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Guidelines on MHPSS Approaches in the GBV Sector in Lebanon



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List of Acronyms

- CBT Cognitive behavioral therapy
 - CM Case management
 - CMR Clinical management of rape
 - EMDR Eye movement desensitization and reprocessing
 - FPSS Focused psychosocial support
 - GBV Gender-based violence
 - GBViE Gender-based violence in emergencies
 - IPV Intimate partner violence
 - MHPSS Mental health and psychosocial support
 - NMHP National Mental Health Program
 - OPD Organization for people with disability
 - PM+ Problem management +
 - PPD Postpartum depression
 - PSEA Protection from exploitation and abuse
 - PSS Psychosocial support
 - PWD Person with disability
 - SOGIESC Sexual orientation, gender identity, expression and sexual characteristics
 - PSEA Protection from sexual exploitation and abuse
 - WGSS Women and girls' safe spaces
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Acknowledgment

The "Guidelines on MHPSS Approaches in the GBV Sector in Lebanon" draws on the insights and experiences of international and local organizations implementing MHPSS approaches in GBV programming in Lebanon, as well as existing best practice GBV resources available regionally and globally.

The Assessment was drafted by Sahar Mallah, in close collaboration with the GBV WG, and under the guidance of UNFPA and UNHCR co-chairing the group. The team is grateful to the contributions of all organizations for sharing their experience and availing themselves to participate in consultations leading to this report.

This study was possible thanks to generous contribution of ECHO.

Background and Overview

These guidelines were developed following an assessment on MHPSS approaches in the GBV sector conducted between December 2023 and February 2024. The assessment consulted with GBV organizations and beneficiaries regarding the approaches used, best practices, lessons learned and suggestions. The findings and recommendations of the assessment informed the content of this current document.

In GBV programming, psychosocial support and protection interventions are intimately connected and are designed in view of increasing the safety and empowerment of women and girls including GBV survivors. When women and girls feel safer and are empowered on different levels, their psycho-social wellbeing is enhanced.

Survivors of GBV, women at risk and other community members who go through armed conflict, displacement and other forms of crises can experience self-blame, guilt, mood swings, stress and anxiety, anger and other psycho-social problems such as isolation and stigma. Situations of crises have an impact on individuals' wellbeing and the quality of their relationships to themselves and to others. The adjustment and coping skills of individuals are affected especially when they experience loss in its different forms.

In humanitarian settings, psychosocial support activities implemented in Women and girls' safe spaces (WGSSs) seek to address the impact of displacement, chronic stress, and the associated lack of control experienced by all women and adolescent girls, survivors and non-survivors alike ².

Psychosocial well-being³ includes the ability to generally feel good about oneself and one's life, to feel confident in one's ability to cope with challenges and to carry out day to day functions. Psychosocial well-being does not mean individuals do not experience difficult emotions. Instead, they are equipped and able to move through difficult emotions without it causing disruption in their day to day lives. The characteristics of psycho-social wellbeing include: confidence, openness, self-awareness, responsibility, social activity, and activity in the community. Psycho-social support activities aim at addressing both the psychological and the social aspects of a person's life. The psychological aspect is associated with internal thoughts and feelings, while the social aspect is associated with community and external support from family, friends and others community members.

The creation of women and girls' safe spaces where women and girls including GBV survivors can go to receive services, support or seek immediate safety if they are at risk of GBV is **an effective MHPSS intervention that promotes safety, healing and recovery.**⁴

Most of the GBV prevention and response activities happening at the women and girls' safe spaces fall under layer 2 and layer 3 of the IASC MHPSS pyramid.

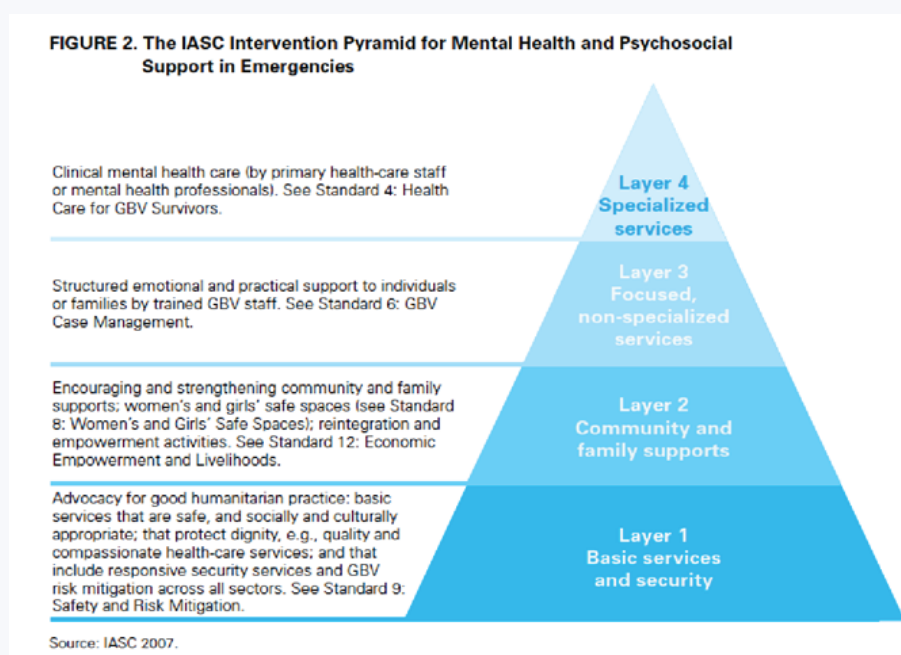


Figure 1: GBV AoR, 2019, adapted from IASC, 2007. IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings.

