

PROTECTION AND SGBV FRAMEWORK

STRATEGIC PLAN 2016-2022 | FOR A JUST AND SUSTAINABLE FUTURE

Goal 3, Outcome 2: Women are free from violence and its associated risks. Trócaire will have supported survivors of gender-based violence (GBV) to increase control over their lives and, in doing so, addressed the resulting vulnerability to HIV infection. In addition, community leaders, faith leaders and service providers will be better equipped to prevent and respond to violence within their communities.

Goal 4, Outcome 1: Communities affected by crises receive timely, accountable and needs-based humanitarian assistance that protects their safety, dignity and fundamental human rights. Trócaire will have supported women, girls and at-risk groups through humanitarian protection programming, including sexual and gender-based violence (SGBV) response, to protect their safety, dignity and rights.



1. PURPOSE OF THE FRAMEWORK

This framework helps guide the design and implementation of activities related to Outcome 2 of Goal 3 and Outcome 1 of Goal 4 of Trócaire's 2016–2020 strategic plan.

The document identifies and defines the key principles and concepts underpinning Trócaire's protection and sexual and gender based violence programme work, and identifies who we work with. It also provides an overview of key intervention strategies at each level – individual, family/household, community, civil society and institutional.

Guidance and tips on how to address women's empowerment and citizen monitoring and advocacy integration in a programme are included, drawing from experiences from country programmes and based on head office advice. This guidance is identified by icons (see box on right). The primary audience for this framework is Trócaire's development or humanitarian programme staff (programme managers, programme officers) and partner staff with responsibility for protection and SGBV programme design, planning, development and implementation. It provides a link to all the relevant tools and resources to support the implementation of the framework.

Trócaire's Integration Approach



Women's Empowerment: Work on women's empowerment and sexual and gender based violence (SGBV) is mutually reinforcing. The root cause of SGBV is gender inequality, and both our work on addressing SGBV and broader women's empowerment aims to challenge this. Sexual and gender based violence experienced by women is an extreme form of disempowerment. In preventing SGBV, we work to challenge and change the social and cultural norms that discriminate against women and girls and increase their vulnerability to SGBV, and to challenge unequal power structures so that women have a voice in decision making at all levels and feel valued and respected. Through establishing women-only spaces, maintaining referral pathways and supporting disclosures of violence in an appropriate manner, women who are challenging social norms, seeking to step outside the norm or those at risk of SGBV can be meaningfully supported.



Citizen Monitoring and Advocacy: One of the major structural barriers to achieving Outcome 2 of Goal 3 will be governance and institutional policy problems relating to politics and power. Citizen monitoring and advocacy strategies can play a key role in pushing for the required changes in policy and practice at the institutional level towards ensuring that women-at-risk and survivors of SGBV receive adequate support and protection, SGBV is legally prohibited and that perpetrators are held to account. See civil society and institutional level strategies listed below for more information.



Humanitarian Response: This programming is delivered to people and communities who also access humanitarian relief programming to meet their basic needs. Protection considerations are essential to our broader humanitarian response in all contexts, including responses such as providing food and nutrition, water and sanitation, shelter, cash transfers, health and emergency livelihoods. Trócaire's humanitarian responses are grounded in our protection mainstreaming approach and the Core Humanitarian Standards, in order to protect people's safety, dignity and rights and avoid causing harm. Protection mainstreaming focuses on eight core components: 1. Analysis, 2. Information Sharing, 3. Community Engagement, 4. Targeting and Diversity of Need, 5. Feedback and Complaints Mechanisms, 6. Staff Conduct, 7. Mapping and Referral and 8. Coordination and Advocacy. These components put our principles of participation and empowerment, meaningful access, accountability to programme participants and 'do no harm' into practice throughout humanitarian response.

2. TRÓCAIRE'S SEXUAL AND GENDER BASED VIOLENCE PATHWAYS TO CHANGE

Trócaire believes that country programmes that support prevention and response to sexual and gender based violence should be designed to follow pathways to change at multiple levels:¹

Individual Level:

If women-at-risk and survivors of SGBV **access survivor-centred support services, understand and challenge stigma and shame and have the knowledge and power to make informed choices**, then they will be **safer from violence, its consequences and associated risks, including HIV**.

Family/Household Level:

If non-abusive family members **support survivors of SGBV** in a way that does not contribute to shame and stigma and **holds perpetrators to account**, then the **family environment will be safer and enable women and girls to reach their full potential**.

Community Level:

If women, girls, men and boys are mobilised to **contribute to a process of social norm change** that **promotes gender equality, ends impunity** for gender

discrimination and SGBV and **mobilises supports for survivors**, then the **community environment will be safer and support all members to reach their full potential**.

Civil Society Level:

If **women-centred organisations** that support women-at-risk and survivors of SGBV take collective responsibility to challenge the root causes of SGBV and **engage in wider civil society networks and alliances**, then **social norms and structures** that **enable and perpetuate SGBV and survivor stigma and discrimination** are more likely to be **challenged**.

Institutional Level:

If key institutional actors at **local, national, and international levels** have the capability, opportunity, and motivation to **take action to prohibit SGBV, hold perpetrators to account and provide adequate support and protection** to women-at-risk and survivors of SGBV, then **an enabling environment that supports women and girls to live lives free from violence** will be secured.

Trócaire has developed organisational indicators to help us to understand and describe change within Protection and SGBV programmes. They are:²

3.2.2: Average score for women and men in the attitudes towards gender equality and IPV Index

This indicator looks at both men's and women's beliefs and attitudes towards gender equality and intimate partner violence.

3.2.1: Average level of perceived safety from GBV of women in public spheres and in the household

This indicator and associated methodology explore how safe women³ feel, and whether they feel vulnerable to abuse or violence – both within the home and in public life. It helps us to understand women's situation and reveals rich information regarding safety and protection (both at the individual and community level), women's resilience.

4.1.2: Number of humanitarian projects that incorporate tangible measures (especially for women) to improve the protective environment

- Number of members of marginalised and at-risk groups (such as IDP/ refugee women and girls) who use safe spaces, social support centres or other community based supports such as women's groups.
- % of programme participants who are able to maintain or improve their coping capacity. *Requires specific training.*
- % of programme participants who report that the care they received was delivered in accordance with their needs and preferences (e.g. case management). *Requires specific training.*

Trócaire also has a set of common indicators to assist us in understanding change in protection programmes. These are available in the 'Humanitarian Common indicators' Guide.

¹ These pathways do not cover all of the changes that might need to happen in order to ultimately achieve this long term outcome. However, they represent some of the core changes Trócaire believes are needed in order to progress and which Trócaire helps to enable.

² Contact the Global 'Gender Based Violence & HIV Advisor' or the Strategy and Impact Unit for support and guidance in using these mandatory indicators.

³ Although this indicator refers to and focussed on 'women' it can also be applied to girls.

3. WHO WE WORK WITH

Protection and SGBV programmes work with a variety of actors at each level. At the individual level, women and girls at risk groups are a key target focus.

