

# SEEds

Survivor  
Engagement  
Good Practice  
Toolkit



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Putting Women & Children First

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# 1. Introduction

Working with Survivors of Violence Against Women and Girls, Domestic Abuse and Sexual Violence (VAWDASV).



This toolkit is for organisations that are not VAWDASV specialist service providers, but do work with/engage with survivors. This could include local authorities, Government, journalists and media and non-governmental organisations (NGOs). It should be noted however that the key principles and recommendations can be applied equally to all bodies engaging with survivors of VAWDASV.

The purpose of this toolkit is to outline some key principles to ensure work with survivors is survivor-centred.

This toolkit has been drafted by a group of survivors, SEEdS, with support from Welsh Women's Aid.

## 2. Survivor-centred approach



**Acknowledging the lack of survivor-centred approaches in non-VAWDASV specialist services.**

There is a growing awareness internationally of the importance of ensuring survivors are at the centre of programming on VAWDASV<sup>1</sup> from prevention

programmes to implementing GBV programmes in humanitarian settings.

This paper outlines key guiding principles to ensure engagement with survivors is sustainable and empowering.

**Achieving a survivor-centred approach - addressing a complex problem requires a complex solution.**

It is critical to understand the drivers and manifestations of VAWDASV in order to engage appropriately, responsively and effectively with survivors.

<sup>1</sup> IASC guidelines and Liz Kelly - what works from Heise?

# 3. Principles of ensuring survivor-centred work

It is important to highlight that all these principles are inter-connected and will only be effective if they are all implemented consistently and across the organisation/institution. These principles are based on three key pillars that work on VAWDASV should be trauma-informed, needs-led and strengths-based.



## **Trauma-informed**

Although these guidelines are not for frontline service providers, services should still be trauma-informed.

A trauma-informed practice is a strength-based framework that is responsive to the impact of trauma, emphasising physical, psychological and emotional safety for both providers and survivors; creating an opportunity to rebuild a sense of control and empowerment.

A trauma-informed approach needs to take an intersectional approach to understanding the multiple disadvantages that individuals might face accessing services or participating in consultations.

## **Strengths-based**

A key belief of the strengths-based approach is the idea that women are experts in their own lives.

A strengths-based approach is an empowerment model; of a supportive relationship that can increase the woman's power in personal and interpersonal areas.

An empowerment model uses approaches and methods which ensure that the power is in the hands of the survivors themselves. This is central to survivor-centred work.

## **Needs-led**

Although needs-led work is predominantly the domain of frontline service providers, there are important lessons from needs-led work as it centralises the survivors' experience.

The needs-led approach tailors work and interventions based on the individual's needs rather than a 'one size fits all' approach. The same applies to survivor-centred participation - it cannot be one size fits all and in order to ensure it is constructive and effective then it must be flexible, responsive and adaptive.

### 3.1. Meaningful participation

Meaningful participation means that survivors are involved at all stages of a process, for example, the development of a media campaign. Survivors should review the tender documents for the media company, be involved in the recruitment/selection of the media company, and one of the key roles of the media company is their capacity to engage meaningfully with survivors, and so on.

#### Key issues to consider for meaningful participation:

- 1. How do survivors participate?** One of the key factors of participation is the approach or method used by a local authority or government. A focus group discussion would not be considered meaningful participation (see focus group discussions on how to run more participatory discussions).
- 2. Where do survivors participate?** It is critical to create a variety of platforms and spaces for participation. It is the obligation of the organisation to make the process easy and accessible so that participation is not a burden for survivors. Consider: accessibility of spaces/venues; flexible and multiple times to participate including weekdays and weekends; free childcare should always be provided at a venue (regardless of whether survivors mention they have children); surveys should be available online using various formats for phones as well as laptops; materials must always be translated; translators must be available for meetings/focus group discussions as required.
- 3. When do survivors participate?** It is important to monitor and evaluate the levels of participation, diversity of survivors participating and the frequency with which you are able to effectively engage with survivors. Who participates and at what level is also critical. Are survivors in a decision-making position rather than merely advisory roles? Is there sufficient opportunity for a number of survivors to participate in different spaces (for example, one survivor cannot represent the experiences of all survivors)?

## 3.2. Recognise and uphold survivors' agency and resilience

Survivor-centred work centralises survivors' experiences, but equally acknowledges survivors' agency, power and resilience. Survivors are often portrayed as passive victims of violence and so images and portrayals do not resonate with survivors and their experiences, 'I didn't think it was violence because that picture wasn't me, that wasn't my experience'<sup>3</sup>. Equally, many women's experiences are invisible because it doesn't fit the stereotypical image of a 'victim of violence', 'as an older woman I was made to feel as if I was just crazy, the police didn't listen to me'<sup>4</sup>.