¹ ABAAD, International Rescue Committee, Emotional Support Group Curriculum

² International Rescue Committee, International Medical Corps (2020) Women and Girls Safe Spaces: A Toolkit for Advancing Women's and Girls' Empowerment in Humanitarian Settings [Women and Girls Safe Spaces: A Toolkit for Advancing Women's and Girls' Empowerment in Humanitarian Settings - World | ReliefWeb](#)

³ International Rescue Committee, Women Rise Curriculum, 2021

⁴ UNFPA (2015) Minimum Standards for Prevention and Response to Gender-Based Violence in Emergencies [Minimum Standards for Prevention and Response to Gender-based Violence in Emergencies \(unfpa.org\)](#)

Common GBV prevention and response activities in the MHPSS pyramid

Layer 1 – Basic services and security	GBV risk mitigation across all sectors Distribution of MHM kits
Layer 2 – Community and Family support	Awareness raising/information and sensitization Recreational activities Life skills activities Skills building and vocational training Positive parenting sessions Community development initiatives Engaging men as allies to prevent GBV Engaging community leaders in GBV prevention Campaigning
Layer 3 – focused non-specialized services	GBV case management ⁵ Focused PSS – group sessions
Layer 4 – Specialized services offered by MHPSS specialists	Psychotherapy Psychiatric consultations

GBV prevention and response programming offer women and girls the ability to benefit from the different layers of the MHPSS pyramid simultaneously. WGSSs offer women and girls the chance to express themselves, receive emotional support, access case management services or specializes MHPSS when needed, while at the same time growing their social network, learning skills, receiving information and awareness about their rights, benefitting from a range of recreational activities, while also having the chance to play a role in their communities. The empowerment of women and girls is promoted at different levels:

- 1. Personal empowerment (power within):** activities which develop women's and girls' self-confidence, self-awareness, self-respect, ability to assert their rights and make choices.
- 2. Cognitive empowerment:** activities and opportunities which allow women and girls to gain new skills and knowledge so they can make choices and take control of their lives. This includes knowledge about rights, services and how to access them.
- 3. Psychosocial empowerment:** activities and services which recognize women's and girls' strengths. These support women's and girls' freedom of expression, ability to cope positively with stress, and mutual support through strengthened social networks.
- 4. Socio-civic empowerment:** activities and services to enhance women's and girls' participation in public life, as well as opportunities to mobilize and organize for social change.

Women and Girls' Safe Spaces

The Foundation of MHPSS in the GBV Sector

Women and girls' safe spaces constitute the optimal way to offer the different layers of MHPSS support within the GBV sector, especially that the layers of services are offered simultaneously in one place. In many societies, women and girls' access to public spaces is limited as those are largely occupied by men. During times of crisis, women and girls' access to services and opportunities becomes even more limited, leaving many of them feeling isolated and restricted from moving and accessing public spaces. A Women and Girls' Safe Spaces (WGSS) is "a formal or informal place where women and girls feel physically and emotionally safe. The term 'safe,' in the present context, refers to the absence of trauma, excessive stress, violence (or fear of violence), or abuse. It is a space where women and girls feel comfortable and enjoy the freedom to express themselves without the fear of judgment or harm.⁶" While one of the key objectives of a WGSS is certainly to create an essential entry point for survivors to disclose experiences of violence, and access case management and psychosocial support services, in fact, the main purpose of safe spaces is "transformational change", serving as a counterspace created within a larger unequal space for women and girls⁷. Women and adolescent girls are supported through processes of empowerment to seek, share, and obtain information, access services, express themselves, enhance psychosocial well-being, and more fully realize their rights.

Objectives of a WGSS:

The overarching goal of a WGSS is: "to be a safe place where women and girls are supported through processes of empowerment."⁸

The objectives of a WGSS are:

1. To facilitate access for all women and adolescent girls to knowledge, skills and a range of relevant services.
2. To support women's and adolescent girls' psychosocial well-being and creation of social networks.
3. To serve as a place where women and adolescent girls can organize and access information and resources to reduce risk of violence.
4. To serve as a key entry point for specialized services for GBV survivors.
5. To provide a place where women and adolescent girls are safe and encouraged to use their voice and collectively raise attention to their rights and needs.

⁶ Women and Girls Safe spaces, a guidance note based on lessons learned from the Syrian crisis, UNFPA, 2015 [Women & Girls Safe Spaces: A guidance note based on lessons learned from the Syrian crisis \(unfpa.org\)](#)

⁷ International Rescue Committee, International Medical Corps (2020) Women and Girls Safe Spaces: A Toolkit for Advancing Women's and Girls' Empowerment in Humanitarian Settings [Women and Girls Safe Spaces: A Toolkit for Advancing Women's and Girls' Empowerment in Humanitarian Settings - World | ReliefWeb](#)

⁸ *ibid*



Essential activities to be included in the WGSS:


Different guidance notes describe the essential activities that a women and girls safe space includes.

- a. **Support to GBV survivor** through specialized GBV case management services based on global minimum standards should be offered in the WGSS. Additional specialized GBV response services such as CMR, legal support, MHPSS should be available either in the center or through other service providers as part of solid referral pathways.
- b. **Psychosocial and Recreational Activities:** based on needs and requests of women and girls, tested and age-appropriate support group sessions, recreational activities, formal vocational trainings, life skills training, livelihood activities, day care services are all forms of PSS activities.
- c. **Information and awareness sessions:** Topics can include information on available services and how to access them; GBV risk identification and reduction strategies; sexual and reproductive health; women's rights; infant and young child feeding practices; positive coping strategies; life skills; and hygiene promotion.
- d. **Prevention and outreach activities:** this can include safety audits to assess security risks for women and girls, and to identify opportunities with other sectors to mitigate those risks, safety mapping to support women and girls in identifying high-risk locations throughout their communities, and working together to minimize those risks, outreach activities to offer PSS and information and awareness to women unable to reach the center, men engagement activities where men and boys can receive information and awareness on GBV related topics and their role as allies to end GBV, working with religious and community leaders etc.

WGSS structure, schedule and staffing:

The location of the WGSS should take into consideration different factors such as the concentration of population in need, the geographical coverage of safe spaces in the area and making sure there are no overlaps with other safe spaces, the accessibility of women and girls to the space through the ability to move safely, security considerations for women and girls, conflict sensitivity especially when the WGSS is serving host and refugee population, and the proximity to other service providers which will facilitate referrals.

The structure of the space needs to include a spacious activity room with the capacity to accommodate a minimum of twenty people, a private room for provision of CM and individual counseling services, and a day care area for children. Extra rooms and an outdoor shaded area can also be added depending on the availability of resources.



The type of activities as well as their timing should be designed based on consultations with women and girls. Such consultations should take place at the design phase of a new WGSS. Ongoing feedback mechanisms should be in place to ensure that beneficiaries of the WGSS can always share their feedback, ideas, and recommendations. It's very important for women and girls to feel a sense of belonging of the safe space, that they are co-designing the space and have a say in how the space is managed.

The staff needed at the WGSS include a center manager/coordinator, a case worker, a psychosocial worker (or equivalent title) in charge of group PSS activities, in addition to outreach volunteers. Activity specialists can be engaged to provide specific types of activities.