Focus on women, girls and at-risk groups

Those who hold less power in society are more likely to be exposed to harm, including sexual and gender based violence. Anyone can be a victim of sexual and gender based violence, however women and girls are disproportionately affected, due to gender based power differentials in our societies. Risks are heightened for those who are internally displaced, refugees, migrants, homeless, sex workers, living with HIV/AIDS, living with disabilities, formerly associated with armed groups, widows, female heads of households, teenage mothers, sexual minorities, unaccompanied and separated children and detainees. When sources of vulnerability to discrimination (such as age, disability, religion, sexual orientation, ethnicity, legal status, and family status) intersect with gender-based discrimination, the likelihood of exposure to sexual and gender based violence escalates.

Disadvantages that place particular people at heightened risk of violence also exacerbate the harm caused by secondary victimisation (e.g. victim-blaming attitudes held by service providers), for example due to restricted access to psychosocial support, health services or the justice sector. It is essential that programming pays attention and is responsive to the needs of particularly marginalised women and girls, and in some contexts marginalised boys and men, who are most at-risk of experiencing sexual and gender based violence yet often have difficulty accessing support. In protection and SGBV programming in humanitarian contexts, mental health and psychosocial support (MHPSS) programming addresses the broad MHPSS needs of women and girls and men and boys, and SGBV programming while focusing primarily on women and girls can also support male survivors, especially boys given their increased vulnerability in these contexts. In development contexts, SGBV programming focuses primarily on women and girls as those at risk, or survivors, of SGBV. This means that services are designed or implemented specifically for women and girls.

Men and boys are not excluded. Regardless of sex, those who are at risk, or survivors, of SGBV will still receive supportive responses.



At [family or household level](#), we work with potentially supportive family members of survivors and those at-risk to mobilise support, care and social integration. This may include parents, partners (except in cases of intimate partner violence), siblings, children and other relatives, in cases where the family members are not perpetrators of violence. These supports must always be planned with the survivor or person at-risk, be guided by regular safety and security assessments, and should not involve working with alleged perpetrators in any circumstances.

This work should only be carried out at the request of women already participating in the programme. For example this might involve partner staff facilitating family dialogues between women programme participants and their family members to encourage families to accept and be supportive towards children born of rape. It can also involve a facilitated discussion between a survivor and her husband in

cases involving rape or other forms of sexual violence perpetrated against her by a perpetrator such as an armed actor, where the survivor has identified the risk of separation from her husband due to the attack and requests assistance from staff. Support to parents of children who have experienced sexual abuse involves basic psychoeducation for parents, supportive communication, psychosocial first aid, and in some cases more specialised psychosocial support to parents to support them in working through their own reactions and assist them to support their child.

At [community level](#), we support the establishment or strengthening of protective community structures and supports and mobilise individuals in support of women, girls and at-risk groups. This can include supporting women and girls-only spaces to provide safe spaces for peer support, strengthening of social networks and community-based psychosocial support. We also support community-led protection mechanisms such as community protection committees who are trained on survivor-centred principles, psychosocial first aid and referral. Trócaire mobilises communities by supporting men, women, girls and boys living in the community, community leaders, religious leaders, local representatives of informal groups and other key community actors to collectively challenge social norms, ideologies and behaviours that disempower women. This work also involves strengthening existing structures such as women's groups, youth groups, religious leaders and midwives through the provision of training in survivor-centred principles, psychosocial first aid and referral to help them better support others.

At [civil society level](#), we work with women-centred organisations and other civil society organisations to build alliances and coalitions that support women and girls' rights and a wider gender equality agenda in society. As elaborated through our research on

'localisation',⁴ supporting long-term institutional strengthening of local civil society organisations, particularly those representing the most marginalised people affected by crisis, is critical to strengthening local processes of support. In protracted crises, systemic injustices and social inequalities within society – gender inequality, racism, classism, homophobia, ableism and sectarianism – intersect with crisis-related risks which means that people who are traditionally marginalised are often most at-risk. We work with and support local organisations that are representative of marginalised crisis affected populations, many of whom are women-led organisations, with practical supports such as assisting them to establish clinical supervision systems, security systems, funding core roles and longer-term strategy development.

Finally, recognising the context of the countries we work in, programmes engage [institutional](#) actors – both customary and statutory bodies and actors – from village to national levels. In some contexts, this may include support to citizens, communities and civil society actors to influence policy-making and the institutional practice of key SGBV institutional actors. In humanitarian contexts, this often includes advocating with state and non-state actors on protection issues, including humanitarian access, violations and abuses allegedly perpetrated by armed forces and armed groups, and the provision of basic protection services in areas affected by armed conflict. In some contexts, we also work with the government health system to provide staff training, equipment and the provision of essential clinical management of rape services.

⁴ Ni Chéilleachair, R. Shanahan, F. (2018), 'Local actors: Key resources and supporters in protection'. *Humanitarian Aid on the Move*, 19. Groupe Urgence Réhabilitation Développement: Provence. See also, O'Loughlin, C. and Shanahan, F. (2017) *Living with adversity: Resilience in Protracted Crises*, Trócaire, and de Geoffroy, V. and Grunewald, F. (2017) *More than the Money: Localisation in practice*. Groupe URD and Trócaire.

4. KEY CONCEPTS AND PRINCIPLES

Sexual and Gender Based Violence (SGBV)

Sexual and gender based violence is an umbrella term for any harmful act or threat of harm inflicted on a person because of the socially ascribed (gender) differences between males and females. It is a life threatening global health and human rights issue, which is rooted in gender inequality and primarily affects women and girls globally, although it also affects boys and men in some contexts. Gender based violence refers to an act that results in, or is likely to result in, physical, sexual and psychological harm or suffering, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or private life. It encompasses **sexual violence, physical violence, emotional and psychological violence, harmful traditional practices** and **socio-economic violence**.

Principle 1: Survivor-Centred

Survivor-centred principles ensure that the survivor's rights, needs and wishes are prioritised when designing, developing and implementing SGBV-related programming. The survivor-centred approach can guide professionals – regardless of their role – in their engagement with persons who have experienced SGBV. It aims to create a supportive environment where a survivor's rights are respected, safety is ensured, and the survivor is treated with dignity and respect. The approach helps to promote a survivor's recovery and strengthen her ability to identify and express needs and wishes; it also reinforces the person's capacity to make decisions about possible interventions.

