

Case Closure: One-Time Service Provision

Common settings or circumstances when there may be one-time service provision

In general, providing GBV services in emergencies is often a challenge given social norms, challenges accessing women and girls, resistance to services from men in the community, and a plethora of other barriers- yet it is possible as we have shown time and again. The GBV community has had to show immeasurable creativity over the years, working with women and girls, to provide services in remote, dangerous and at times very volatile humanitarian contexts. Given these circumstances, there are times when we know that we may only see a survivor once, for example:

- When services are few, yet the population is spread out meaning they have to travel far to attend them;
- If there is a cost associated with the service (either cost to travel, or cost to attend the service);
- When we establish mobile services so we are not necessarily in one location regularly or often;
- When we are using hotlines or remote service delivery;
- When it is very dangerous for women and girls to attend any sort of service;
- When survivors tell us that they will not/cannot come back;
- When services are catering to a mobile population (for example in the Europe refugee crisis, in some parts of Africa that are on the migrant route or close to border posts).

Priorities for Service Provision

It is essential, when there is a probability that the case worker will only see a survivor once to focus on key issues during that one encounter. For example:

Immediate needs including health and safety:

- If a survivor is coming to see you despite extreme danger or en route to somewhere else, she is probably coming for something specific. Often it could be physical pain linked to an incident of violence, or because she is at immediate risk from someone around (or her children may be).

- Focus first and foremost on any safety concerns she may have, and any immediate actions that she can take or that you can support on.
- Focus also on any medical needs she may have as quick referrals may be available, and any subsequent treatment she may be able to take with her. Do make sure you discuss any safety concerns linked to any treatment she may need to take.
- Any basic needs she needs met- she may have run out of sanitary napkins, or food in which case, perhaps you can give emergency cash or refer to another service provider.
- Refer quickly, and if necessary, accompany a survivor so that her needs are met.

Information: Although you may not see or talk to a survivor again, you may have information that will be useful to her later. For example:

- Inform her that you are and will be available if she can ever come/call back.
- Any information linked to medical treatment (medication she may need to take, side effects, etc). This is important because if she cannot come back, the more information she has, the better prepared she will be to manage her situation. This will also be useful if she calls, and you know that she may at some point access services.
- Any information about other services she may want to benefit from either immediately if available, or at a later stage including NFIs or other distributions.
- If she is on the move or calling from somewhere else, information you may have about where she is, her destination or transit locations. This could be information about GBV service providers, what she is likely to find on arrival, risks she may face, legal frameworks, etc.

Do ask (gently, kindly and without judgment) if there is any safe way you could be in touch. This is not an issue to push with a survivor.

Process

The initial process of any meeting with a survivor should remain the same as any GBV case management first meeting. You should introduce yourself, discuss consent/confidentiality, focus on listening and empowering the survivor, do not judge her, etc. If you know quite early on in the relationship that the survivor is unlikely to come/call back, make sure you reassure her that it is not a problem, and that you will remain available should she ever wish to, or be able to come/call back.

Like any good GBV case management process, identification of needs together with the survivor is essential. It is unlikely that you will write a full action plan if a survivor will not come back, as there will not be follow-up. The action plan will consist of immediate actions that can be taken at the time of this unique encounter. It is definitely good practice to make sure you write

these up afterwards, but it will not consist of the same format with a timeline and focal point for example.

Differences in the case management process if you see a survivor only once may be in the speed of referrals, immediacy of action points, and a case worker's responsibility to make sure that any urgent needs are met immediately- if necessary by attending services with the survivor. Of course, if this meeting is done over the phone, through a hotline for example, a case worker may not even be able to support in these ways.

Remember! Even if the survivor tells you that she will not come/phone back, always remind her you are available, she can come/call back anytime, and how brave she was to come/call in the first place. The process must remain at all times survivor-centered and empowering to her. That should never change!

If you have agreed with a survivor that you will see each other again, and she doesn't come/call, remember that it is not your place to find her. You could discuss with her, if she is local, what to do in case she doesn't come back but unless you have had this conversation clearly and agreed on action points, looking for her may be dangerous. There may be many reasons why she has not come back.

