

# Guidance on Home Visits for GBV Case Management

In humanitarian settings, it is common for service providers to use home visits as part of their service delivery approach because it is an easy way to access individuals and families in need of services. In particular, home visits are often used by health and protection providers for the purposes of assessing an individual's or family's situation, or to follow-up on services that have already been provided, as a way of monitoring. They are also used as a specific approach to access individuals and families who live far from central service provider locations or those who cannot easily reach services because of a disability, or lack of timely and affordable transportation. While there are several benefits to using home visits as part of a case management service, for cases of GBV, home visits are usually not recommended because of the challenges they present to maintaining the survivor's confidentiality and safety.

## How do home visits bring risks to survivors?

- The very act of a GBV case worker (or other GBV staff member) visiting only one or two houses in a small geographic area may signal that the household is receiving some kind of special service that others are not. This may prompt neighbors to discuss that household with each other or confront someone in the household, which could expose the survivor and her story.
- If GBV staff are known in the community as staff who provide GBV case management services or who talk about GBV in the community, we immediately jeopardize a survivor's confidentiality by visiting her home. In such situations, caseworkers are also putting their lives at risk of harm from perpetrators and/or community members.
- When we visit a survivor's house as part of a follow-up service and we do not know who will be in the home with her, we put her life and our life at risk of harm from the perpetrator, particularly in situation of intimate partner violence and child sexual abuse.
- Usually when perpetrators, particularly in IPV situations, know that a survivor has sought help from someone (even if it is not clear that she sought help for the violence she is experiencing), he will feel that his power has been threatened and this brings the potential for an escalation of violence.

To the extent possible, GBV programs should not carry out home visits. In most situations it would be better to identify a safe space in the community, which is easily accessible for survivors and would still allow for some privacy and would feel safe for the survivor. However, recognizing that in many

places that we work, home visits may be the only way to reach survivors because of security, below are methods that can minimize risk to survivors (and staff).

### How can we minimize these risks?

- Home visits should never be used to “identify GBV cases.” As GBV service providers, we do not go out in communities to actively identify GBV cases. Outreach teams may visit homes to provide information about services in the community, but these visits should never include any questions or discussions about personal experiences of women and girls in the household. Read the guidance on choice and empowerment for more information.
- If you absolutely need to carry out home visits specific to GBV as part of your program, remember to do the following:
  - Develop a strategy for visiting multiple households at a time in a small geographic area, making it clear in the community that you are making visits to X number of homes in the neighborhood in order to provide information or some other type of service not related to GBV.
  - Discuss with the survivor what time of day and which days she thinks few community members will be around, and in which the perpetrator will not be in or near the house. To the extent that you can, set aside a specific time with the survivor so she knows when to expect you.
  - Make a plan with the survivor to have a code or signal that she can use to signal to you that it is no longer safe for you to come to her house. This could be a message that she sends you through a mobile phone or it could be something that she puts on the home (a certain color of cloth) or something that is changed in the house.
  - In the event that the survivor is confronted about your visit, discuss with her what she can say to others about who you were and why you were visiting so that she does not expose the fact that she sought help from a GBV service provider.