Key elements of the survivor-centred approach for promoting ethical and safety standards:

1. **Safety:** The safety and security of the survivor and others, such as their children and people who have assisted them, must be the number one priority for all actors. Individuals who disclose an incident of SGBV or a history of abuse are often at high risk of further violence from the perpetrator(s) or from others around them.
2. **Confidentiality:** Confidentiality reflects the belief that people have the right to choose to whom they will, or will not, tell their story. Maintaining confidentiality means not disclosing any information at any time to any party without the informed consent of the person concerned. There are limits to confidentiality when you are concerned about a risk or potential risk of harm to the person themselves or to others, or where the person discloses information about harm or a risk of harm to a child or a vulnerable adult (defined as a person who does not have the capacity to give informed consent).
3. **Respect:** The survivor is the primary actor, and the role of the supporter⁵ is to facilitate recovery and provide resources for problem solving. All actions taken should be guided by respect for the choices, wishes, rights and dignity of the survivor, and no action should be taken on behalf of the survivor without their expressed consent.
4. **Non-discrimination:** Survivors of violence should receive equal treatment regardless of their age, gender, race, religion, nationality, ethnicity, sexual orientation, marital status, family status or any other characteristic.
5. **Perpetrator accountability:** Perpetrator accountability operates at many levels including state accountability and measures to redress impunity for SGBV. Programmes to address SGBV need to support and facilitate survivors participation in the justice system, where this is a step that the survivor wishes to take, while at the same time ensuring that the burden or onus of seeking justice is not placed on the survivor but on the state to fulfil the relevant duty-bearer obligations. Perpetrator accountability goes further than formal justice systems and means never condoning, minimising or excusing violence, and never placing the responsibility for violence with survivors or others external to the perpetrator.

⁵ Supporter refers to the person managing the disclosure of abuse and offering guidance and support to the survivor on possible next steps, and potential response services to meet their needs. It also refers to any professional handling SGBV case management such as medical staff; Social Workers; Police etc.

Principle 2: Do No Harm

This means we avoid causing harm by ensuring interventions are established from sufficient information, open to scrutiny, evaluation and external review, are gender sensitive, culturally and age appropriate, based on recent contextual and vulnerability analysis and built with participatory approaches. Given that SGBV is experienced across cultures and age groups, all programmes must respond to the individual circumstances and life experiences of survivors and those at-risk of SGBV, taking into account their age, identity, culture, sexual orientation, gender identity and ethnicity. All programmes must ensure that there is no tolerance for discrimination of any person on the basis of their race, religion, ethnicity, disability, sexual orientation or gender identity, legal status or other characteristics.

Work on sexual and gender based violence has the potential to cause harm because it deals with highly sensitive issues and interventions have the potential to exacerbate risk. It is critical to prevent and minimize as much as possible any unintended negative effects of programmes which can increase people's vulnerability to both physical and psychosocial risks. Trócaire programmes can avoid causing harm by operationalising survivor-centred and programming principles; participating in coordination groups to learn from others; minimising duplication of work and addressing gaps in response services. Developing cultural sensitivity and competence in Trócaire and partners' work to address SGBV, staying updated on the evidence base regarding effective practices; and developing an understanding of, and consistently reflecting on, universal human rights, power relations between men and women, and between outsiders and affected people, as we plan and develop programmes will ensure that we minimise risk of harm.

Principle 3: Participation and Empowerment

By committing to meaningful participation and the use of empowerment approaches, we seek to work in solidarity with women, girls and at-risk groups in the spirit of mutual understanding, dignity and respect. We will support the leadership and influence of affected communities, particularly potentially marginalised women, girls and at-risk groups and ensure that programme participants are supported to have ownership and control over programme goals, priorities and activities, in partnership with communities and civil society. Trócaire values local knowledge, expertise and experiences and will specifically focus on supporting women, girls and at-risk groups to participate meaningfully in decision-making spaces, in line with their priorities,

including increasingly partnering with women-centred organisations. In relation to SGBV programming it is important that we remember the centrality of gender inequality and discrimination as both a root cause and a consequence of SGBV, and ensure that programmes have gender sensitive and responsive policies and practices in place. Programmes must promote survivors' agency, where they are entitled to make their own decisions, including decisions to refuse services.

Principle 4: Meaningful Access

Meaningful access for all, particularly people who are potentially vulnerable or marginalised, is another foundational principle of our approach. In order for access to be meaningful, assistance and services must be available in sufficient quantity and quality, impartial and provided on the basis of need and without discrimination, within safe and easy reach for the most vulnerable and at risk groups, known by people potentially accessing services. They must also be physically and financially accessible, culturally appropriate and socially acceptable.

Principle 5: Accountability

Accountability means striving to improve the quality and effectiveness of our work and being constantly mindful that the interests and priorities of the communities and partners we work are at the heart of our mission. It means sharing information about who we are and what we do in the spirit of open, transparent, two-way communication with people and communities, including women, girls and at-risk groups who might participate in our protection programmes. It means ensuring there are processes in place which facilitate information sharing, listening and responding to and being accountable to women, girls and at-risk groups and ensuring that our programming serves their priorities.

Principle 6: Rights-Based Approach

Our rights-based approach is a framework for ensuring the consideration of human rights in all aspects of programme design and implementation. The human rights-based approach views affected populations as rights-holders, and recognises that these rights can be realised only by using principles such as empowerment, accountability, participation, equality and non-discrimination. This approach seeks to pay attention to rights as well as needs. How those needs are determined and addressed is informed by legal and moral obligations and accountability. States are the legal duty-bearers of human rights and are bound by law to respect, protect and fulfil the basic human rights of people living under their jurisdiction.

Humanitarian and development actors are seen as moral duty-bearers who are morally bound to respect the rights of rights-holders and to encourage, empower and assist rights-holders in claiming their rights. A human rights-based approach requires those who undertake SGBV related programming to:

- ✓ Assess the capacity of rights-holders to claim their rights (identifying the immediate, underlying and structural causes for not claiming rights) and to participate in the development of solutions that enable them to claim their rights, in order to positively impact their lives in a meaningful and sustainable way.
- ✓ Assess the capacities and limitations of duty-bearers to fulfil their obligations.
- ✓ Monitor and evaluate both outcomes and processes, guided by human rights standards and using participatory approaches.
- ✓ Ensure programming is informed by the recommendations of international human rights bodies and mechanisms.

Laying the groundwork: Building our capacity to do SGBV work

This is the first phase of any approach to protection and SGBV and focuses on capacity building and continuing professional development. It is essential that Trócaire's programme teams are supported to fully understand the principles and evidence in relation to SGBV programming and develop SGBV specific technical skills and competencies so that they are well placed to assess partner capacity, and support partners in their programme implementation and technical capacity-building. Sustained, intensive and consistent support and accompaniment is required in protection and SGBV programming due to the more sensitive nature of this type of programming and the risks of causing harm.

A central element of delivering SGBV response and prevention services ethically and safely is the capacity to develop and maintain a supportive professional relationship with a person experiencing distress, in particular those at-risk of or who have experienced violence. Close accompaniment, specialised training, mentoring, staff care, technical and/or clinical support and supervision are essential to assist Trócaire staff to further develop these skills and competencies within the context of continuing professional development. In order to adequately support partners to deliver SGBV programming it is essential that Trócaire staff hold these competencies and skills and are adequately supported in terms of professional development and staff care, support and supervision. Trócaire staff take responsibility for staff training, mentoring and oversight. Clinical support and supervision is conducted by suitably qualified external actors.

