Remote Protection of Women and Girls Service Delivery: Focused PSS and GBV Case Management

In the context of Covid 19, Trócaire country teams and partners are transitioning to remote service delivery models for GBV response and psychosocial support. As outlined in the Protection of Women and Girls in Emergencies plan for adapting services in line with Covid 19, the priority for Protection of women and girls (PWG) response programming is maintaining life-saving services, which are emergency case management, individual psychosocial support and access to health services. Remote GBV service delivery provides psychosocial support and case management over a technology platform (i.e. phone, chat, or SMS) rather than in person. In the context of Covid 19, Trócaire and partners are implementing remote service delivery as a temporary replacement for in-person psychosocial and GBV response service delivery.
This resource offers further guidance on setting up free-phone helplines to provide:

- **Phone based GBV case management or focused PSS** to existing programme participants from staff members' homes
- **Helplines**: phone-based crisis case management services from staff members' homes to GBV survivors (including new participants who have not previously engaged with the static service)

Phone-based case management/ focused PSS	Helpline for crisis case management
✓ Offered at set times during the day, ideally within working hours (8am to 6pm) although evening appointments may be offered.	✓ Offered on a 24/7 basis or for daytime hours (8am – 8pm).
✓ Existing focused PSS/case management participants.	✓ New participants who may be in crisis and/or seeking help for first time.
✓ Provided by staff skilled in GBV case management and focused PSS.	✓ Provided by staff skilled in GBV case management and focused PSS.
✓ Provided on an appointment basis with the same staff member they were seeing in the centre.	✓ Will not reach the same staff member every time they call.
✓ Allows staff to speak directly with survivors and offer crisis intervention, safety planning, information resources and referrals.	✓ Allows staff to speak directly with survivors and offer crisis intervention, safety planning, information resources and referrals.
✓ Supports women and girl participants to maintain access to a key supportive relationship during the crisis	✓ Supports GBV survivors and those at risk to access confidential support and understanding in a crisis.
✓ Requires staff training (provided remotely) to provide phone-based support	✓ Requires staff training (provided remotely) to provide phone-based support.
✓ Requires updated protocols on; • safe information management • safe use of phones and other tech • staff care • responses to immediate safety risks • feedback and complaints handling	✓ Requires updated protocols on; • safe information management • safe use of phones and other tech • staff care • responses to immediate safety risks • feedback and complaints handling

To this end, it includes guidance in the following key areas:

A. Setting up remote services; phone-based case management and helplines
B. Training staff to providing phone-based support

C. Staff care and safe work practices
D. Safe collection and use of participant information during remote service provision
E. Safe use of phones and other tech
F. Responding to challenging calls including responses to immediate safety risks
G. Feedback and complaints handling

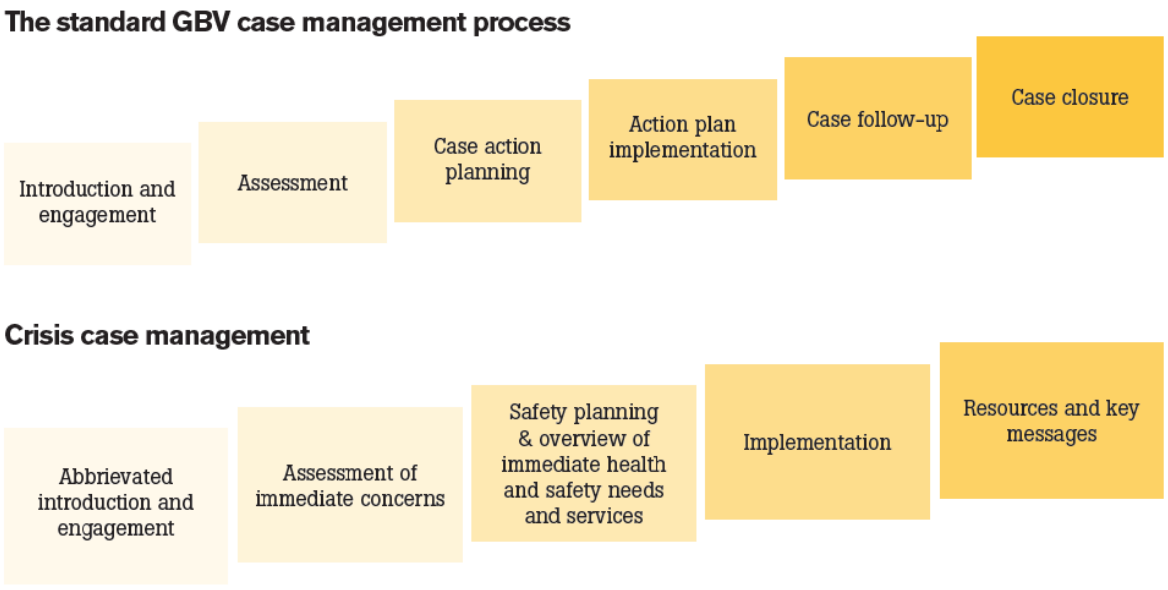
A. Setting up remote services; phone-based case management and helplines:

This section is reproduced from Protection of Women and Girls in Emergencies plan for adapting services in line with Covid 19, and your programme specific checklist developed as part of that plan should be used.