All WGSS staff should all be female with the exception of some men engagement officers/volunteers who offer outreach activities with men and community leaders to engage them as allies in the empowerment and protection of women and girls. Regular team meetings should take place to provide coaching and support to the staff, and to ensure workplans are in progress. Monitoring and evaluation activities should take place at a regular basis to ensure that activities are on track, are achieving the desired outcome, and that feedback from beneficiaries is properly collected and is informing programmatic decisions.

Guiding Principles to MHPSS Approaches in the GBV Sector

All WGSS staff should all be female with the exception of some men engagement officers/ volunteers who offer outreach activities with men and community leaders to engage them as allies in the empowerment and protection of women and girls. Regular team meetings should take place to provide coaching and support to the staff, and to ensure workplans are in progress. Monitoring and evaluation activities should take place at a regular basis to ensure that activities are on track, are achieving the desired outcome, and that feedback from beneficiaries is properly collected and is informing programmatic decisions.

The provision of MHPSS approaches in the GBV sector should be in line with the following Core Concepts and Guiding Principles⁹:

GBV GUIDING PRINCIPLES ¹⁰	MHPSS CORE PRINCIPLES ¹¹	FEMINIST APPROACHES ¹²	'TRAUMA-INFORMED CARE' ¹³
<p>SURVIVOR-CENTERED: Encompasses the principles of safety, confidentiality, respect, and non-discrimination with an emphasis on respecting the survivor's dignity and right to self-determination.</p> <p>RIGHTS-BASED: Address root causes of inequality and ensure everyone has the right to live with freedom and dignity, safe from violence, exploitation and abuse.</p> <p>COMMUNITY-BASED: Ensures that affected populations are engaged actively as partners in development of programming, including women, girls, and other at-risk groups.</p>	<p>HUMANITARIAN PRINCIPLES: Humanity, impartiality, independence and neutrality are essential to maintaining access to affected populations and enduring effective humanitarian response.</p> <p>DO NO HARM: Taking all possible measures to avoid exposing people to further harm as a result of humanitarian action</p> <p>PRINCIPLES OF PARTNERSHIP: Humanitarian actors should follow principles of equality, transparency, results-oriented programming, responsibility, and complementarity, highlighting local and national response capacity and enhance the effectiveness of the response.</p> <p>BEST INTERESTS OF THE CHILD: Adolescent and child GBV survivors have a right for their best interests to be assessed, determined, and taken as primary consideration in all decisions affecting them.</p>	<p>RIGHTS-BASED: Asserts that women and girls have a right to live a life free from violence.</p> <p>PRIORITIZES WOMEN AND GIRLS: Women and girls' safety, priorities, and needs are considered of the utmost importance in the design, implementation, and sustainability of programming.</p> <p>GENDER EQUALITY: Recognizes that gender inequality is at the root of gender-based violence.</p> <p>GENDER TRANSFORMATIVE: Works to actively shift harmful power dynamics that are at the root of GBV - at the individual and community level.</p> <p>DO NO HARM: Strives to reduce the risk of unintended harm from interventions.</p> <p>WOMEN-LED: Women and girls play an active role in strategic planning, intervention design, implementation, and monitoring.</p>	<p>SAFETY: Survivors and service providers feel both physically and psychologically safe.</p> <p>TRUSTWORTHINESS & TRANSPARENCY : Interventions are provided with the intention of building trust between the survivor and service provider.</p> <p>PEER SUPPORT: Survivors are encouraged to actively engage in service delivery.</p> <p>COLLABORATION: Staff work to reduce power-imbances between service providers and survivors.</p> <p>EMPOWERMENT: Strength and resilience are recognized and validated.</p> <p>HUMILITY & RESPONSIVENESS: Service providers work to recognize and address biases that may impact care.</p>

⁹ Trocaire, The Global Women's Institute at George Washington University (2023) Supporting Uptake of Survivor-Centered Practice: Building Consensus Between GBV And MHPSS Workers Around Shared Guiding Principles and Recommendations for Progressing Practice

¹⁰ The Inter-Agency Minimum Standards for Gender-Based Violence in Emergencies Programming, UNFPA

¹¹ IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings

¹² Raising Voices, What is a feminist-informed approach to preventing violence against women?

¹³ What is trauma-informed care? Trauma-Informed Care Implementation Resource Center. (2022, July 7).



The empowerment and psychosocial wellbeing of women and girls is maximized when all activities in the WGSS are:

Inclusive:

- Women of all ages, nationality, religions, social backgrounds, sexual orientation, ableness and diverse social characteristics are able to meaningfully participate in the different activities. WGSS staff make necessary arrangements to understand the needs of diverse women and reach them from the first stages of the program cycle. When diverse women are reached at the level of the community-based activities they also get the chance to benefit from the remaining activities in the MHPSS pyramid (focused PSS, specialized MHPSS). Equally diverse WGSS staff and volunteers demonstrate impartial and inclusive attitudes, beliefs and practices which avoid dividing between 'us and them' ("othering"). Women with disability are included since the first phases of the project cycle starting with the assessment. Staff attitude reflect a real belief that a PWD has the same right and ability to participate. PWD needs are included in safety audit and assessment questions, and in case scenarios of IEC material and curricula. Organizations are trained on disability inclusion (disability types, perception, intersection between gender and disability, age and SRHR intersections, guiding principles of inclusion, inclusive design of projects, disability inclusion in project cycle management, Washington group questionnaire). Organizations are seeking support from OPDs on adaptations of spaces, activities, and curricula.

Women-led:

- Women and girls are able to meaningfully participate in designing and implementing some aspects of the safe space activities such as information and awareness sessions, recreational activities, community events, community-based initiatives, local level advocacy etc.
- Women and girls have the chance to access the safe space whenever they need it outside of structured and pre-scheduled activities. They have the ability to gather, organize tea/coffee ceremonies, cultural discussions, recreational activities, and any informal activities that they choose.
- Women and girls in all their diversity are able to use the safe space as an opportunity to build networks where they can combine their power through sharing, mentoring and cooperation.



Gender-transformative:

Research shows that even in emergency situations, women, girls, boys and men have the ability to question traditional gender norms. There may be shifts in traditional roles, attitudes, beliefs and practices, or new opportunities to discuss subjects that were previously taboo. In particular, protracted humanitarian situations can provide opportunities to build positive social and cultural norms that challenge practices of GBV.¹⁴

All WGSS activities should be designed to promote social norms that prevent GBV by challenging existing norms of gender inequality that support violence and a culture of impunity. Challenging existing norms can improve response to GBV by reducing victim blaming and social stigma that survivors experience, and by promoting help-seeking behaviors. The topics of activities, the modality of implementation, and the engagement with different community members should take a gender-transformative approach.