There are a range of different partnership and accompaniment models that may be appropriate to developing the technical competencies required to deliver on our commitments to SGBV response and prevention programming. This currently includes secondments of Trócaire staff to partner organisations, Trócaire and partner staff jointly providing regular in person support and supervision to frontline staff and volunteers implementing response programming, co-design of session outlines and guides with partner staff, programme staff, and HQ-based technical advisers and supporting partner staff and volunteers to engage with participants to design contextually relevant psychosocial supports.

In contexts where citizen monitoring and advocacy strategies are to be integrated into SGBV programming, consideration should be given to the recommendations in Trócaire's *Citizen Monitoring and Advocacy Framework*.

Minimum Standards – ‘Laying the Groundwork’ Phase

1. Trócaire is committed to increasing the number of women-centred organisations (WCOs) within its global partner portfolio. WCOs ‘also known as women-driven organisations, women-led organisations or women’s rights organisations are civil society organisations with an overt women’s and girls’ rights, women’s empowerment, gender equality and/or feminist purpose’.⁶ In Protection and SGBV programming, this means that we work with WCO’s working from a women-centred and survivor-centred perspective.
2. Ensure that Trócaire teams and partners develop their knowledge and understanding of gender and gender inequality, and remain aware of the intersecting and cumulative disadvantages that may be present for people including age, race, disability, HIV, poverty, teenage parenthood, and homelessness.
3. Ensure an adequate knowledge and understanding of key foundational concepts relating to SGBV (definition, types, causes, consequences, principles of informed programming, power) in Trócaire team and partners.
4. Ensure a robust code of conduct is in place to support staff to fully understand Trócaire’s expectations when interacting with members of the community. This includes Prevention of Sexual Exploitation and Abuse (PSEA).
5. Ensure a full mapping of existing services for response to SGBV is conducted to establish clear referral pathways.
6. Ensure that all staff interacting with the community are capable of handling disclosures of SGBV safely and appropriately, and are equipped to make safe referrals to appropriate services.
7. A system of ongoing staff support and supervision should be incorporated into every implementing teams’ programme. Support and supervision aims to bring experiential learning from programming together with critical reflection from staff. Through this process reflection on past work leads to new learning that is integrated into future practice.

⁶ Trócaire (June, 2017), *Women-centred organisations – Trócaire definition. Discussion paper.*

5. KEY INTERVENTION STRATEGIES FOR SGBV PROGRAMMING

Trócaire takes a broad-based, multi-level and multi-sectoral approach to protecting and promoting the rights of women, girls and at-risk groups, which includes a focus on the preventing, mitigating and responding to SGBV. This approach, and the **SGBV intervention model** that follows, have been developed in line with the Inter Agency Standing Committee (IASC) Guidelines on GBV Prevention, Mitigation and Response in Humanitarian Settings (2015), the IASC Guidelines on Mental Health and Psychosocial Support (2007) and the Protection Mainstreaming Working Group's 'Protection Mainstreaming Framework' (2016).⁷ Although this model was originally developed to frame our work on protection of women, girls and at-risk groups in humanitarian settings, it is relevant to SGBV response, mitigation and prevention in a range of contexts, particularly low resource settings. This model shows three pathways for programming:

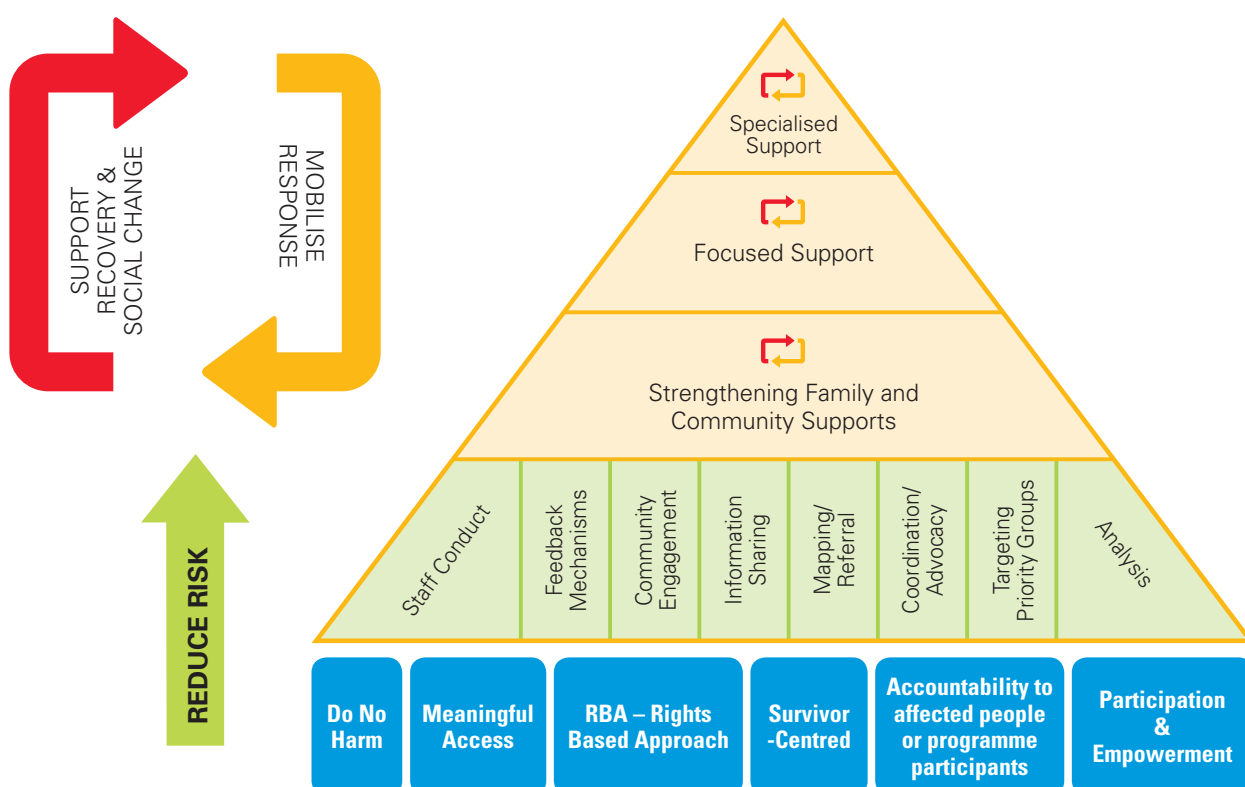
- 1. Reduce Risk:** To deliver on this pathway, we adhere to survivor-centred principles, do no harm, participation and empowerment, meaningful access and accountability throughout all programming to ensure we don't exacerbate SGBV and protection risks for women, girls and

other at-risk groups, and mitigate and prevent harm to the extent that is possible.

- 2. Mobilise Response:** This pathway focuses on strengthening and reactivating existing family and community supports, focused supports and where needed, specialised services, to ensure that individuals, families and communities are in a position to support each other and continue functioning.
- 3. Support Recovery and Social Change:** This pathway supports longer term investment in supporting women's and girls' empowerment, strengthening systems and institutional, social and political change.