Model 2b/4b: Phone based case management from case managers' homes	Action/ comment
Identify case managers who may be able to provide phone-based case management from their homes (feel comfortable doing so, have private and confidential space at home, living conditions safe and confidential)	
Obtain quotes from telecoms provider for free-phone hotline number linked to X phone lines, phones on bill pay and data bundles (3g/4g) to ensure internet access to send information from laptop and solar phone chargers for staff working in areas with frequent power shortages.	
Explore whether it is possible to continue providing emergency cash assistance within case management – can mobile money or other forms of remote cash assistance be used in your context to facilitate access to emergency health services and urgent basic needs?	
Provide online training to Case Management Supervisors, POs, PM and case managers • Emergency case management = **crisis intervention** (psychosocial first aid, immediate safety and facilitating accessing to urgent health care and services, not the same case manager every time the survivor calls) • GBV Information management while working from home (review data protection protocols, review practices for safe GBVIMS data sharing with Case Management supervisor) if using digital system in line with data protection protocols. **Alternatively, no information related to a survivor's case should be documented in writing to ensure data confidentiality. Do not store case files information in caseworkers' homes.**	
Support Case Management Officers to roll out training to case managers. This may have to be delivered as short phone sessions if staff already working from home or temporarily re-deployed.	
Document assessment of risks, mitigation measures and decisions related to information management and sharing while phone based case management is being provided from case managers' homes	
Develop helpline roster (sample provided Annex B) for 12 hours per day (8am – 8pm) in 4-hour shifts with at least two staff members on duty at any one time during the day, and one staff member on-call overnight in case of emergency.	
Share very simple info with women and girl participants and wider communities: For example *"Women and girls may be experiencing violence in their homes at this time. This Helpline offers confidential information, support and understanding for those experiencing abuse or violence. Call for free on xxxxx. If you don't have a phone ask someone you trust if you can use their phone."*	

All: Ensure staff care and support	
POs will convene a staff wellbeing group whatsapp call with partner PM, POs and Case Management Supervisor	
Case Management Supervisors keep in contact with case managers on a daily basis and at least once a week have a 30 minute phone conversation individually with all remote case management/PSS staff to check on their wellbeing, share accurate information updates and assess any support needs.	
Ensure all pre-existing staff support and supervision measures (including external Clinical Supervision) are continued remotely and that any disruptions are minimised and frequency increased (link to staff care below).	
Ensure accurate, clear information is regularly communicated to staff regarding the crisis, organisational responses, security and wider staff safety and care measures (link to wider Trócaire and partner staff care actions)	
All: Monitor and adapt to evolving situation	
Fiona and GBV/PWG team to check in weekly, to adapt strategies as needed	

B. Training Staff to provide phone-based support (key general points to cover in remote training in addition to new SOPs)



Source: IRC Mobile and Remote Services Guidelines p. 48

Orientation to Crisis Case Management (Helpline calls):

Standard GBV case management steps	Crisis case management adaptation
Ensure a safe space	
Step 1: Introduction and engagement	Step 1: Abbreviated introduction and engagement ✓ Greet and comfort ✓ Introduce yourself in one sentence: I am ____ and I work with _____ to support people who are experiencing difficulties in their lives. ✓ We believe strongly in helping you keep your personal experiences private. It is up to you to decide who you talk to about your life and what you share with them. If you tell me about a risk of harm to a child or a vulnerable adult, or abuse perpetrated by a humanitarian actor, I will have to tell my supervisor. ✓ Can you tell me your most important concern today?
Step 2: Assessment	✓ **Listen** dedicate time to ensure the person feels heard ✓ **Assess** safety concerns, accessible social networks, state of mind and needs ✓ **Respond** with validation, compassion and information - DO NOT document information on a form or in case notes unless it is safe to do so
Step 3: Safety Planning	Safety Planning and overview of immediate health and security needs and the services available ✓ Safety Plan ✓ Give information about what services (e.g. health) and supports are available
Step 4: Implementation	✓ Inform the survivor about referral options for her immediate concerns ✓ Make referrals with consent (e.g. health) ✓ Provide resources (e.g. stress management techniques, emergency cash assistance if possible, contacts of health services or other services in

	location that are operational, encourage her to stay in touch if at all possible) ✓ Share key messages: The survivor is not alone, and not to blame. Affirm and validate feelings For the last few minutes, stabilise the survivor so she ends the call feeling calm and hopeful (Plan for the rest of the day, encourage her to be in the present)
Step 5: Follow up	**X**
Step 6: Case Closure	**X**

General Practice: Helpline Techniques

- Let the phone ring a couple of times before you answer it. This will give the woman time to relax. Remember that this may be the first time she has disclosed the abuse to another person and she may be feeling very anxious.
- Have an opening statement to help put the caller at ease e.g. "hello, this is the ** Helpline, can I help you?"
- If the woman offers her name use it during the call to help build trust. However, don't ask for her name yourself unless you need it for referral.
- You may wish to tell the caller your name if she is very anxious.
- Assure the caller that the Helpline is confidential, if this is appropriate.
- If you cannot hear or understand the woman, don't be afraid to say so in a gentle fashion.
- Use plenty of pauses to give her space to talk. Remember that it may be the first time that she has had an opportunity to speak about the abuse, or she may not be used to seeking support on the phone.
- Don't talk too much, a lot of the work on a helpline is listening.
- If you are giving specific information to the woman related to how to access services etc. ensure that she has a pen and paper if necessary. Be aware of potential literacy issues when giving out information. If you are unsure of information then tell the woman you need to check the information and can call her back (if safe to do so) or she can call you back. *Never give out information you are not sure of.*
- Try not to overload the woman with too much information. If she is upset during the call it may be more appropriate to focus on supporting her rather than giving her information.
- Be aware of the services and agencies you can refer a woman to and be realistic about what they might be able to do for her.