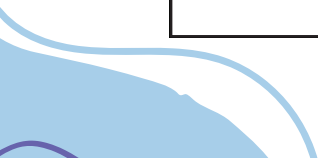
Community-Based Interventions in the GBV Sector

Community-based interventions in a GBV program are essential in enhancing the psychosocial wellbeing of women and girls by promoting their protection and empowerment. The following is a list of community-based activities that can take place in the WGSS or in the community.

What?	Why?	How?
Awareness raising/ information and sensitization	Access to information and awareness enhances the cognitive empowerment of women and girls leading to improved wellbeing.	Awareness sessions should preferably be delivered in a cycle of three sessions to the same group. ¹⁵ They can be offered in the WGSSs or in community settings. They should cover topics of safety from risks, gender roles, gender equality, GBV types and services, child marriage, reproductive health topics, hygiene, basics of self-care, PSEA, other topics as requested by beneficiaries.
		Information sessions are one-off sessions usually describing the available services and how to access them.

¹⁴ UNFPA (2015) Minimum Standards for Prevention and Response to Gender-Based Violence in Emergencies [Minimum Standards for Prevention and Response to Gender-based Violence in Emergencies \(unfpa.org\)](https://www.unfpa.org/sites/default/files/pub-pdf/MinimumStandardsforPreventionandResponse.pdf)

¹⁵ Some programs offer one-off sessions which can still be effective depending on the topic and modality. However, it's preferable to have three sessions for the same group of beneficiaries to maximize the benefits.



Recreational activities	Highly requested by beneficiaries, these activities contribute to enhancing the psycho-social empowerment of women and girls by increasing social connectedness, promoting self-care and helping women distance themselves from daily stressors.	Recreational activities should be designed in consultation with women and girls and based on their priorities. They can include yoga, music, art, gardening, handicraft, book clubs, movies, coffee or tea ceremonies, cooking, board games, etc. Organizations should also consider organizing trips (even to nearby locations) as they are highly requested by beneficiaries.
Life skills activities	Those activities contribute to enhancing cognitive empowerment as well as the personal empowerment of women and girls.	Life skills can include a variety of topics such as self-defense classes, first aid training, stress management, leadership training, advocacy training, communication and facilitation skills, conflict resolution, financial literacy, etc. Those can be offered in separate curricula based on the topics. Each curriculum should be of several hours over the course of different sessions.
Skills building activities and vocational training	This type of activity is highly requested by women and girls as it contributes to their economic empowerment and offers them the ability to be financially independent which increases their agency, wellbeing, and contributes to their protection from risks.	Whenever possible, vocational training should offer the possibility for women and girls to break away from traditional gender norms. However, they should also consider the types of jobs that women can undertake from home when this is deemed safer by them. Training should also be based on a market assessment. VT should be followed by entrepreneurship training, job placement or the provision of startup kits or micro-grants.

<p>Positive parenting sessions</p>	<p>Challenges in relationships with children are one of the main stressors that women face. Supporting them in this area plays a big role in their emotional wellbeing and contributes to their personal empowerment as parents.</p>	<p>Positive parenting sessions should be offered in a cycle of several sessions each covering a different topic including: positive parent-child interactions, emotional regulation, empathetic communication, non-violent discipline, consistent routine, understanding developmental stages of children, supporting cognitive and social development of children etc.</p> <p>Additionally, parenting sessions should include a component on gender equality, understanding gender roles and challenging traditional expectations from girls and boys, offering equal opportunities, etc.</p>
<p>Community development initiatives</p>	<p>Such initiatives help women play a role in their communities which contributes to their psycho-social and socio-civic empowerment. They help women feel more worthy and contribute to making a difference in their communities which is very rewarding.</p>	<p>Organizations can build the capacity of women and girls and help them come up with community projects based on needs that they have identified. They can also help them set an action plan and organize themselves through regular meetings to implement their action plan. Organizations should support the women by giving them a small budget to implement their projects.</p>
<p>Engaging men and boys as allies to prevent GBV</p>	<p>Working with men and boys is crucial in shifting social norms of gender inequality. Men and boys should be engaged as allies to support in ending GBV and in empowering women and girls.</p>	<p>Men engagement should be offered by male staff in a community safe space outside of the WGSSs, through a cycle of several sessions each covering a different topic including: positive masculinity, stress and anger management, understanding gender roles, understanding the cycle of violence and how to break it, understanding the types of GBV including child marriage and how to prevent them, communication skills, etc.</p>

<p>Engaging community leaders</p>	<p>Community leaders are members of the community who serve in formal or informal leadership positions, such as elders, tribal leaders, religious leaders, local government officials, midwives, school officials, etc. They are both male and female,</p> <p>and play important roles as custodians of traditions, customs, and norms, and often have a strong influence on the attitudes and behaviors of others.¹⁶ Community leaders can therefore serve key roles in ensuring adequate support for survivors of GBV and building communities that are free from violence against women and girls.</p>	<p>Engaging community leaders includes training them on GBV core concepts, safe identification and referral, gender roles, basics of SRH, PSEA etc.</p> <p>Specific training modules of women leadership can also be used to empower existing or emerging women leaders¹⁷</p> <p>Community leaders can also be supported to come up with their own gender transformative community initiatives where organizations can support by helping them in identifying needs, setting a project action plan, and implement it, while offering them the financial and logistical support needed.</p>
<p>Campaigning</p>	<p>Campaigns tackling GBV topics and working on shifting harmful gender norms can contribute to a safer environment for women and girls thus leading to their improved wellbeing.</p>	<p>Campaigns can be organized around annual events such as the 16 days of activities, International Women’s day, International Girl’s day etc. They are more effective when they are community-led and involve women, girls, men and boys as well as community leaders. They can also include community events, community-based initiatives and projects, and Behavior Change Communication, a process that utilizes media messaging, community mobilization and interpersonal communication to influence the knowledge, attitudes and practices of individuals, families and communities.</p>

¹⁶ Traditions and Opportunities - A Toolkit for GBV Programs to Engage Community Leaders in Humanitarian Settings, International Medical Corps, 2021 <https://reliefweb.int/report/cameroon/traditions-and-opportunities-toolkit-gbv-programs-engage-community-leaders-humanitarian-settings-enar>

¹⁷ This can include existing women’s groups, feminist organizations, CBOs, women cooperatives etc. For training manuals, check Traditions and Opportunities – Training Manual <https://cdn1.internationalmedicalcorps.org/wp-content/uploads/2022/03/IMC-GBV-Training.pdf>

Guide on participation of women and girls in WGSS implementation:

Making sure that the WGSSs activities are women-led is a shift in the traditional way of offering protection and community services. It is about understanding the importance of working WITH women and girls instead of only working FOR them. Evidence shows that allowing women and girls to lead activities in the WGSS is an empowering approach contributing to improve their self-esteem and overall wellbeing.

