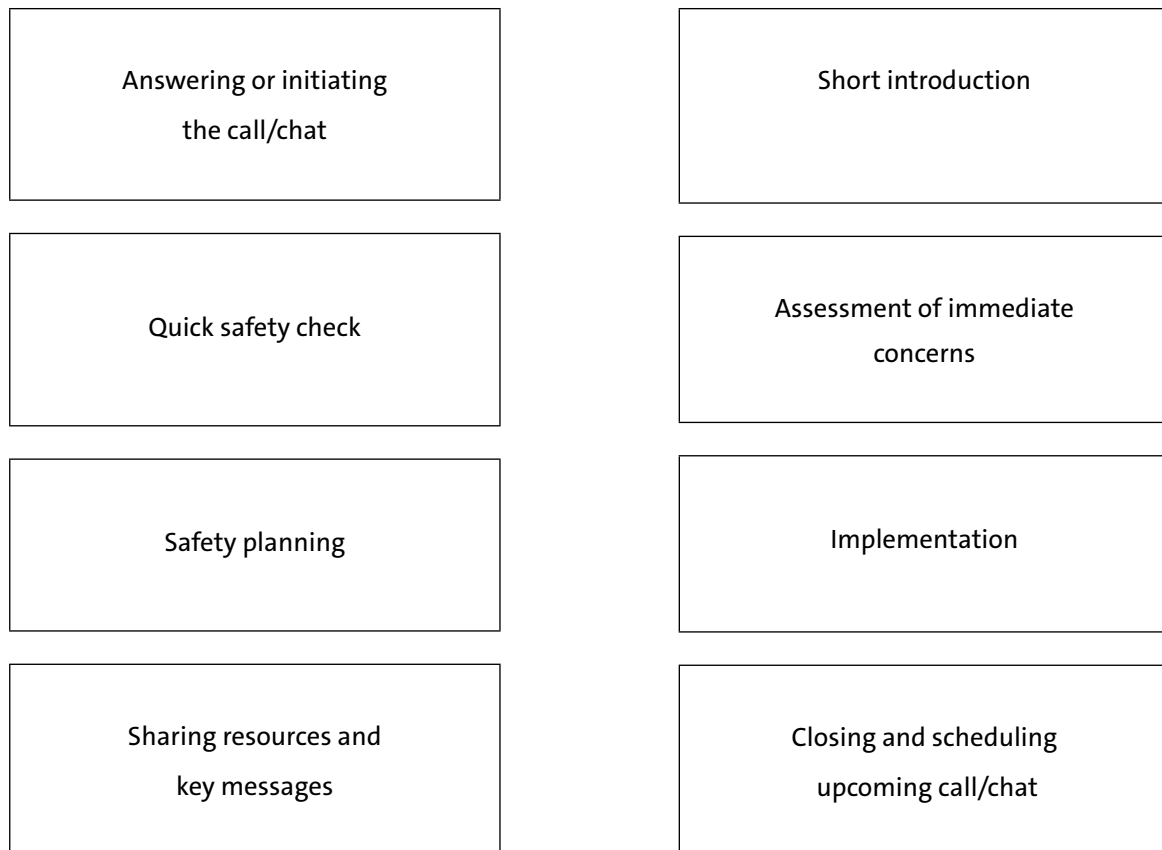
If the person is not able to identify any strategies, you should confer with a supervisor and discuss the potential for a referral to mental health services, or if not available, to emergency medical care.

Identify a safety person:

Explain to the person that in addition to the strategies they have identified, a friend or another family member must be notified to act as a “safety person” for the survivor. This should be someone who can be with the person all the time for at least the following 24 hours. You will need to try to get in touch with this person, explain to them what is happening and arrange for them to come meet the survivor or for you to bring the survivor to them.

Once you answer all the above questions, work with the survivor on developing a safety agreement/plan using the resources and information you have identified together.

Handout 9: Remote VAWG case management steps (see Exercise 9)



Handout 10: Case management role-play case study (see Exercise 9)

CASE STUDY: Ghina's story

Ghina, a 47-year old woman and Ashraf, a 51-year old man have been married for 15 years. It is a second marriage for both of them, and they do not have a marriage certificate. Ghina has three children from her previous husband, all of whom are now adults. She rarely sees them but they stay in touch through phone calls and social media. Ghina and Ashraf have two young daughters together, aged 8 and 10.