Underpinning the three pathways are the foundational blocks for protection and SGBV programming: the bottom layer represents the six key principles (see pages 4–6), whilst the next level represents the minimum standards for laying the groundwork phase (see Box on page 8).

⁷ The PMWG Protection Mainstreaming Framework was developed jointly by Trócaire, CAFOD, CRS and Caritas Australia.



Trócaire believes that Goal 3, Outcome 2 and Goal 4, Outcome 1 programmes must be designed and delivered to support change processes at multiple levels: **individual, family/household, community, civil society, and institutional**. While each level should be addressed in the planning stages of a programme, entry points will vary and the bulk of the work in a particular context may transpire to be focussed at the individual or community level, with a lesser emphasis on the institutional level, for example. In another context it could be the reverse, with the primary focus at institutional level with less programme focus at the individual level.

Application of the SGBV Intervention Model to Theory of Change Levels:

Reduce Risk: This pathway interacts at the level of civil society and institutional. It is about supporting civil society actors by laying the ground work so that they can mobilise response and activate social recovery and social change safely. It is also about institutional level actors, particularly bilateral partners such as UN agencies operating in the SGBV sector.

Mobilise Response: This pathway engages the levels of individual, family/household and community.

Support Recovery and Social Change: This pathway engages the levels of individual, community, civil society and institutional.


The following section of the framework, outlines **key strategies** from the **SGBV intervention model at each level**. Finally, to support Trócaire's integration approach, icons are used throughout to identify when a strategy encompasses strategies from Trócaire's women's empowerment and citizen monitoring and advocacy frameworks.

5.1 Individual Level:

Strategies at the individual level generally target marginalised women and girls *including* survivors and those at-risk of SGBV, rather than *solely* targeting survivors of SGBV. Programme participants should not have to disclose that they are a survivor in order to access services, and if they choose to disclose every care should be taken to protect their confidentiality, ensure that they are not stigmatised or identified in the community as a result of their engagement in a programme. Support to individuals usually involves strengthening family and community supports for example through women and girls-only spaces and women's empowerment, focused supports and specialised supports.

5.1.1. Women and girls spaces/centres:

This is an identified area where women and girls (and men and boys in the case of wider MHPSS programming) can access support, information and services in humanitarian or development settings. This might involve working with women and girls to identify a space they perceive as safe, such as a community centre, school hall or religious building, or in some settings might involve setting up a new space by renting a room in an existing building, renovating an existing space or constructing a temporary structure. The type and design of a space is determined by the cultural context, risks or potential vulnerabilities, needs and existing capacities. In most programming contexts, there are informal and formal groups of women and girls who are seeking and offering support to each other. Often, some women and girls will be particularly marginalised and may need some help to access existing social supports. In partnership with women and girls, it is useful to provide an area where women and girls can: receive psychosocial support, socialise and rebuild social networks, access referral to safe and survivor-centred SGBV response services (medical, legal, psychosocial), develop contextually relevant knowledge and skills, and minimise stigma or shame they experience. If services for men and boys are also provided through the programme, these are usually provided either at a different location in the community or at a different time to activities for women and girls. We deliver this kind of programming in Myanmar and Pakistan.

5.1.2. Women's groups: Programmes   should also consider the inclusion of broader women's empowerment approaches in protection and SGBV programming (see *Trócaire Women's Empowerment Framework*): rights awareness training that provides women with a foundation of legal entitlements and rights including to live a life free from violence; facilitating self-reflection and exploration enables women to challenge discriminatory social norms and build self-efficacy; literacy and vocational or business training can also be very effective in supporting and strengthening individual's coping capacity and resilience. Our programming in Lebanon, DRC, Nicaragua and Kenya uses this strategy.

Minimum standard

Ensure the availability of safe, accessible and survivor centred medical and psychosocial response services and referral at a minimum before engaging in prevention work. Do not engage in preventative only programming, or advocacy only programming in contexts where there are not basic response and referral services

5.1.3. Focused non-specialised support to marginalised women, girls and at-risk groups, including survivors of SGBV, is provided by staff with specific training (for example in psychosocial first aid, survivor-centred care, referral and/or case management) but who may not have a professional qualification or years of training. It might include some one-to-one support for example with an SGBV survivor to provide basic emotional support, support a survivor to minimise self-blame or stigmatising thoughts and feelings, talk




through options and provide assistance in accessing services. Programmes may also work with marginalised women and girls, including SGBV survivors and those at-risk to support them in accessing tailored needs-based and responsive socio-economic supports (e.g. education, training, financial support, access to credit) to ensure sustainable livelihoods. We use these strategies in DRC, Lebanon, Myanmar, Zimbabwe and Pakistan. In Honduras, partners facilitate training processes for the empowerment of girls, young women and adult women, who live in conditions of vulnerability, for example, indigenous women, peasants and women living in extreme poverty.


5.1.4. Specialised support to marginalised women, girls and at-risk groups, including survivors of SGBV, is provided by qualified professionals and may include psychological, medical, legal or safe refuge support. We deliver specialised services in Lebanon, DRC, Kenya and Pakistan. Specialised psychological support is provided by clinicians (e.g. clinical psychologist, clinical social workers) who are licensed to practice and work under clinical supervision. In Zimbabwe, Trócaire provides self-stigma reflection support by qualified counsellors supported by semi-qualified counsellors. A best practice model we use in DRC for the provision of specialised support to survivors of SGBV is the 'one stop shop', whereby a range of specialised supports to survivors of sexual violence are embedded in a health facility. All patients who attend the facility are offered a range of services including a consultation with a female doctor trained in survivor-centred principles and clinical management of rape and forensic evidence gathering. If a survivor discloses sexual violence to their doctor, they are offered in-house referrals to specialised clinical psychologists, lawyers and confidential family and socio-economic supports. This process ensures access to multiple services without having to repeatedly disclose her experience of sexual violence to different service providers. Services are delivered based on individual needs and choices, whereby the survivor is the primary actor.

5.2 Household/Family Level:

At the household level, programmes include strategies that seek to strengthen positive family support for marginalised at-risk women and girls or survivors of SGBV, minimising isolation, stigma and shame:

5.2.1. Support to families to re-establish support mechanisms  to support healing, recovery and resilience. In most contexts families and communities have networks of support that they access at times of need. In emergencies these may be disrupted due to loss, displacement, community fears, and at other times they may simply be unavailable due to dominant social norms and beliefs that discriminate against vulnerable persons, including SGBV survivors. Useful strategies to support this include activation of social networks such as women's groups, youth clubs, mass communication on SGBV, positive coping and support strategies for survivors of SGBV, supportive parenting programmes and formal or informal education activities. These approaches are used in DRC, Myanmar, Kenya and Lebanon.


5.2.2. Support to non-abusive family members to raise their awareness of SGBV and mobilise their support for survivors, including towards re-integration of survivors where appropriate. This work involves working with family members of survivors, on request of, or with the express consent of the survivor, to support them to understand the violence they have experienced and ways to support the survivor in their healing and recovery. Our programming in DRC includes the provision of specialised, confidential family support and dialoguing with potentially supportive family members of survivors and children born of sexual violence. While in Kenya programming with adolescent girls and young women (AGYW) includes counselling support to supportive family members in support of their understanding of the discriminations that AGYW face, and their reintegration into school.