Women can be trained to play in role in the WGSS through the following examples of activities/roles:

- Disseminate information about the WGSS services and invite new women and girls in the community to participate.
- Help in safe identification of GBV survivors and women at risk and refer them to services.
- Disseminate useful information to other community members (for example through the distribution of IEC material).
- Support in the roll out of awareness raising sessions or campaigns.
- Prepare and deliver recreational activities in the safe space.
- Offer skills building classes in the safe space (handicraft, cooking, literacy classes etc.)
- Support in managing the safe space by undertaking admin and logistical tasks.
- Analyse protection threats, opportunities, resources, and coping mechanisms in the community and share this information with the WGSS staff to make relevant program adjustments. This can be done through the use of tools such as the safety mapping.
- Develop community led projects to help reduce some of the risks identified, and to increase the safety in the community. This could be to organize fairs where women can sell their products, or it could be to implement a cleaning campaign in the village, or to roll out an awareness raising campaign etc.
- Where applicable, design and implement local level advocacy initiatives. This could be to create a structured advocacy platform with local authorities or with service providers.
- Girls can organize recreational activities and can help in co-facilitating awareness sessions to other girls with the supervision of an adult.

¹⁶Traditions and Opportunities - A Toolkit for GBV Programs to Engage Community Leaders in Humanitarian Settings, International Medical Corps, 2021 <https://reliefweb.int/report/cameroon/traditions-and-opportunities-toolkit-gbv-programs-engage-community-leaders-humanitarian-settings-enar>

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- Girls can organize recreational activities and can help in co-facilitating awareness sessions to other girls with the supervision of an adult.



In order to play this active role in the WGSSs, women should be trained on the following:

- GBV core concepts and safe identification and referral
- MHPSS safe identification and referral
- PFA
- CP safe identification and referral
- Self-care for frontlines
- PSEA and safeguarding
- Disability inclusion
- Facilitation skills
- Trainings on the use of specific tools such as safety mapping or safety audit tools
- Training on the content of the awareness raising curriculum.

Girls can be trained on facilitation skills and on the content of sessions.

Incentive:

In many WGSSs, women are willing to volunteer in the WGSSs without any incentives. However, when the number of hours offered by week exceeds 6 hours, it's recommended to pay a small incentive which can cover transportation and communication fees and can constitute a small income for the volunteers.

Selection of volunteers:

When the volunteers are receiving a financial incentive, it's very important to follow a transparent selection process in order to ensure accountability towards the different community members. Women volunteers are usually selected among the program beneficiaries who are already familiar with the WGSS and already received different services. It's important to announce to all women who fit those criteria that a call for volunteer application is open. Women should be given the chance to send an application expressing their interest in volunteering. A structured recruitment process should take place including an interview, based on which volunteers are selected on the merit.

Guidelines on Offering Focused PSS

Focused PSS¹⁸ is a group activity that takes place in a cycle where the same group of women gather once a week over the duration of several weeks to discuss a different topic each time, with the aim of enhancing the safety and empowerment of participants.

Purpose:

- To offer a safe space for women and girls to come together, share experiences, build a supportive network and benefit from peer support.
- To promote positive coping mechanisms and skills to deal with stressors and challenges.
- To promote a sense of agency at women and girls who feel empowered to make transformations in their lives.
- To raise awareness on gender equality and contribute to transform gender norms.
- To create safe entry points to facilitate disclosures and referral to GBV case management or to specialized mental health services.

Focused PSS is not a group therapy and is not considered a specialized mental health support. It belongs to layer 3 of the MHPSS pyramid, namely the focused non-specialized activities. Different curricula¹⁹ exist and are validated in the Lebanon context. Different organizations have the choice to use a variety of curricula. They can also mix and match sessions from different curricula as long as they respect the following guidelines:

Space	Same space for all sessions, safe, accessible, ensures confidentiality, warm, comfortable, seating in circle not in a classroom fashion. Child care should be available to make sure children don't attend the sessions with their parents.
Timing and frequency	An average of 90mn once per week to ensure time for processing. Sessions should be at the same day and same time every week to ensure consistency and continuity.

¹⁸Also called curriculum-based PSS in some references

¹⁹Of those we mention Emotional Support Group (ABAAD and IRC), Arab Women Speak Out (IRC) which is a bit old and might require adaptation, Women Rise (IRC) which requires training by IRC, Girl Shine (IRC) which requires training by IRC, My safety My wellbeing (IRC), Basic Life Skills Toolkit (ABAAD).

Number of sessions	8 sessions or more ²⁰ Ideally, participants can benefit from other PSS activities after the end of the cycle. Each participant should attend least 70% of the sessions in order to complete the cycle.
Number of participants	8 to 12. This gives everyone the chance to actively participate.
Group composition	<p>It's important to ensure homogeneity in the age groups²¹ and language. Age brackets for girls should take into consideration the evolving capacities of girls. Specific groups for married girls or those at risk of early marriage can be formed to tackle specific topics relevant to them.</p> <p>When it comes to women, diversity in nationality, social and marital status²², and physical ability enriches the group. It's important for women in all their diversity to be in one group which will allow them to realize that some of the issues or concerns they face are universal and are experienced by all women. This will also allow them to learn from the experiences of others.</p> <p>It's not recommended to have groups of survivors only but rather include survivors with other women for the following reasons:</p> <ol style="list-style-type: none"> 1. To avoid singling out survivors which might create further stigmatization and safety concerns for them. 2. Having a group for survivors only or a specific type of violence might reinforce a sense of identity related to the abuse or the traumatic experience they went through. This is something we want to avoid, since a woman is not only defined by the difficult experience she went through. 3. Having a group of survivors only might lead to contagious negative emotions related to the traumatic experiences that the facilitator might find hard to handle. 4. It's important to remember that if some women beneficiaries of the safe space have not yet disclosed incidents of violence, this

²⁰This will help establish trust and rapport in the group, and will ensure participants feel safe, comfortable and are able to develop interpersonal skills.