During the second lockdown in [insert country/region], Ashraf lost his work. Soon, the small family was struggling to make ends meet. Ashraf became irritable and showed signs of anger and hostility at minimal things, such as his daughters being loud while playing, or his wife asking for money to buy basic groceries. Ashraf had been violent towards his wife and daughters occasionally in the past, and family members tolerated his behaviour.

However, Ashraf has now become increasingly violent, and more and more withdrawn. His wife and daughters started avoiding him as a way to keep safe, but they live in a small two-room house.

Today, Ashraf and Ghina were arguing about money again and he beat her severely when she told him that the supermarket owner is no longer agreeing to lend her bread on credit. Her daughters were present, they started crying and screaming until one of the neighbours thankfully knocked on their door and took Ghina and her daughters in, to allow Ashraf to calm down and come back to his senses. Ghina calls the local VAWG helpline and asks for immediate support. A caseworker picks up her case.

During the call, she mentions that she was afraid for her own life during the incident, and for her daughters' lives. She also tells you that she has bruises on her face and body and is in pain. She also wants to file for a protection order. She wants to file for divorce but is very worried about keeping her daughters' custody.

Note for facilitators:

This case study is a template and is provided as an example. It focuses on intimate partner violence as this is the most common form of VAWG in the region. However, as a facilitator you can further adapt the case study to your context, or use a new one that is more suitable. Make sure to include enough details about the incident to allow the volunteer playing the role of the survivor to have a solid background story. Where possible, include details about the survivor's intersecting social identities as survivors that experience multiple and intersecting discriminations are at increased risk of violence.

Handout 11: Role-play - remote case management steps (for Exercise 9)

Reminder: We have assigned one person to be the survivor (everyone else will be a caseworker). Each person will play the role of the caseworker, taking a different part of the remote case management process. Try to keep up with the tasks as recommended below.

Remember it is one continuous conversation, so you and the survivor do not need to reintroduce yourself each time, or go over the person's story each time. Just build on the information that has already been shared.

If your organisation has a call-answering protocol, kindly use it during the role-play exercise.

- **1st person:** Step 1: Answer the phone as the caseworker and greet and comfort the person, introduce yourself and your role
- **Next person:** Step 1 continued: Conduct a safety check to ensure privacy and confidentiality of the call.
- **Next person:** Step 1 continued: Informed consent process: explain confidentiality, limitations to confidentiality, and survivor's rights.
- **Next person:** Step 2: Assessment of immediate concerns: Get background information, Understand what happened.
- **Next person:** Step 2: Assessment of immediate concerns: Assess health and safety.
- **Next person:** Step 2: Assessment of immediate concerns: Assess psychosocial needs.
- **Next person:** Step 2: Assessment of immediate concerns: Summarise what you have understood about the situation back to the survivor, to confirm that you understand what her most immediate safety needs and other concerns are;
- **Next person:** Step 3: Safety planning: Discuss options for health services (if needed).
- **Next person:** Step 3: Safety planning continued: Continue safety planning to address urgent risks and needs related to the safety of the survivor and her children.
- **Next person:** Step 4: Implementation: Conduct the informed consent process for referrals; discuss referrals.
- **Next person:** Step 5: Sharing resources and key messages: Recap any next steps that the survivor has identified and agreed to (in terms of referrals to service providers, and whether the survivor has given consent for the caseworker to contact the service provider).
- **Next person:** Step 5: Sharing resources and key messages continued: Agree how the survivor can contact you by call or messaging, and where she can turn to if she cannot reach you.
- **Next person:** Step 5: Sharing resources and key messages continued: Assess the survivor's state of mind, and share supporting and affirming messages, validating the survivor's experiences and feelings, and affirming their choice to seek support.
- **Next person:** Closing the call: Discuss and arrange for follow-up call/chat, then close the call.