5.2.3. Transformation of attitudes and beliefs that discriminate against survivors of SGBV  causing stigma, isolation and create obstacles to help seeking. This work seeks to transform social and cultural norms that victimise and blame survivors of SGBV as being responsible for the violence against them, bringing shame to the family and/or community, and that reinforces power

imbalances. This work may take place within the strategies above which directly target and work with family members. It may also take place within mass communication, awareness raising and specific community mobilisation strategies towards transforming attitudes and beliefs that discriminate against survivors. Campaigns in Myanmar and Malawi have focused on raising awareness of the need to support survivors, and de-bunking myths and beliefs that create obstacles for survivors, or those at risk of SGBV, to seek support.

5.3 Community Level:

Strategies at the community level seek to strengthen positive community support for marginalised at-risk women and girls or survivors of SGBV. This work seeks to minimise isolation, stigma and shame for survivors of SGBV, and support changes in social norms and beliefs that support the marginalisation and discrimination of women and girls:

5.3.1. Referral pathways:  Programmes should regularly collect and keep updated information on local SGBV response services and referral pathways and share this proactively with all actors and key decision makers so that they can refer any survivors to the appropriate channels of support/response. Once programming is established, the programme should seek to assess the quality of referral services through service strengthening activities, which operate under the civil society and/or institutional levels (see *strategy 5.5.1*). Referral pathways should at a minimum be updated on an annual basis and should cover: health/medical, psychosocial, security and safety, and legal/justice services. In Myanmar, Trócaire co-chairs the Kachin GBV Sub-cluster and plays an active role in updating the referral pathway and sharing best practices related to GBV case management and links with non-GBV actors. See *strategy 5.4.5* for more detail on work with sub-clusters.

5.3.2. Strengthening community supports:  Programmes should work through existing structures where possible. For example, in every context there are women in the community who other women turn to for support – work with them to identify culturally relevant supports that promote healing and recovery, and risks associated with offering support. In contexts where existing groups are not accessible to marginalised women and girls, support the establishment of women's

and girls' groups or spaces that are accessible to all. Sample activities include establishing or strengthening community and peer group activities, such as youth groups, child-friendly spaces and women's groups; participatory learning approaches, resilience programmes including those that support strengthening of positive coping strategies; memorials or ceremonies; programmes that support stress reduction, calming techniques or relaxation. For example, women's and girls' spaces are women's groups that are facilitated by trained and supervised staff and designed to support particularly vulnerable or marginalised women and girls, including SGBV survivors.

5.3.3. Supporting women, girls, boys and men to challenge social norms

that perpetuate gender inequality and SGBV. This is a primary prevention strategy that aims to prevent violence before it occurs; it includes population level interventions to prevent people becoming perpetrators of violence in the future. Strategies for primary prevention include mass awareness raising about SGBV (large groups, radio, posters, street theatre, etc.) and specialised community mobilisation approaches (SASA!/SASA! Faith). Early intervention is essential to enhance the success of primary prevention strategies, and this makes working with youth key. Working directly with perpetrators of violence with the aim of reducing offending is tertiary prevention and this is not a recommended strategy. We do not recommend primary prevention strategies for use within humanitarian contexts, as they require stability and the ability to work over long periods of time.

5.3.4. Mobilising women, girls, boys and men to challenge social norms that stigmatise and discriminate against survivors

is essential to mobilise support and create an environment where survivors or those at risk of SGBV can seek support and access to services. This is secondary prevention programming in that it is seeking to respond after violence has occurred. Secondary prevention is appropriate in all contexts, including humanitarian contexts, as long as it can be done without causing harm. In DRC and Pakistan this includes supporting gender-balanced Community Protection Committees to safely respond to requests for assistance and make referrals to available services, and also conduct general awareness raising about SGBV and protection services and women's rights. Community-led protection monitoring

and participatory safety audits are also useful strategies that attempt to mitigate protection risks including SGBV. These strategies of risk mitigation are also known as secondary prevention (risk mitigation once the risk is already present).





5.4 Civil Society Level:

At this level, strategies seek to support civil society actors to mobilise response and activate social recovery and social change safely, as well as build coalitions to challenge societal norms and behaviours that enable and perpetuate SGBV and survivor stigma and discrimination.




5.4.1. Build alliances and coalitions of

women-centred organisations is essential to support women and girls' rights and the adoption of a wider gender equality agenda in society. Trócaire programmes should play a role in connecting like-minded networks, movements and alliances. In Honduras, partner CEM-H accompanies local women's networks so that they can organise and strengthen their collective knowledge about their rights and take collective action to defend these.


- 5.4.2. Support long-term institutional strengthening**  of local civil society organisations, particularly those representative of the most marginalised people affected by crisis. In protracted crises, systemic injustices and social inequalities within society – gender inequality, racism, classism, homophobia, ableism and sectarianism – intersect with crisis-related risks which means that people who are traditionally marginalised are often most at-risk. For example in Lebanon we work with and support local organisations that are representative of marginalised crisis-affected populations, including women-led organisations, with practical supports such as assisting them to establish clinical supervision systems, funding core roles and longer term strategy development.
- 5.4.3. Protection mainstreaming capacity building**  This includes providing partners and staff with training and ongoing support for action planning and improvement in relation to the eight core components of protection mainstreaming across all programmes. The eight components are, 1. Analysis, 2. Information Sharing, 3. Community Engagement, 4. Targeting and Diversity of Need, 5. Feedback and Complaints Mechanisms, 6. Staff Conduct, 7. Mapping and Referral and 8. Coordination and Advocacy.
- 5.4.4. SGBV capacity building**: This includes providing partners and staff with training and ongoing support in relation to SGBV programme principles, essential response strategies and prevention programming specific to SGBV (see pages 5–7).
- 5.4.5. Participate in clusters/sectors/pillars engaged in protection and SGBV mitigation, prevention and response**  In all country programmes, this includes participating in and supporting partners to participate in wider civil society initiatives and networks. Relevant actions can include highlighting SGBV and protection as an immediate life-saving priority in cluster meetings, discussing SGBV risks and risk-reduction responses in cluster meetings and highlighting opportunities for collaborative approaches to prevent, mitigate and respond to SGBV and protection risks.
- 5.4.6. Prevention of Sexual Exploitation and Abuse (PSEA)**  All country programmes should ensure that adequate mechanisms are in place to protect women, girls, boys and

men from all forms of sexual exploitation and abuse by all agency staff and partners, as well as participating in advocacy across the sector where possible. This includes ensuring codes of conduct, policies and training on PSEA for all staff are in place. Please refer to *Trócaire's Safeguarding Policy* documents. It also includes safe recruitment practices that ensure safeguarding of programme participants is clearly managed, and programme participant feedback and complaints mechanisms are in place and functioning within all programming.