General Practice: Responses identified as helpful to callers:

- Letting caller know they are not alone in their experience.
- Helping the caller focus on positives – the fact they made the call etc.
- Praising and validating what steps they have taken already – Coping skills
- Exploring possible options with callers
- Reflecting back over matters discussed.
- Bringing caller back to original issue they called about if the call is losing focus.
- Being honest with a caller.
- Using words of encouragement and affirmation.
- Being aware of personal boundaries and holding them.
- Bringing caller back to present after the call. Perhaps saying "How are you now?"
- Suggest caller does something nice or kind for themselves after the call,
- Encouraging the caller to think of their needs, they have rights and deserve to be happy etc.
- Being aware of your own energy levels and when you might need to wind up a call in order to look after yourself.

- If caller is upset with how the call is going and is obviously annoyed perhaps saying something like "I can hear that you are frustrated/disappointed with our service at the moment, but you know we are always here if you need to talk"
- Empower the caller to take small steps for themselves – when they feel there's nothing they can do to change the situation or it all seems like so far away its good to give them ideas of little tiny steps they can take to edge toward their goal

C. Staff care and safe work practices

All organisations have a duty of care to staff and volunteers. During the Covid 19 response, staff members are under considerable pressure in their personal and professional lives, and these pressures are amplified for frontline staff answering helpline calls and providing psychosocial support over the phone.

Advice for Programme Managers/ Supervisors:

1. Develop a roster showing the working hours of frontline staff providing individual PSS/case management services over the phone, either through phone-based case management or a helpline. Ensure the roster includes time for breaks, meals, admin, wrap up time and handover at the end of the day.
2. Ensure appropriate shift coverage, reasonable working hours and clarify that staff are not expected to work outside of their set working hours.
3. Communicate staff availability as needed within your team and organisation, and with external partners. Put in place mechanisms as needed to ensure you have sight of and can manage your team's workload.
4. Ensure that a total limit of 20 contact hours per week is adhered to, with a plan for achieving safe levels (16 contact hours per week) as soon as is possible.
5. Establish clear procedures for responding to challenging calls, including how to access support during or after difficult experiences, and for escalating challenging situations to the Supervisor/PM on duty during calls (for example by texting to get support with a call). A sample procedure is provided below in Section F. Supervisors should always prioritise responding to requests for support from frontline staff.
6. Check in over phone or by text daily with all team members, to check on their wellbeing, workload and any challenges they may have experienced during the day.
7. Ensure that all staff have access to more frequent individual Support and Supervision. This might mean increasing to weekly individual supervision sessions for GBV Case Management staff (increased from every two weeks) and every two weeks for Clinical Psychologists and Clinical Social Workers (increasing from once per month). This supervision should be provided by the same GBV/PSS specialist they were seeing before they started working remotely, whether that is an internal or external specialist. It is preferred that supervision be provided by someone other than the staff members' line manager.
8. Explore the possibilities of staff accessing weekly peer support spaces remotely, should they wish to use them. This could include team whatsapp calls focused on self-care and wellbeing, or group chats to share self-care resources, reach out and access peer support. In some contexts, this might include frontline GBV/PSS staff members of other agencies, particularly where inter-agency peer support mechanisms were in place prior to remote working.
9. Encourage good self-care and team care strategies, and ensure all managers model these strategies for their team.

Specific advice for supervisors and managers supporting staff who are delivering **phone-based individual PSS or case management** services to existing participants;

10. Ensure that staff providing individual focused psychosocial support and case management remotely maintain an active case load at or below 20 individuals.
11. Appointments should be confirmed with frontline staff before booking them in. Ensure that any support staff who book in appointments are aware of frontline staff work schedules and respect designated break and rest times (as outlined in the roster). Daily contact hour limits (no more than 5 appointments per day) should be respected. Appointment times should be scheduled for 45 minutes maximum with at least a 30-minute break between appointments.
12. Discuss and review caseload with staff regularly, and offer support to reduce demands on individual staff members. For example, if one staff member is supporting a number of participants with

particularly complex needs, including suicide risks etc., discuss with them whether additional supports or a rebalancing of some of their caseload to other PSS staff might be helpful.

Specific advice for programme managers and supervisors supporting **helpline** staff;

13. Limit helpline crisis management shifts to 4 hours maximum, with staff completing no more than one shift in any 24-hour period and two staff on duty at any one time. In light of family and caring responsibilities, some staff might find it more feasible to cover the helpline for shorter periods during the day, for example two shifts of two hours each. Discuss with your team to see what is practical and workable for all team members.
14. Establish a system where each staff member starts their shift with a handover from the previous staff member. This would include checking in on;
    - Any particularly challenging calls (or nuisance calls, hoax calls, silent calls etc.)
    - Any ongoing actions (e.g. ongoing referrals, cash assistance etc.)
    - Flagging any actions that were escalated to the supervisor for follow up and
    - Anything else the staff coming on duty should be aware of
    - Wellbeing of staff member finishing the shift.