²¹Women above thirty can be grouped together including older women. Age homogeneity is more critical for younger women where it's important to ensure a tighter age bracket given the changes girls and women go through at a younger age. Age brackets can be: 12 to 14, 15 to 17, 18 to 22, 23 to 30, 31 and above.

²²There is some evidence that it's preferable to have groups of married women together. However, some other feedback from the field assessment shows that some unmarried women appreciate being in the same group with married women since they learn from their perspective.

<p>Safety assessment</p>	<p>Before the implementation of FPSS, it's important to have a good understanding of the safety concerns in the area or specific considerations for the group participants. Safety audits, community safety mapping taking into account conflict sensitivity should be conducted on a regular basis to have an updated situational assessment of safety concerns. This is more effective when done with the help of community volunteers who have a better understanding of the context and the community dynamics.</p>
<p>Topics</p>	<p>Topics can be divided into four main categories which are all important and complementary:</p> <ol style="list-style-type: none"> 1- Emotional support: Emotional awareness, emotional regulation, identifying resourceful coping mechanisms, breathing and relaxation techniques, mindfulness, sleep hygiene, relation between hormonal changes and emotions etc. 2- Relationship to oneself: self-awareness, self-confidence, self-worth, personal needs, putting themselves first, self-care, assertiveness, decision making, problem solving, goal setting etc. 3- Relationships with others: relationships with peers, relationships with family members, communication skills, negotiation skills, conflict resolution, setting healthy boundaries, building supportive networks, positive parenting etc. 4- GBV topics: GBV core concepts, gender roles, gender equality, child marriage, safety from harm, access to GBV services, etc. <p>Topics related to the individual experiences of violence are to be avoided as it might create safety concerns and the inability of the facilitator to provide the appropriate support to the survivor. The discussion of individual incidents, safety plans, discussion of options and actions that the survivor can take should only be discussed in the individual case management set up; this is where the case worker can conduct ongoing safety assessments, support the survivor to put and update her safety plan, discuss options and actions that are best suited to the individual needs and situation of the survivor.</p>

²⁰This will help establish trust and rapport in the group, and will ensure participants feel safe, comfortable and are able to develop interpersonal skills.

²¹Women above thirty can be grouped together including older women. Age homogeneity is more critical for younger women where it's important to ensure a tighter age bracket given the changes girls and women go through at a younger age. Age brackets can be: 12 to 14, 15 to 17, 18 to 22, 23 to 30, 31 and above.

²²There is some evidence that it's preferable to have groups of married women together. However, some other feedback from the field assessment shows that some unmarried women appreciate being in the same group with married women since they learn from their perspective.

<p>Facilitation modalities</p>	<p>Sessions should include psycho-educational or informative parts as well as a variety of interactive and experiential learning techniques such as role plays, group and individual exercises, discussion of case scenarios, audio-visual material, expression through art and body movement, breathing exercises, etc.</p> <p>Sessions should also offer space for fun and play through the use of icebreakers and energizers.</p>
<p>Group agreement</p>	<p>During the first session, group agreement should be discussed with the participants where they are encouraged to come up with items to be added to the group agreement. In case not mentioned by them, make sure that the following items are added to the agreement:</p> <p>Respect confidentiality of the group</p> <ul style="list-style-type: none"> • Commitment to come to all sessions. • Punctuality. • Respect of others and other’s opinion. • To avoid commenting on others or oneself. • Acknowledging that differences enrich our group. • Active participation. • Equality among participants who all have the same rights to speak and receive support. • Acknowledging that some topics might lead to expressing difficult emotions and that this is part of the healing journey. • Participants are encouraged to share their experiences. Sometimes the facilitator will ask the participant to refrain from sharing specific details which can be discussed with the facilitator one on one after the session. • Some tips that might be shared might not apply to everyone as each person’s experience is different. When a participant is not sure if a suggestion applies to their situation, they can speak with the facilitator at the end of the session. • Other relevant points that might be suggested by the participants.

<p>Rituals of beginning and end</p>	<p>Using one ritual of beginning and one ritual of end (5 minutes each and the same throughout the sessions) helps create consistency in the sessions which enhances feelings of safety.</p> <p>Rituals of end also help bring back participants to the here and now and help create a state of calm and relaxation especially if the session included difficult topics.</p> <p>The rituals can be a small exercise where each participant answers a question (i.e. one thing I'm grateful for, or one thing I like about myself, one new thing I learned this week, or one thing I liked the most about today's session etc.). It can also be a song, a game or any exercise that is decided in consultation with the participants.</p>
<p>Capacity building of facilitators</p>	<p>Facilitators should be trained on:</p> <ul style="list-style-type: none"> ✓ GBV core concepts and safe identification and referral; ✓ MHPSS safe identification and referral; ✓ CP safe identification and referral; ✓ PFA; ✓ Facilitation skills including how to handle difficult emotions or sensitive situations (including conflicts); ✓ Training on the content of the curriculum; ✓ PSEA and safeguarding; ✓ Disability inclusion; ✓ Basics of SOGIESC; ✓ Self-care for frontliners; <p>It is highly recommended that facilitators have access to staff care program, to avoid emotional burnout.</p>

<p>The facilitators</p>	<p>Number: It is recommended to have two facilitators per group whenever possible.</p> <p>Capacity: Each facilitator should not offer more than eight FPSS sessions per week in order to ensure quality and avoid burnout.</p> <p>Attitude: Facilitators should have good listening skills, be patient, respectful, impartial, compassionate, non-judgmental, supportive and encouraging, have strong technical skills and knowledge, respect confidentiality, and offer a space where women feel safe and able to express themselves. They should also have culturally appropriate dress code.</p> <p>Involvement of case worker: The GBV case worker should attend the first session to introduce herself and the work she offers and to explain the availability of individual case management services for those who wish to be referred. Attending other sessions to remind the beneficiaries of her role is recommended.</p>
<p>Exit strategy</p>	<p>At the end of the cycle, participants should be given the option to organize themselves and come up with a community project, or choose to keep on meeting in the WGSS and create their own initiatives in the safe space.</p>

Handling a disclosure of a GBV incident inside the group session

It is not safe for survivors to disclose GBV incidents in a group setting. GBV staff should make all efforts to ensure participants have access to one-on-one disclosure to relevant staff when needed. This is also mentioned during the group agreement as well as by the GBV case worker when she introduces her work during the first session. Nonetheless, in case a participant in the group session discloses a GBV incident and asks for help in taking a decision or action to change her situation, the facilitator of the group PSS should do the following:

- Thank the survivor for sharing her experience by saying “thank you for sharing your story with us”.
- Use healing statements such as: “what happened to you sounds really difficult and you must be very strong to have gone through this”²³; “It takes courage to disclose something like that, thank you for putting your trust in us and sharing what happened to you”²⁴.
- Remind the survivor that individual case management services are available and that trained and experienced case workers are present in the center to support women who go through similar experiences.