- 5.4.7. Policy and advocacy to integrate SGBV prevention and response into national policies**  A policy environment supportive of women's rights and gender equality is essential. Programmes may engage in citizen monitoring and advocacy to ensure national and sub-national policies (health, security and justice) and institutional practice adequately address prevention and respond to SGBV (e.g. domestic violence bills, sexual offences acts, etc.). Trócaire's commitment to integrating 'citizen monitoring and advocacy' across all programmes means that where it is safe and possible to do so, citizen monitoring and advocacy strategies should be integrated into programmes. In each context, programme staff and partners should carefully assess whether it is best to promote strategies that are carried out by, with or for those most affected by or most at risk to SGBV, but in all cases, these strategies should be informed by and rooted in the experiences of our main target groups (see *Trócaire Citizen Monitoring and Advocacy Framework*). This could, for example, involve working with existing civil society support groups (e.g. people formerly associated with armed groups, widows) to support them in their aims (e.g. targeted advocacy on shared issues such as reparations, memorials, pensions etc.).

5.5 Institutional Level:

Strategies at this level seek to support and strengthen an institutional environment that prohibits SGBV, hold perpetrators to account, and provides adequate support and protection to those at-risk and survivors of SGBV:

- 5.5.1. Citizen monitoring of SGBV support services**  A sub-category of citizen monitoring and advocacy towards better institutional SGBV prevention and response, citizen monitoring of SGBV response services could be a potentially appropriate strategy in

some contexts. This would involve citizen monitors trained and tasked with monitoring certain aspects of SGBV support services, such as the availability, accessibility and quality of such services. The evidence collected from monitoring activities would ideally be used in efforts to advocate for improvements to these services and to hold duty-bearers to account for existing commitments and standards vis à vis SGBV support services. Where possible, citizen monitoring should be complemented by strategies that aim to build the capacity of service providers (see *strategy 5.5.3*).

5.5.2. Policy and advocacy to integrate SGBV prevention and response

into national policies: A policy environment supportive of women's rights and gender equality is essential. Programmes may engage in citizen monitoring and advocacy to ensure national and sub-national policies (health, security and justice) and institutional practice adequately address prevention and respond to SGBV (e.g. domestic violence bills, sexual offences acts, etc.). Trócaire's commitment to integrating citizen monitoring and advocacy across all programmes means that where it is safe and possible to do so, citizen monitoring and advocacy strategies should be integrated into programmes. In each context, programme staff and partners should carefully assess whether it is best to promote strategies that are carried out by, with or for those most affected by or most at risk to SGBV, but in all cases, these strategies should be informed by and rooted in the experiences of our main target groups (see *Trócaire Citizen Monitoring and Advocacy Framework*). This could, for example, involve working with existing civil society support groups (e.g. people formerly associated with armed groups, widows) to support them in their aims e.g. targeted advocacy on shared issues such as reparations, memorials, pensions etc.

5.5.3. Strengthening national health systems, justice systems and multi-sectoral, community-led responses:

Programmes may include specialised supports, including national and local health system strengthening, focusing on the strengthening of medical staff capacity on clinical management of rape, forensic analysis and specialised mental health services; national and local justice system strengthening, including focusing on building the capacity of the justice law and order sector, including the police, judiciary,

defence lawyers, victim support staff etc. on victim and witness protection, responding to survivors, laws and procedures relevant to prosecuting sexual and gender-based crimes. Our programme in DRC includes working with the national health system to strengthen services in the recovery phase, including training health workers in psychosocial first aid and survivor-centred care.

5.5.4. Clinical management protocols in use by trained staff of public health institutions

Programmes may support the development and/or use of protocols to support best practice clinical management of cases of sexual violence by public health institutions. These protocols are targeted at qualified health care providers (health coordinators, medical doctors, clinical officers, midwives and nurses). They should take into account available resources, materials and drugs, and national policies and procedures.

5.5.5. GBV Information Management System (GBVIMS):

The GBVIMS provides a simple system for GBV project managers to collect, store and analyse their data, and also enables the safe and ethical sharing of reported GBV incidents. The GBVIMS assists service providers to better understand the GBV cases being reported as well as enabling actors to share data internally across project sites and externally with agencies for broader trends analysis and improved GBV coordination and programming. This varies from context to context, for example our partners use the GBVIMS in Myanmar and the government-led national system which is modelled on the GBVIMS in DRC.

5.5.6. Advocacy on institutional perpetration of and responses to SGBV and protection risks

In humanitarian contexts, this often includes advocating with state and non-state actors on protection issues, including humanitarian access, violations and abuses allegedly perpetrated by armed forces and armed groups, and the provision of basic protection services in areas affected by armed conflict.

Integrated approaches to SGBV response, prevention and mitigation:

Integrated programming on SGBV means that a range of different services are provided to the same person. There are a number of different mechanisms of integration:

Vertical integration: is when services are provided at increasing or decreasing levels of specialisation and there is strong coordination between the different levels. For example, a facilitator of a women's group is able to refer a survivor of SGBV to more specialised support from a psychosocial specialist when needed. The psychosocial specialist is also able to refer survivors to the women's group for peer support when needed. Both continue to provide support, while ensuring that the individual survivor can access services at a different level of specialisation to meet their needs.

Horizontal integration: is when we provide a range of services to survivors at the same level. For example, a community-based protection programme provides access to women's groups, basic life skills activities, men's groups and literacy classes, ensuring that potentially marginalised participants can access a range of supports at community level through the programme.

Multi-sectoral integration: is when protection programmes work closely with programmes in other sectors to ensure that participants have access to a range of services. For example, a women's group identify significant needs in relation to access to water and sustainable livelihoods in their community. This gap in service provision is highlighted by the Protection Programme Officer with other agencies in order to address this gap through livelihoods and WASH sectoral programming.

Integration of humanitarian and development programming in relation to SGBV: is when one programme participant has access to both development SGBV programming and our humanitarian protection and SGBV programming. An example would be a context where participants who attend specialised SGBV response services through a 'one stop shop' (in this example as part of a humanitarian response) would also have access to longer term livelihoods programming (in this example part of the development response) in a specific setting.

Integrated SGBV programme in DRC

In Ituri province in DRC, integrated protection and SGBV programming has recently been developed as part of the integrated programming approach. Humanitarian response in Mambasa, South Irumu and Aru has, since 2016, included the delivery of specialised SGBV response to survivors.

The programme model includes community-led protection mechanisms (established in 2014) and referral in Mambasa, Aru and South Irumu, community level psychosocial staff (APS) in Aru and Mambasa, mobile clinics providing legal and psychosocial response in Mambasa and referral to the Sofepadi specialised One-Stop-Shop in Bunia to provide clinical management of rape services, psychosocial supports, socio-economic supports and legal supports, with Sofepadi providing additional support to Level 2 health centres in Mambasa and Aru to strengthen the national health system response. In Djugu, the development response includes a long-established women's empowerment programme. Since March 2017, the development programme has included SGBV response in Djugu and South Irumu, which has replicated the programme model previously developed in the humanitarian programme. Humanitarian partners (Sofepadi, Caritas Wamba, Caritas Mahagi) in Aru and Mambasa and development partners (Sofepadi, Feconde, Fomi, Caritas Bunia) came together in April 2017 to conduct joint planning and reflection on integrated approaches. This integrated approach has also led to an integrated support model, with the Humanitarian Protection Adviser as the primary support for staff managing these programmes, liaising with the GBV and HIV Advisor to provide coordinated support.