D. Safe collection and use of participant information during remote service provision

The primary concern of all service providers is the immediate well-being of the survivor. The reason we record personal information and survivor information in our programmes is for service provision, for example for record keeping by psychosocial support staff or case managers who have multiple cases, and for supervisors who need to be able to review information gathered to assess quality and progress. It is important that we keep data safe to protect participants' and survivors' confidentiality, privacy and safety and only collect it when strictly necessary.

Personal and survivor information is highly sensitive and should only be recorded (written down) when <u>all 4</u> of the following are true;

1. You receive the information as part of your ongoing support to the survivor and providing services to her.
2. The survivor openly and willingly shares this information, or a parent/guardian/family member/friend shares the information in the presence of the survivor with the survivors' consent.
3. The information is needed in order to provide care to the survivor and
4. It is possible to safely and confidentially hear, write and store the information.

Reminder: Don't seek out or record identifiable information about survivors solely for the purpose of protection monitoring or human rights monitoring. This is not in line with safe and ethical practice.

In the context of **remote service provision during Covid 19,** provided through phone-based PSS or case management from staff members' homes or helplines run from staff members' homes, it is difficult to satisfy condition number 4, "it is possible to safely and confidentially hear, write and store the information". Therefore, the general guidance during this time is **not to write down information** and only to do so when it is essential to facilitate care (e.g. safety plan, referral, cash assistance) <u>and</u> can be done safely.

Assessing safe information management:

1. Discuss options with staff when moving to home working and as regular check-ins;

- Do you have a private space in your home where you can work?
- Will others in your home be able to overhear you when you are on the phone?
- Do you have any safety concerns about taking calls from home?
- Would you have full use of your work phone, tablet or laptop at home?
- Would others in the home use your devices (e.g. laptop) outside of working hours?
- If you take notes or write something down while on a call, what would you do with that written information (keep it somewhere – where, destroy it)?

2. Ensure that all staff have their work phones, laptops, tablets or any other devices with them when going into lockdown (this often means bringing home devices at the end of the day).
3. Remind all staff of safe use of work devices. For example;

- Update passwords on all devices and ensure strong passwords are used
- Ensure staff have separate work profiles on their laptop/tablet that automatically lock when not in use
- Advise staff not to allow others to use their devices. However, if this isn't possible, show staff how to set up a guest profile on their laptop/tablet if it will be used by other family members outside of work hours.

Advice for phone-based PSS or case management sessions delivered by staff with their existing clients:

4. In some limited circumstances, it will be possible for staff to continue to use their work laptops to use the GBV IMS as password protected soft copy files on a secure cloud-based system.
5. This should only be done if Trócaire and the partner organization agree that this is essential for service provision and is the safest option.
6. Forms which **may be used** during this time include updated safety plans, referral forms and cash assistance request forms.
7. Forms which **will not be used** during this time include the intake form and the incident recorder.

Advice for helpline crisis management staff responding to calls

1. In general, the advice is **not to record** any personal information or survivor information while working from staff members' homes.
2. Information that must be recorded to facilitate a referral or access to cash assistance (e.g. a survivors' phone number), should be written down, shared with your line manager to facilitate the assistance needed and then destroyed.
3. In some limited circumstances, it will be safe and possible for staff to share referral forms or cash assistance request forms with their line manager to facilitate practical support to survivors. This is only to be done if it is assessed as safe, for example if staff have secure work laptops and can send password protected soft copy files following the same protocols they use in the office. Otherwise they should call their supervisor to relay the information needed, giving as little detail as possible.

Note: What is personal information and survivor information?

When PSS and GBV staff provide services (individual psychosocial supports, case management and/or health services to women and girls (and boys and men) we often collect some **personal information** about them in order to deliver our services. Frontline staff working in static services generally know the names and age group of people they are supporting, which communities or camps they live in and sometimes they need to know about particular impairments or health difficulties that people may have. This is all personal information and is sensitive, if this information became known by others it would be a risk to participants' privacy and possibly their safety in some situations.

Also, when supporting GBV survivors, case managers and psychosocial support staff usually record sensitive **survivor information** in order to deliver services. This would often include;

- Personal information as noted above e.g. name, age, community, whether they are living with a disability.
- It also may include the details of GBV incident(s) for example the type of violence, location of the incident, relationship of the survivor to the perpetrator etc.

- Case management or focused individual psychosocial support data including information about the support provided to an individual survivor through the case management process, notes of psychosocial support sessions etc.

During the current crisis, many staff members are working in insecure home environments while responding to survivors in crisis. Therefore, we will collect much less personal information and survivor information.

E. Safe use of phones and technology

In the context of remote service provision during COVID-19, provided through phone-based PSS or case management from staff members' homes or helplines run from staff members' homes, there are a number of factors that should be taken into account to ensure safe use of phones and other technology.

While mobile phones offer convenience, privacy and safety issues need to be thoroughly considered. As with the use of any type of technology, it is important to consider some minimum practices to ensure you are using your phone, laptop or tablet safely.