Explain to the survivor that in order to receive the support she is asking for or to answer her questions, we can better help her in the individual set up.

- Tell the survivor that you can give her more details about the individual case management at the end of the session.
- Once the session ends, have a one-on-one discussion with the survivor to explain the option of case management, give details about the process, the case worker, the space, the confidentiality and other guiding principles of CM work. Receive the informed consent of the survivor to be referred to the case worker and help her schedule an appointment with the case worker.

Handling difficult emotions during the session

Some topics might open the possibility for participants to share very heavy emotions especially when they don't have anywhere else to express them. This might affect the energy of the group where other participants might feel affected too and might want to discuss similar experiences of pain, loss, worry or feeling desperate.

It's very important for the facilitator to stay present and grounded and to provide active listening.

The facilitator can:

- Allow some time for silence in the session. The participant sharing her story might need some time to cry or think before continuing her speech, respect this time and don't rush the conversation.
- Use healing statement such as: "thank you for sharing your story with us"²⁵, "this sounds like a really difficult situation and you have the right to feel this way"²⁶, "you must be really strong for going through all this"²⁷ etc.

• يلي صار معك كتير صعب وكونك كان عندك القدرة إنو تمرى بهيك شي بي دل أديش إنت قويه
• الكشف عن هيك شي بيطلب شجاعة. شكرا إلك على ثققتك فينا ومشاركتنا يلي صار معك

• شكراً إلك على مشاركة قصتك معنا

• هيدا الموقف فعلاً صعب وإلك الحق تحسي هيك

• قدرتك بانو تمرى بهيك موقف بي دل أديش إنت قويه

- Inform the person that individual counseling services are available if she wishes to receive further emotional support and that you can explain about those services at the end of the session.
- Tell all the participants that recognizing and expressing emotions is a sign of bravery and courage, and it shows that the person has enough trust in the group to express difficult emotions. Remind them that one of the objectives of this group is to allow us to share experiences of both pain and joy and to support each other in difficult moments, the same way we support each other in moments of personal development and growth.
- Invite other group members to offer support to the person sharing the painful experience by choosing healing statements or comforting messages they would like to share with the person.
- Suggest a group grounding exercise such as a breathing technique or any exercise that helps calm down the nervous system (based on what the facilitator is trained on).
- Suggest to take a short break where you can facilitate a small energizer that involves body movement, shaking hands and feet or doing a small stretching exercise. Avoid energizers that include fun and laughter as it might not be appropriate in such situations.
- Whenever possible, open a window or a door to allow fresh air in the room, only if this does not compromise the safety and confidentiality of the group.

²⁸ <https://www.moph.gov.lb/userfiles/files/Circular%20Number%20112%20Related%20to%20limiting%20the%20practice%20of%20the%20profession%20of%20psychologist%20in%20healthcare>

²⁹ <https://www.moph.gov.lb/userfiles/files/Circular%20number%20113->

<Related%20to%20the%20mandatory%20licensing%20for%20the%20practice%20of%20the%20profession%20of%20Psychologist%20clinical%20and%20educational.pdf>

Guidelines on Offering Psychotherapy to GBV Survivors in a WGSS:

Offering psychotherapy/counseling services is considered a specialized MHPSS intervention as part of layer 4 of the MHPSS pyramid. GBV actors offering this MHPSS intervention need to follow specific principles to ensure that the service offered is in line with both the MHPSS as well as the GBV guiding principles.

Therapist background and training: The professional offering psychotherapy/counseling services to GBV survivors as part of the WGSS should be a trained psychologist and should have the license to practice from the MHOPH based on circulars No. 112²⁸ and No. 113²⁹.

In addition to their academic degrees in psychology and the related requirements by the MOPH for licensed psychologists, the psychologist offering psychotherapy/counseling services to GBV survivors should receive the following mandatory trainings:

- GBV core concepts and safe identification and referral
- PSEA and safeguarding
- MHPSS safe identification and referral
- PFA
- Disability inclusion
- CP safe identification and referral
- Self-care for frontlines
- Basics of SOGIESC
- Emotional crisis management including handling risks of suicide
- Familiarity with the MHPSS IASC guidelines, the GBViE minimum standards as well as relevant tools and standards on the intersection between GBV and mental health.
- Continuous technical trainings in different psychotherapy approaches relevant to the humanitarian sector.

Supervision:

The psychologist offering psychotherapy/counseling services to GBV survivors should have access to supervision from a senior MHPSS colleague who is able to provide technical support and supervision to the psychologist on a regular basis. This includes discussing complex cases and reviewing care plans, as well as ensuring coordination with external MHPSS service providers.

Link with MHPSS sector:

The GBV organization offering psychotherapy/counseling services to GBV survivors should have access to the updated referral pathway of MHPSS and the ability to directly link survivors to additional specialized mental health services namely psychiatric consultations. Ongoing collaboration with MHPSS actors should be in place to ensure referrals are done smoothly, while respecting the GBV guiding principles. The GBV organization offering psychotherapy/counseling services should also be part of the MHPSS working group, attend relevant meetings and follow all the guidelines of the national mental health program.



Therapy/counseling approaches:

those should be tailored to the individual situation and needs of the survivor and can include CBT, interpersonal therapy, problem management+, EMDR, Trauma Psychosocial Support +, narrative therapy, Mindfulness, to name a few. It is essential that organizations focus on brief interventions with an average of twelve sessions per survivor .

Organizations should also make sure to ensure the presence of female psychotherapists/ counselors as part of the team of psychotherapists. Male psychotherapists/counselors should never be the only option available for survivors.³⁰

It is crucial that the therapist/counselor and the GBV case worker collaborate closely through regular meetings to ensure that both their interventions are aligned and are both contributing to the objectives set by the survivor in her care plan. This will ensure that their interventions are always survivor-centered, complementary and tailored to the needs of the survivor who should always be the lead actor in her healing journey. This will avoid issues of power dynamics between the GBV case worker and the psychotherapist as they both follow the lead of the survivor.