The key to effective survivor-centred work is recognition and acknowledgement of the diversity of experiences and forms of resilience. Similarly, it is important to recognise that survivors will engage at different stages and some may have been 'incident-free' for longer periods of time than others, some survivors with children may have ongoing interaction with the perpetrators, some survivors might have additional needs caused by the violent relationships (for example, threat of deportation, custody battles, health needs).

## 3.3. Transformative, not extractive or exploitative

1. Organisations need to strengthen the capacity of survivors to engage with other survivors – adopting a peer-driven sampling model;
2. Long-term and ongoing support for survivors that have left relationships is rarely available. Any process with survivors must acknowledge the importance of establishing a support base/network to support needs that a survivor may have that might affect individual capacity to participate in the spaces;
3. Survivors need sufficient support to be able to participate in consultations and national processes: it is necessary to explore a number of different ways in which this support can be provided in order to ensure that this support is available. This type of support might include financial support for transport/childcare, accessible venues, number of different venues and attendance times available (include the option to participate on weekends) etc.;
4. Survivors need capacity strengthening in order to ensure they have information to

<sup>3</sup> A SEEdS member

<sup>4</sup> A SEEdS member

participate fully in processes, for example, training on legislative change to enable survivors to provide information input and feedback;

5. Mechanisms for accountability and transparency must be established between policy makers, commissioners, service providers and survivors.

### 3.4. Interrogate power dynamics

In order to ensure meaningful engagement and participation of survivors it is critical to undertake a power analysis. This analysis explores<sup>5</sup> power and the inequalities and imbalances created by visible, invisible and hidden power. This might be visible power between federal government and survivors or more invisible power amongst survivors themselves. The imbalances of power might seriously impede the participation and engagement of the most marginalised and excluded survivors. A survivor with a pending asylum claim might consider it highly unsafe to engage in focus group discussions about her experiences of violence with a federal government agency. Equally, a survivor that is not conversant in English might feel excluded or isolated amongst other English-speaking survivors.

### 3.5. Ensuring inclusivity and diversity

Multiple disadvantage or exclusion might make it much harder for survivors to participate in processes. The experience of gender and marginalisation is not just determined by gender identity, but also by other social identities, such as class, race, age, socio-economic status, disability, health status etc. If an intersectional lens is applied to GBV programming then the experiences of SOGIE individuals is inevitably brought to the fore, as are the experiences of disabled, indigenous, refugee and other marginalised women who are particularly vulnerable, but equally the platforms for engagement and participation will need to be more wide-ranging and nuanced.

### 3.6. Flexible, responsive and adaptive

Flexible processes allow survivors to participate when they feel able and available to participate. They should be able to access opportunities at any time and should never

<sup>5</sup> Visible power - obvious forms of power, visible power that can be identified clearly in society.

Hidden power - the forces behind the visible power, for example, a pharmaceutical companies funding a health programme in a country.

<sup>6</sup> Cornwall, A. and Coehlo, V. (2007) *Spaces for Change? The Politics of Participation in New Democratic Arenas.*

be excluded on the basis that they don't participate regularly. Local authorities and organisations should be going to survivors rather than expecting survivors to come to them in order to participate.

If organisations want to be survivor-centred then they must institutionalise a process of reflective practice and learning. Survivors should have opportunities to feedback on the processes itself - how engaged they feel, the extent to which they feel it is useful or productive, and how the participation could be improved. Organisations must be open to learn and change as a result of feedback and learning. Rigid processes, such as government processes, are not conducive to survivor-centred work for exactly these reasons. The participation mechanisms should ensure there are appropriate procedures for community members to use for concerns and complaints. The mechanisms must be clear about how these concerns will be addressed and what survivors can expect from the organisation.

Adaptive processes practice constant self-reflection. Reflecting on power dynamics, barriers to access and safety risks should be conducted constantly and through every stage of the process.

'The informed consent process is crucial. It is much more than simply providing a form for participants to read and sign.'

'Those collecting information about sensitive topics like sexual violence must recognise that...individuals contributing information may feel beholden to them or dependent on them as possible routes to services. Thus individuals may feel compelled to answer all questions, submit to examinations and/or agree to interview requests regardless of their own discomfort or risk preference.'