As mentioned earlier, women and girls face barriers in accessing phones or other technologies. It is important to remember the additional barriers for women and girls living with a disability, from a marginalised ethnic group, certain ages groups, and other intersectional issues. This includes recognising that not everyone has access to technology and being careful to not further entrench gender and other inequalities by introducing services or interventions in a manner that further marginalises or disadvantages particular groups of women and girls.

Some general guidance for everyone working with survivors (existing clients and helpline users):

- **Access:** Ensure you have a password / pin enabled on your phone, laptop, and tablet. Make sure these passcodes are different for each device and are strong. Do not share the passcodes with anyone. Update these passcodes when you move to home working.
- **Storage:** Ensure that your phone and laptop / other device are stored in a safe location where no one else has access to it when you are not working.
- Do not leave your laptop or other device open, unattended. Ensure that your work profile automatically locks when not in use.
- If others will be using your device, set up a guest profile for them to use outside of work hours.
- Make sure you have a separate work profile on your laptop or other device.
- **Security:** Turn off the GPS on your phone if you are using a smartphone. Be aware that some phones may limit this capability and some apps will not work with the GPS turned off.
- Install anti-virus and security software on your laptop.
- Regularly delete call logs and messages.
- It is important to remain alert to safety concerns and risks associated with the use of technology throughout assessment, implementation and follow-up phases and monitoring for harmful unintended consequences.

Advice for phone-based PSS or case management sessions delivered by staff with their existing clients:

1. Ensure staff agree and adhere to client confidentiality and safety principles.
2. Ask women and girls about the way that they would like to receive the service. You should ask the women and/or girls about the time that she would like to have a call, e.g., if she prefers to call rather than receiving a call or if she would prefer to send a missed call when she feels safe.
3. Agree a protocol if the client does not answer or if the line is cut off when you are speaking. For example: wait for them to call you back (including a drop call). This is less risky than if you called them back as it might put them in more danger.

4. Think about potential phone monitoring: understand who is viewing the content (the language of the message, the timing of the message, and the sender name).
5. Ensure staff and service users regularly delete call logs and messages.
6. Is the client's phone safely stored?
7. Do not save the client's details on your phone. Provide support to staff to encrypt files on their laptop where they save contact details / calendars. If using paper documents, make sure these are safely stored and not accessible to others.
8. Your number should not be visible, caller ID should be disabled on all programme phones.
9. Highlight to the client the purpose of this phone-based service: it is used in place of meeting them face to face and should not be used if someone they know needs crisis support.
10. *Parental controls* – If staff are using smartphones, you should consider installing or enabling features that permit controlling or monitoring of the phone. These features should always be used with the advocate's informed consent and respect to privacy.

Advice for helpline crisis management staff responding to calls

1. Ensure staff understand and agree to principles and expectations about confidentiality and safety (see guidance on safe information management)
2. Ensure staff agree to use the helpline phone only for the specified purposes, and that they let anyone who asks to use it to call the hotline do so.
3. Ensure staff follow phone / device safety and communication protocols. For example, to report to their supervisor immediately if it is lost or stolen.
4. No call back policy. Helpline staff should not call survivors back if there is an immediate risk to their safety, especially in situations of ongoing intimate partner violence. Ask survivors to call you back if you get disconnected, it is best to explain and agree this at the start of the call.
5. Remind survivors to delete the call record from the phone and any messages (if messages are used). One of the risks with helplines is that perpetrators, particularly in situations of IPV, may monitor a survivor's phone use or impersonate a survivor over text message.
6. Establish a code/red flag phrase. With survivors that receive ongoing support and case management via the hotline and have safety concerns at home, the survivor and caseworker should agree on a code that the survivor can use to signal to the helpline staff when the survivor thinks the call is being monitored and it is unsafe to talk. IPV perpetrators may not only monitor a survivor's phone use, but also the phone calls. If there are multiple helpline staff, the same code can be used across the program with different survivors to signal that they need to stop talking about violence and assume a different role/narrative (e.g. Covid 19 key messages), and then promptly end the call.
7. Any requested calls back from the program should be accompanied by a safety plan[1].

F. Responding to challenging calls

Call Handling – Specific Types of Calls

Distressed caller

At times, we can receive calls from people who are very distressed, and this can be challenging for us. A distressed caller may be very upset, audibly crying and sounding panicked, or may sound confused, incoherent and hard to understand.

We have key skills that are very helpful to supporting distressed callers and that can support the caller to calm and focus so that we can support them. A few key things to remember include;

- Don't panic – you've got this.

[1] Points 1 - 8 are taken from IRC's Guidelines for Mobile and Remote Gender Based Violence Service Delivery, Annex 5: Additional Guidance for the Implementation of a Telephone Hotline.

- Take deep breaths, be aware of your breath and ground yourself, feet on the floor.
- Slow things down for the caller and yourself – "I can hear how upsetting this is for you/how upset you are, take your time…"
- Be aware of the callers breathing – notice if the callers breathing is short and panicked, if so, note this and support them to take a few deep breaths e.g. "I can hear how upset you are right now, let's take a few breaths and then we can continue" guide them in taking a few deep slow breaths.
- Use active listening, allowing the person to pour out their emotion and respond using simple verbal cues such as "Uhuum", "I see", "Mhmmm" to allow the caller to know that you are listening.
- Tell the caller that you can hear how upset they are, and that you understand this – this can validate their feelings.
- Don't ask to many questions, as this may feel challenging for a person in distress and may worsen their distress.
- When things have calmed a little, try to establish the cause of the distress e.g. "I can hear how upset you are, tell me what has happened/why you called the helpline?"