Handout 12: Responding to a helpline call or text (see Exercise 10)

Step:	What to do:	Communication / listening skills to employ and sample script
Step 1: Greeting and assessment	Answering the call or text according to a standardised script ideally outlined in the standard operating procedures (SOPs) or helpline resource pack. Introductory sentences should help establish contact with the caller in a way that is warm and welcoming. Greeting the caller with respect and in a way that conveys that operators are ready and willing to listen in an unhurried manner helps establish a good rapport.	How do you answer the call, introduce yourself and the helpline? What example of greetings and key phrases should be used to establish a good rapport from the onset of the conversation?
	Outlining the standards and limits to confidentiality	Include here any limits to confidentiality and mandatory reporting requirements your organisation abides by
	Listening and conducting an initial assessment: collecting intake information, including understanding of the key concerns. Excellent listening skills are required to operate a VAWG Helpline. An initial assessment will allow the helpline operator to assess the risks and needs of the survivor, as well as the urgency of the situation.	What key active listening skills should be employed at this stage, can you give practical examples of phrases / non-verbal cues to use? (mirroring what the survivor is saying, asking questions and probing – open ended vs. close ended questions, using silence, helping the survivor identify their feelings and acknowledging them, etc.)
Step 2: Providing support and information	Providing emotional and psychosocial support: Callers might be calling during or directly after an incident of violence. They might be upset or in distress. They could be seeking information, or just wanting to talk to someone about something distressing that has affected them. Depending on the call and the needs of the caller, the helpline operator will provide remote psychosocial support or counselling, before sharing information about available services.	Give examples of how can a helpline operator practice empathy (which involves understanding and acknowledging a person's feelings to open up a conversation, encouraging dialogue)? How can the helpline operator practice being non-judgemental and accepting?
	Providing accurate information about the issues affecting the caller following an updated referral pathway	How can the helpline operator offer encouragement and help callers feel confident for taking action? What information about which key available services should be covered first?

Step 3: Providing services related to identified needs	Identifying referral needs, soliciting informed consent and referring callers to resources: Organisations can decide on the modality to document remote consent over the phone. Consent can be obtained orally during the conversation and specified as such in the referral form, or it can be documented otherwise in areas where internet connection is available, such as through email / skype/ or a WhatsApp conversation.	What can help the helpline operator at this stage? Any practical examples of what can be said? (Key listening / communication skills at this stage include: focusing and prioritising what the survivor is saying, affirming, reflecting, speaking clearly, summarising)
	Remote safety planning and crisis management: Activating emergency protocols and drafting safety plans in emergency/high risk situations such as when the caller is in imminent danger. This is especially relevant for survivors calling during or after an incident of intimate partner violence, or if a survivor discloses suicidal ideation.	What key questions should be asked to conduct an accelerated / focused remote safety planning? What is an example of an emergency protocol? When should the hotline operator seek the support of a supervisor?
	Assisting with access to urgent services (shelter, health, police, legal) and expediting assistance to survivors. Another example is to directly connect callers to service providers such as local shelters, police (where safe and relevant) etc.	What information does a helpline operator need to have with them prior to the call to be able to complete this step?
Step 4: Call / chat closure	Ending the call in a supportive manner (specific possible scripts can also be part of the resource pack)	What could be a sample script for ending the call?
Step 5: After call / chat follow up	Completing paperwork as required and conducting referrals when needed. Depending on the assessed risk level and the urgency of the situation, referrals can be conducted directly or after 2 to 3 days as necessary. A follow up on the referrals might be necessary especially in emergency contexts, to ensure that the survivor is able to access the needed service.	What are the key steps to complete after ending the call? How is this different depending on the level of risk faced by the survivor? What key services might be needed right after the call has ended in high-risk situations?

Handout 13: Case study on how to engage with survivors on the phone and manage calls (see Exercise 12)

Example case study:

To be completed by the facilitator

You are a case manager that the helpline operator referred case 9773C to you. The survivor, Mariam, is a 19-year-old student, living in the outskirts of the city. Mariam's phone was stolen and one week after that, she received a message on social media threatening to share her personal pictures and videos online. Mariam tried to ignore the threat but one week later she was contacted by a friend who told her that intimate pictures of her were being shared on the internet. She called the helpline to seek help. This is your first call with the survivor.

Instructions to the participants taking the role of the survivor during the role-play:

Now you have to receive a call from the CSO Manager, consider reflecting on these questions.