Feminist approach to MHPSS:

The added value of having therapy/counseling services for survivors within GBV programs is the ability to include a feminist lens to the therapeutic work offered, complementing a variety of empowering activities accessed within the WGSSs. Feminist mental health care is a philosophy of psychotherapy rather than a distinct orientation. It reinforces the idea that women's mental health cannot be fully understood outside the social context of patriarchy, because patriarchal norms, values and attitudes are fundamental to the many problems that women may bring into mental health treatment. Feminist therapy can help survivors to recognize that their mental health issues are not only related to internal mental health problems, or even to exposure to a specific incident of violence, but rather to a pervasive culture of violence against women that patriarchy reflects and reinforces.³¹ Feminist approaches can be integrated within different mental health interventions to generate better treatment outcomes. Recognizing explicitly during the therapy process of the need for change on external 'systemic' targets (i.e. social relationships, institutional systems, and structures of patriarchy), can result in even greater mental health benefit for women in treatment.³²

Traditional mental health interventions perceive GBV as a risk factor leading to mental health problems such as depression or trauma, and the focus would be to respond to the mental health problem itself. A feminist approach to mental health considers that the mental health symptoms are the consequence of another problem, namely the act of violence which is rooted in patriarchal norms of gender inequality and oppression.

Regardless of the psychotherapy approach used, it is important to respect the following feminist principles during the therapeutic process³³ with GBV survivors:

³⁰ This number of sessions can be exceeded on exceptional basis when the situation of the survivor requires more sessions

³¹ Moor, A. (2009). From victim to empowered survivor: Feminist therapy with survivors of rape and sexual assault. *Feminism and Women's Rights Worldwide*. 1: 139-155, cited in Feminist Approaches to Specialized Mental Health Care for Survivors of Gender-based Violence - GBV AoR Helpdesk <https://gbvaor.net/node/798>

³² Gorey, K., Daly, C., Richter, N., Gleason, D. & McCallum, M. (2003). The Effectiveness of Feminist Social Work Methods. *Journal of Social Service Research*, 29(1): 37-55, cited in Feminist Approaches to Specialized Mental Health Care for Survivors of Gender-based Violence - GBV AoR Helpdesk <https://gbvaor.net/node/798>

³³ This section is adapted from Feminist Approaches to Specialized Mental Health Care for Survivors of Gender-based Violence - GBV AoR Helpdesk – pages 6-8 <https://gbvaor.net/node/798>



1. Attending to diversity:

The therapeutic process should understand and accommodate the different identities of women including gender, race, ethnicity, ableness, social class, religion, and sexual orientation. Different identities affect women's experiences of privilege or oppression and can impact how they experience violence, how they react to the different stressors they face, and how they heal.

2. Explicitly recognizing gender inequality and oppression in the therapeutic work:

The therapeutic process should raise the awareness of survivors on the dynamics of violence, power imbalance and gender inequality. Women should be explicitly told that what happened was not their fault, and that the blame lies solely on the perpetrator who is supported by societal structures of oppression. This helps survivors shift from a position of self-blame into awareness of the larger systematic victimization of women in patriarchy. Social contexts are loaded with myths that protect perpetrators and blame survivors. These myths might be implicitly or explicitly endorsed by legal, judicial and medical practitioners, which can lead to re-victimization of the survivor. It is important that the therapeutic process with the survivor addresses these myths, including how survivors themselves internalize them, in order to bring awareness, transformation and empowerment to the survivor.

3. Reducing power imbalances :³⁴

The therapeutic process should encourage an egalitarian relationship between the survivor and the mental health provider in order to shift away from a model of the provider as expert. By viewing the survivor as an equal, the therapist reinforces that they are working jointly with the survivor towards her recovery, while making use of the expertise of the therapist. This requires the therapist/counselor to have nonjudgmental respect and genuine belief in every woman's innate value and strength. It offers the opportunity to restore survivors' sense of dignity and self-worth that the acts of violence have often taken away. This approach can counter the profound loss of control that a GBV act can cause. The survivor is encouraged to trust her own experience and judgment and set personal goals for her healing process.

4. Using a strength-based approach:

The therapeutic process should help the survivor feel her sense of agency and recognize her personal power where she is encouraged to identify her own strengths, and to develop or enhance her ability to value and nurture herself. This helps counter the feelings of shame, guilt and self-blame resulting from the acts of violence and often reinforced by societal norms of victim blaming. A feminist approach offers empowering reframes to how a survivor perceives her reactions, coping mechanisms and internal strategies and focuses on reducing self-judgement. This helps the survivor bring meaningful changes to how she perceives herself and find ways to re-connect with her inner power.

³⁴ This is in line with the principle of collaboration of Trauma informed care - What is trauma-informed care?
Trauma-Informed Care Implementation Resource Center. (2022, July 7).
<https://www.traumainformedcare.chcs.org/>

Capacity Development of WSGG Staff

Below is a list of mandatory trainings to be received by the different staffs in the WGSS.

Trainings to be received by all WGSS staff:

- GBV core concepts and safe identification and referral
- PSEA and safeguarding
- MHPSS safe identification and referral
- PFA
- Disability inclusion
- CP safe identification and referral
- Self-care for frontlines
- Basics of SOGIESC

Additional trainings for GBV case workers

- GBV case management
- GBVIMS (if the organization is a GBVIMS user)
- Caring for child survivors
- Caring for survivors of sexual violence
- Emotional crisis management (including suicide risks)
- Introduction to mental health disorders

Additional trainings for FPSS facilitators:


- Facilitation skills for group PSS
- Training on the content of every PSS curriculum to be used

Additional trainings for psychotherapists:

- Ongoing training on individual therapy approaches

Annexes

Annex 1 – Examples of FPSS curricula³⁵

Basic Life skills Curriculum for women - ABAAD	Basic Life Skills Project – ABAAD (abaadmena.org)
My Safety My wellbeing for girls – IRC	My Safety, My Wellbeing: equipping adolescent girls International Rescue Committee (IRC)
Emotional support group training guide for women – ABAAD/IRC	 ESG TRAINING GUIDE-ABAAD-IRC.pd

³⁵ Other curricula mentioned in the Assessment on MHPSS approaches in the GBV sector in Lebanon are internal resources developed by organizations. IRC has a number of curricula that are only available for organizations who already received the training on these curricula.