High risk caller (safety focused)

It is possible that a distressed caller is calling as they feel in danger in the moment and need safety. It is important that we remain calm and focused and support the caller to identify any concerns or risks that they are experiencing.

It is important to acknowledge that we can hear that they are worried about their safety, and that we can support them to look at the steps that they could take to be safe.

Establish the risk: Ask the caller to tell you what concerns them most at the present moment? What are they most worried about?

If the caller is worried for their personal safety due to escalating violence. Some supportive questions to support safety planning can include;

- Are they in immediate risk of injury or harm? If so, do they feel able to call the police to intervene (note where this is safe to do so e.g. where we are working on service strengthening with police), family support units etc.
- Do they have some place safe to stay that is not with the abuser?
- If not, are there any steps they can take to help minimise harm at home?
- Provide them with phone numbers of shelters or other support providers that they can keep safely. If they have a phone, they may store the number under a code name, or you may print tiny cards that can easily be hidden.

Angry Caller

Angry callers can be difficult for many of us to manage, but with practice, our skills can be supportive to even the angriest of callers. Staying calm when faced with anger in a call is the biggest strength we have, as most callers will calm down when you are calm and when they feel listened to and validated.

Listen to them as try to establish what it is that they feel angry about, remember their anger is not directed at you, or caused by you, it is likely because of their situation and experiences. Let them have their outburst of anger, and listen to them using small verbal cues such as "I see", "uhumm" etc. to let them know you are listening.

Acknowledge their anger,

“I can hear you feel angry about…”

“I can understand why you feel so angry…”

This approach should support the caller to move into a space where they can seek support for what is happening, and we can continue with the call as a support call.

If a caller’s anger does not dissipate, or is directed towards you as the worker, this makes the call different and the tips under managing an abusive call should be supportive. Remember that as a worker we should not be exposed to abuse or anger from any caller, even if the caller is a survivor of violence.

Suicidal Caller

It can be a shock and upsetting when a caller talks about feeling suicidal, or taking actions to end their life. You may feel afraid of receiving these calls, or feel numb and panicked if you do receive one. These are normal feelings, but remember your skills in listening and offering support will be very helpful to callers who are distressed, feeling powerless and feeling like life may no longer be worth living. It is important that we all support our colleagues and each other with such challenging calls.

One of the most serious consequences of GBV is a survivor’s risk of suicide. It can be expected that survivors will have feelings of wanting to die, end their life or “disappear.” If a survivor is expressing such feelings, it is important that a more in-depth assessment be carried out.

When someone finds the courage to say what they are feeling, about wanting to end their life, they are asking for our help, they want to stop a pain, or situation that feels unbearable in their life. They need our kindness and compassion, to be listened to.

The main task is to determine whether or not this is a feeling only, or a feeling with an intention to take action to end one’s life. Some staff worry that if they ask a person whether they are having suicidal thoughts, they may encourage the person to think about suicide. There is no evidence to suggest this is true.

The issue of suicide can present in a few ways in calls on a helpline, our role is to assess the current or past thoughts about suicide, assess the risk of the person progressing these thoughts to actions and safety supports [safety planning and agreements] that can be put in place.

Overall Steps

Let them know that we are here to listen to them.

Let them know that we understand how difficult their situation is.

Reassure them that we can support them, that we can are here to listen to them and to support them. We can help them to stop the pain and worry of their situation.

Caller hints about suicide.

- Before beginning to explore this with the caller, you should reassure them that it is okay to have feelings of sadness or wanting to die, and that whatever they are feeling is normal.
- Ask the caller to tell you how they are feeling
- Be aware of your voice – the tone and language used
- Be wary of using the word ‘suicide’ unless the caller uses it first
- If they disclose that is how they feel, Consider asking a closed question:
    - *‘Would you like to talk about how you feel?’*
    - *‘Would you like to talk about what you are thinking about?’*

- If yes, encourage the caller to tell you how they feel, and why they feel that way. Consider whether anything specific has happened today, or in the last few days to create these thoughts.
- Check whether they have felt like this before. If they have had this feeling before explore how they dealt with the feelings before and whether they think this will pass or whether they might feel differently later on
- Explore if they have more than thoughts of suicide, for example have they thought about how they would harm themselves, what they would do? Explore if they have ever attempted (taken action to) to take their own life before
- 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 – this might include someone they might connect with if they have these thoughts; something they might do to distract themselves from the thoughts; Something nice they might do to support themselves to feel cared for e.g. take a walk, read a little etc.

Caller tells you they have been thinking about, or are planning to end their life, or you suspect so after the above exploration

If the survivor is able to explain a plan and/or indicates they have already attempted suicide, the risk is more immediate.

- Affirm their courage in talking about this and the fact that these feelings are not unusual, many people feel them e.g. “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?”
- **Safety plan:** support the person to explore and identify triggers for thoughts and feelings of suicide and what happens to their mood or behaviour when they have these.
- Encourage the caller to talk about what they have been thinking and/or planning to do e.g. “Tell me about how you would end your life? What would you do, do you think about when or where you would do this?
- If they mention a specific method, explore with them if this method (e.g. gun, pills) is at home or easy to get?
- Identify strategies that they have used, or can develop to support themselves when they have these thoughts and feelings, for example;
    - connecting with others, family, friends, helpline etc.
    - Engaging in supporting behaviour e.g. cooking with family, activities that you enjoy e.g. walking, reading.