*WHO Ethical and Safety Recommendations for Researching, Documenting and Monitoring Sexual Violence in Emergencies.*

# 4. Dos and don'ts of survivor centred practice

## Do

- Be aware of and set aside your own biases (conscious and unconscious) and prejudices.
- If an individual survivor confides in you be prepared with information of help they can access, make it clear that you are not able to offer counselling and would advise the individual to access professional help from the specialist support.
- Make it clear to survivors that if they don't want to access help now, they can still access help in the future.
- Respect privacy and keep the person's story confidential, if this is appropriate.
- Behave appropriately by considering the person's culture, age and gender.
- Do obtain informed consent (see below - How to run a more effective Focus Group Discussion).
- Only use quotes from survivors or refer to survivors' stories with their consent. Consent should be given in writing.

## Don't

- Do not make decisions for survivors. Ensure that survivors are fully informed of the process in which you are asking them to engage, for example, media appearances. However, respect the agency of individual survivors to make decisions about their participation.
- Don't make false promises or give false information.
- Don't exaggerate your skills.
- Don't force help on people and don't be intrusive or pushy.
- Don't pressure people to tell you their stories. Don't share the person's story with others.
- Don't judge people on their actions or feelings.

# 5. Focus group discussion

## How to run a more effective focus group discussion (FGD):

1. **Be respectful:** Ensure participants receive sufficient notice (a minimum of two weeks in advance of the FGD);
2. **Be transparent:** Provide information about what questions will be asked and why in advance of the FGD. Do NOT make any promises about the benefits of being involved in this FGD unless you are certain those promises can be upheld;
3. **Be prepared:** Ensure a specialist service is available for the duration of the FGD (not present in the FGD, but available for referrals);
4. **Be accountable:** Prior to conducting the FGD seek informed consent from the participants (see box below). It is extremely important to clearly share how the information will be used and how the information will be shared back to participants (for example, in the form of a report, policy brief or presentation). A FGD should be part of a process rather than an end in itself.
5. **Be reassuring:** Continue to check throughout the discussion that participants are happy to continue. Participants can opt out of the discussion at any point without jeopardising their entitlement to transport or costs of attendance being covered. Explain what the questions will be, particularly if they might trigger traumatising experiences for the participants, for example, 'the next questions are about recent experiences of violence - are you happy for me to continue?'
6. **Be innovative:** Use a variety of participatory approaches to engage participants during the FGD, but ensure that approaches are not exclusionary (for example too much writing).

## How to run a more effective focus group discussion (FGD) continued...

7. **Be ethical:** Engagement with survivors need to ensure you are not re-traumatising survivors. Some (please note - not all) survivors that have experienced some form of GBV suffer post-traumatic stress, many of whom may not have had access to necessary and relevant support or counselling. As a result for some survivors being involved in GBV programming can trigger their trauma. Work undertaken with survivors must be trauma-informed. It must recognise and pro-actively seek to prevent survivors from being re-traumatised. If survivors are involved then staff must ensure they can work with organisations working with survivors to organise processes for consulting with survivors. Do NOT undertake this process without a local NGO.

8. **Be inclusive:** Ensure that the FGD is not dominated by one or two individuals and ensure that you use approaches that encourage the engagement of all members of the FGD.

9. **Be empowering:** Offer opportunities for future engagement with your organisation. Provide information about additional resources, online spaces and peer-to-peer survivor-led groups for survivors to participate in for the future.

## 6. Supporting staff who are survivors of VAWDASV

**IMPORTANT TO REMEMBER: WHEN DEVELOPING TRAUMA-INFORMED PROGRAMMES IT IS CRUCIAL TO ENSURE THE MENTAL HEALTH AND WELL-BEING OF STAFF WORKING WITH SURVIVORS**

1. In contexts of severe and repeated stress a well-implemented managerial and organisational response is essential.
2. An active policy to prevent or mitigate the impact of a traumatic event must be part of a programme framework. The policy should be contextually and culturally appropriate. It should include supportive practises designed to respond to the distinct needs and personalities of staff.
3. Staff must receive training so that they can anticipate and recognise the signs and effects of intense stress and trauma exposure. Building trauma training into management, leadership and team training, and reducing the stigma of seeking mental health support will better equip staff to identify, support, and assist those suffering from traumatic incidences.
4. Ensure that your organisation has a support structure and is connected to local clinics and counselling services.
5. Ensure there are clear processes and procedures for staff to disclose and report an experience of VAWDASV. It is important to remember that staff who have non-recent experiences of VAWDASV might be triggered by working on VAWDASV programming.
6. Ensure that the person receiving disclosures is trained on VAWDASV.
7. Ensure that management have received training on VAWDASV and there is an appointed lead on VAWDASV for staff within the management team.