GLOSSARY OF TERMS

Citizen Monitoring and Advocacy: Trócaire is committed to a rights-based approach to development. Citizen monitoring and advocacy puts the principles of a rights-based approach into practice as it empowers citizens (rights-holders) to know, claim and realise their rights by a. participating in setting the agenda of and influencing policy-making and institutional practice of government and other duty-bearers and, b. monitoring and holding the relevant duty-bearers to account.

Community Mobilisation: Community mobilisation, or the organisation of collective groups of individuals for action at community level, takes numerous forms and there is no standard approach. Community mobilisation aims to support social transformation, where citizens, especially poor and marginalised women and men, participate in decisions that affect them. Community participation is a right.

Disclosure: A disclosure refers to any point at which a person shares with another an experience of SGBV. At the point of disclosure a person is reaching out to seek support with an aspect of their experience. It generally signals an inability to continue to cope on their own, or the need for access to explicit services – medical, safety, legal, psychosocial support etc.

Emotional and Psychological Violence: Non-sexual verbal abuse that is insulting, degrading, demeaning; compels the victim/survivor to engage in humiliating acts, whether in public or private; denies basic expenses for family survival. Also systematic isolation of a person from friends/family, restricting movements, deprivation of liberty or obstruction/restriction of the right to free movement.

Empowerment: An increase in transformative types power and the reduction of oppressive power relations, between men and women and between state and citizens.

Focused Non-Specialised Support: Support provided by staff with specific training (for example in psychosocial first aid, survivor-centred care, referral and/or case management) but who may not have a professional qualification or years of training.

Harmful Traditional Practices: Female genital mutilation (FGM); early forced child marriage; forced marriage; honour killing and maiming; infanticide and/or neglect due to son preference; and denial of education for girls or women (not due to poverty).

Integration: An integrated country programme aims to increase impact through addressing multiple and often intersecting vulnerabilities faced by women and men and includes four key components:

- i. A country team approach to analysis and planning leading to greater geographic coherence within and between outcomes.
- ii. Greater integration between initiatives at individual, community, society and institutional levels as outlined in Trócaire's Theory of Change.
- iii. Within each outcome there is a commitment to consider how the Country Programme will contribute to the creation of an enabling environment and incorporate the following integrated strategies: Citizen Monitoring and Advocacy, Women's Empowerment and Resilience.

Where suitable, a highly integrated country programme will consider addressing more than one outcome in a community.

Masculinity: Constructed male identity that affects the way that men think they can be men, and how they must act in their lives and relationships with others.

Mental Health and Psychosocial Support: Refers to any type of local or outside support that aims to protect or promote psychosocial wellbeing and prevent and treat mental health difficulties (IASC, 2007). The term 'psychosocial' refers to the close relationship between an individual and their social environment and interactions. The 'psychological' effects are caused by a range of experiences that affect an individual's emotions, behaviour, thoughts, memory and learning capacity. The 'social' effects are the shared experiences of disruptive events that affect the relations between people. Such events can include death, separation and a sense of loss. The social effects can also be economic or political in nature, such as health disasters or armed conflicts.

Perpetrator: Person, group or institution that directly inflicts or otherwise supports violence or other abuse inflicted on another against his/her will.

Physical Violence: Physical assault (beating, punching, kicking, biting, burning, maiming or killing, with or without weapons; often in combinations with other forms of sexual and gender-based violence).

Primary Prevention: Any programmes, interventions or strategies aimed at stopping violence before it occurs.

Protection from Sexual Exploitation or Abuse (PSEA): As highlighted in the UN Secretary-General's 'Bulletin on Special Measures for Protection from Sexual Exploitation and Sexual Abuse' (ST/SGB/2003/13), PSEA relates specifically to the responsibilities of international humanitarian, development and peacekeeping actors to prevent incidents of sexual exploitation and abuse committed by United Nations, NGO and inter-governments (IGO) personnel against the affected population, to set up confidential reporting mechanisms, and to take safe and ethical action as quickly as possible when incidents do occur.

Referral Pathway/System: A comprehensive mapping of available, accessible and appropriate support services (i.e. medical care, safe accommodation, psychosocial counselling, police protection and/or legal advice) to ensure protection and support to survivors during recovery, the prevention of GBV and the prosecution of perpetrators (the so-called Three Ps).

Rights Awareness: A variety of methods that aim to educate and inform people and groups about their rights and responsibilities linked to local, national and international laws. Trócaire is committed to ensuring that rights awareness is conducted in a way that is empowering to participants and leads to action to claim and/or defend rights.

Secondary Prevention: Strategies aimed at minimising the harm that occurs once violence is taking place, as well as immediate post-violence intervention aimed at preventing re-victimisation are considered secondary prevention.

Sexual and Gender Based Violence (SGBV): An umbrella term for any harmful act or threat of harm inflicted on a person because of the socially ascribed (gender) differences between males and females. It is a life-threatening global health and human rights issue, which is rooted in gender inequality and primarily affects women and girls globally, although it also affects boys and men in some contexts. Gender based violence refers to an act that results in or is likely to result in physical, sexual and psychological harm or suffering, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or private life. It encompasses sexual violence, physical violence, emotional and psychological violence, harmful traditional practices and socio-economic violence.

Sexual Violence: Rape and marital rape (with disregard to the sex of the victim, child sexual abuse, attempted rape, sexual abuse, sexual exploitation, forced prostitution (also referred to as sexual exploitation), sexual harassment, and sexual violence as a weapon of war and torture.

Socio-Economic Violence: Discrimination and/or denial of opportunities, services including exclusion or denial of access to education, health assistance or remunerated employment or property rights. Social exclusion/ostracism based on sexual orientation. Denial of access to services or social benefits, prevention of the exercise and enjoyment of civil, social, economic, cultural and political rights, imposition of criminal penalties, discriminatory practises or physical and psychological harm and tolerance of discriminatory practices, public or private hostility to people who are or are perceived to be lesbian, gay, bisexual, transgender or intersex. Obstructive legislative practices that prevent the exercise and enjoyment of civil, social, economic, cultural and political rights by persons on the basis of their gender or gender identity.

Specialised Support: Support provided by qualified professionals and may include psychosocial, medical, legal or safe refuge support.

Trafficking: Selling and/or trading in human beings for forced sexual activities, forced labour or services, slavery or practices similar to slavery, servitude or removal of organs.

Women-Centred Organisation (WCO): WCOs, also known as women-driven organisations, women-led organisations or women's rights organisations are civil society organisations with an overt women's and girls' rights, women's empowerment, gender equality and/or feminist purpose.

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