- Think of the how the survivor may feel, and how she would communicate that?
- How can you communicate your needs or the services you are keen to access?
- What represents a good positive communication that would help you share your experience with the operator?
- What represents a bad communication that would stop you from sharing your experience?
- Which communication methods can help your safety and mental wellbeing?
- What should the operator have done better in communicating with you?

Instructions to the participants taking the role of the Helpline Operator during the role-play:

- What is the best way to communicate with the survivor for the first time over a phone call? Which safety and safeguarding questions will you consider asking?
- How can you practice active listening when communicating with the survivor?
- How can you ask questions in a sensitive manner?
- How can you ensure that the services you offer address her need?

Handout 14: Online violence against women (see Exercise 13)

To be completed by the facilitator

Instructions:

Develop your own case study according to your country context. Make sure to include all the details listed below and highlight the initial incident and also how the situation escalated. It will be important to demonstrate that online violence against women can have multiple layers of perpetration (primary and secondary perpetration), often occurs in public and can amplify the reach of transmission and harm to survivors. Use Box 18 in the Guidance Note to highlight some of the differences in online violence compared to offline violence, however try also to show the real world nature of the abuse and the offline impacts it has.

You can get ideas for content of the case study by using the sample case studies on online violence against women in the “FTX: Safety Reboot” training module on online gender-based violence at <https://en.ftx.apc.org/books/online-gender-based-violence/page/additional-resources-c5f>.

Note for facilitators:

Evidence shows that women who experience multiple and intersecting discriminations are at increased risk of online violence, as they are of offline violence. For example, Black women are often subjected to online abuse as a result of their gender and their race, and lesbian, bisexual and trans women experience online abuse as a result of their gender and their sexuality. Therefore, consider carefully the details you include about the survivor’s intersecting social identities as this has a direct impact on the harms they experience in online spaces. Whilst this exercise focuses on online violence against women, adolescent girls can also be at increased risk of online forms of violence.

Details that need to go into the case study and which you will share with participants in stages:

1. Name of survivor and demographic information (gender, age, disability, social class, race, sexual orientation, other identity markers)
2. Country where the survivor is from and if there are laws that could protect them
3. What happened (the initial incident of online violence that took place, what platform it took place on)
4. Name of the initial perpetrator/s and some details (where possible and if relevant to the case study)
5. Details of the perpetrator/s if they cannot be named (e.g. online handles etc)
6. Relationship between the survivor and perpetrator, if any
7. How the incident escalated and where was the violence replicated
8. How the case spilt into the survivor’s life outside the online space it initially occurred
9. How the survivor’s family and/or community responded
10. Other spaces which reinforced the initial incident of violence
11. Details of who else got involved
12. Anything else important to understanding the context or case

Handout 15: How can women-led CSOs support women and girl survivors of online violence? (see Exercise 13)

	What are you currently doing?	What more could you do?	What resources do you need to achieve this? (E.g. money, people and skills, information, time)
Build staff and organisational capacity			
Share information about online violence, what it is, how to report and what support is available			
Provide direct support to survivors			
Case management			
Referral pathways			
Develop relationships			
Create virtual safe spaces and peer groups			

UN WOMEN IS THE UN ORGANIZATION DEDICATED TO GENDER
EQUALITY AND THE EMPOWERMENT OF WOMEN. A GLOBAL
CHAMPION FOR WOMEN AND GIRLS, UN WOMEN WAS
ESTABLISHED TO ACCELERATE PROGRESS ON MEETING THEIR
NEEDS WORLDWIDE.

UN Women supports UN Member States as they set global standards for achieving gender equality, and works with governments and civil society to design laws, policies, programmes and services needed to implement these standards. It stands behind women's equal participation in all aspects of life, focusing on five priority areas: increasing women's leadership and participation; ending violence against women; engaging women in all aspects of peace and security processes; enhancing women's economic empowerment; and making gender equality central to national development planning and budgeting. UN Women also coordinates and promotes the UN system's work in advancing gender equality.



UN Women Regional Office for Arab States

Villa 37 road 85, Maadi, Cairo

arabstates.unwomen.org

www.facebook.com/unwomenarabic

www.twitter.com/unwomenarabic

[www.flickr.com/unwomen arabstates](https://www.flickr.com/unwomen-arabstates)

www.instagram.com/unwomenarabic



من الشعب الياباني

From the People of Japan