- Be safe – stay away from things you think of using to harm yourself; stay away from alcohol or other drugs if you engage in using these to numb out feelings.
- Engage with others for support, consider a safety person that they might feel able to reach out to if their strategies do not alleviate the thoughts and feelings, if the risk is high discuss contacting this person to be with the survivor for the immediate period (24 hours) to support them.
- Sample script to support conversation: "I want to help you stay safe. Can you think of someone in your family or a friend who could stay by your side? Can we work together to get that person to agree to stay by your side in order to keep you safe?"
- If the person cannot identify someone to be with them, explore if they would like you to support them to access a health worker or mental health professional for further support? Note you will need to have the person's name and location to make a referral.
  Sample script: "Can you tell me where you are? Can I send help?"

Caller tells you that they have taken an action to end their life before they called you

- Occasionally we might receive a call from a distressed caller who has taken an action (e.g. taken pills) to end their own life before they called us. In these calls it is really important that you stay calm, even if your instinct is to panic.
- Ask the caller to share their name with you
- Tell them you are very worried for their safety and ask if you can call someone to come to them and support them?
  - Sample script to support conversation: "I want to help you stay safe. Can you think of someone in your family or a friend who could stay by your side? Can we work together to get that person to agree to stay by your side in order to keep you safe?"
  - If the person cannot identify someone to be with them, explore if they would like you to support them to access a health worker or mental health professional for further support? Note you will need to have the person's name and location to make a referral.
    Sample script: "Can you tell me where you are? Can I send help?"
- If the caller is not forthcoming with this information, try asking them how you can support them, what did they hope for when they called you?
- Explain that you cannot support them if you do not know who they are or where they are? Ask again if they feel able to share this information with you so that you can support them to get help.
- If the person will not share their name or location or the contact details of a supportive family member, consider telling them they need to call someone who knows where they are and can come to support them, or to call an ambulance/ health worker.
- Ensure you seek support from your supervisor during and after the call.

Silent Calls

Silent calls are where you answer the phone and sense that there is someone on the line, but they do not speak to you. Maybe you can just hear their breath or movement. Silent calls can be very valuable support calls and should be managed on the basis that it is a woman calling for support. She just may not be able to find the words to speak right now.

- Managing the call is a balance between offering support and not staying on too long. Some helpful things to say in a silent call can include;
- "I know it can be difficult to find words to talk about what is happening, take your time, I am here to listen to you if you want to talk to me".
- "I know that it can be difficult to find words to talk about what is happening, just to let you know that this service is confidential".
- "I know that it can be difficult to talk about what is happening, let me tell you a little bit about this service, we are a helpline that offer support to women who are experiencing violence, we are open [state hours], and people can call us to talk about what is happening for them."
- Moving to end a silent call. There is a balance between a silent call being supportive and moving into a space where it no longer feels supportive. The worker will know this space as it will begin to feel uncomfortable, maybe even repetitive. You can move to gently end the call by saying something like, "Just to remind you that the helpline is open [state hours] and we are here to listen and support you when you feel ready to talk. For now, I am going to end this call, but please know that we are here to support you anytime you need to call" – pause in case the caller now choses to speak, and if they don't then hang up the call. You can end the call in confidence knowing that the caller will have felt supported, listened to, given space and has the information should they wish to call back.

Long Calls

Some support calls to a helpline can be long, but when is a call too long? There are a number of times where we can consider a call to be too long e.g.

- Where it starts to go around in circles and to lose focus
- Where the caller goes around in circles and starts to talk about unrelated matters
- Where the worker starts to lose concentration or focus, or feels tired
- Taking steps to end a call that has become too long is important as it will become an unsupportive call if we allow it to continue without focus. We can end these calls in a respectful manner while still maintaining the service as available to the caller at another time. Some helpful phrases to support you to end a call include;
- "We've talked about a lot in this call, how are you feeling now?"
- "We've talked about a lot in this call, have I answered all of your questions?"
- "Perhaps you would like to take some time to think about all that we have talked about today and you can call back another time to talk a little more."
- If the caller does not respond to these closing cues you can be more direct, and note; "We have been talking for a long time now, I hope that you have found this supportive, but as the helpline is very busy I need to go now. You can call back any time if you would like further support."
- "I'm afraid that the helpline is very busy right now, so I'll have to let you go, you know that you can call back again if you need support."

Hoax Calls

A hoax call is a call that is intended by the caller to be a 'joke', where they are contacting the service but are not in need of support. This can happen to helplines where the number is toll free. It is important if you think that the call is a hoax that you remain polite and respectful towards the caller until you are sure that it is a hoax, and so that it does not escalate the call into an angry or abusive call. If you are certain that the call is a hoax, you can move to end the call by noting that the helpline is for people in distress, women experiencing violence etc. and that you will end the call. The decision is yours to hang up and you can do so in confidence knowing that if you are engaged on a hoax call a woman in need of the service may not be able to get through.

If a hoax caller repeatedly calls the service, it can be a good idea to stop answering calls for a short period of time, so that they do not get their call answered and they may get bored and move on.

Calls from a perpetrator

The helpline offers support primarily to women and girls experiencing violence and psychosocial distress. However, the Helpline will never refuse to offer support to any individual calling in distress and in need of support. When the caller is a man they will receive an empathic and supportive response the same as all callers. If they disclose that they have or are experiencing violence we will listen to them and support them to look at their options for support, similarly to any other GBV survivor.

At times we will receive calls from perpetrators of violence, these may come indifferent guises. The man may pretend to be a victim of GBV and be seeking support or they may be directly asking for information about a woman that used our service e.g. my sister, my mother, my wife called this number…..or challenging our service.

If you suspect a male caller is a perpetrator but they are seeking support as a victim of violence, it is important to manage the call as a support call. If the call changed then you can manage it as you would a hoax call or an angry caller.

If a male caller is seeking information about a person who used our services, it is crucial that we maintain confidentiality in all instances, and use our policy to support us to respond to the call. For example note that we do not discuss anyone who uses our services/cannot provide any information. Reiterate the purpose of the helpline and end the call.

If the caller is challenging you or the services, please handle this as you would an angry caller and move to end the call.

Calls that do not relate to Psychosocial Support or GBV

Calls to the helpline that focus on issues unrelated to GBV and PSS, such as programme complaints, COVID 19 queries etc. are not constructive calls for the caller or the support worker on the helpline. Such calls lead to frustration for helpline support workers. They may also have negative implications for the callers who need our service, such as:

- Women and girls in distress and survivors not being able to contact the line as it is engaged
- An expectation that we provide a service we cannot
- Inconsistency of service

Sometimes a new caller may ‘test’ the helpline by talking about non abuse related issues, if you think this might be the case some Helpful questions to check if caller needs support include;

- “What is the issue that is most important for you today?”
- “What did you hope to get from the call today?”

If the caller identifies issues unrelated to GBV or Psychosocial Support, then respectfully inform them that we are not in a position to support them with this, refer them to an appropriate service if applicable, the complaints hotline or move to end the call.

“Unfortunately that is not something I can support you with, I can give you the details of “XX”, if you would like to contact them to see if they can support you with that issue.”

“With respect, that is not something I can support you with, we are a support service for women and girls experiencing psychosocial distress and GBV survivors.”

If the caller does not respond to these cues, then:

“I’m afraid the lines are very busy now, so I’ll have to let you go”

If the caller becomes challenging about the service we provide

"I can hear that you are upset with this response, however we are a crisis service that supports women and girls experiencing gender based violence and psychosocial distress; therefore I am unable to support you with this issue"

"I can hear that you are upset with this response, if you are unhappy with the service, I would be happy to ask my manager to call you so that you may speak to her about this"

Call from the media/ journalists

Journalists may from time to time contact Helplines looking for information about violence against women and girls. We do not give any comments to journalists over the helpline, under any circumstances. Always refer the call to the administration line. All such calls should be referred to the organisations administration line.

G. Adapting and establishing feedback and complaints handling mechanisms during COVID-19

It is important to adapt your feedback and complaint handling mechanisms for operation in a remote context (over the phone).

Establish:

- If the programme already has a complaints hotline this is one mechanism for receiving complaints related to the helpline or remote GBV/PSS services that can continue to operate as usual.
- If the programme does not have a freephone complaints hotline, consider establishing one.
- In addition, a direct line to the helpline Supervisor on duty can be used to receive complaints, when scheduling staff to cover this line please ensure minority language coverage to the extent possible.
- Recognise that in practice, the majority of complaints will come through the helpline number so put in place a clear policy for what to do if staff receive a complaint over the helpline, for example;

Step 1: Note the complaint in the complaints log book and follow usual procedure (ask for consent to note the complaint, ask about preferences for follow up action and means of follow up)

Step 2: Ask the person if they would like to receive a call back from your supervisor to discuss their complaint or to call the administration line directly to give the complaint

Step 3: If yes, note the person's contact details and how they would like to be contacted (e.g. time, give a missed call before calling to ensure the person is able to take the call)

Step 4: If no, ask if there is any other action they would like to see taken or another way they would like to hear a response to the complaint. Note this in the logbook and notify your supervisor.

Step 5: Ensure that the person knows the service welcomes feedback and complaints and this does not affect their access to the service;

"It sounds like we're not meeting your expectations at the moment, but I want to let you know that we are here should you wish to call again."

Communicate / share information about the remote FCHM:

- Ensure messages are clear and accessible to everyone.
- Explore whether camp-based staff of women's and girls' spaces (Community Animators, Community Facilitators) who are now in their communities could communicate over the phone with women and girls, including women and girls with disabilities to ensure they know how to access the feedback and complaints hotline.

- Share information over radio and through the helpline.

Responding to complaints:

- Response to complaints should follow the usual Feedback and Complaints Handling Mechanism SOP (including specific responses for sensitive complaints) for your programme with minor adaptations when communicating over the phone.
- Respond to complaints in line with the person's preferred response option (e.g. person makes a return phone call to the complaints hotline/ direct supervisor line or receives a call from the supervisor or designated focal point at an agreed safe time).
- Keep participant informed on progress made on agreed actions.
- Inform participant of the outcome of the complaint handling process and actions taken.