

When a survivor develops mistrust of a case worker

Trust is the cornerstone of the relationship between a case worker and a survivor. A survivor's sense of trust in a case worker encourages initial disclosure and ongoing engagement. It is critical to remember that an experience of GBV often shatters a person's sense of trust in other people. This is the starting point for most survivors when they seek help. Survivors are taking a tremendous physical and emotional risk when they reach out for help and case workers should anticipate that a survivor **will not trust** them from the beginning. Trust is something that case workers need to work hard to build and maintain in a session and overtime.

There are many variables which can contribute to a case worker not being able to build the trust of a survivor or lose the trust of a survivor—some of which the case worker does not have control over—such as the survivor's experience of GBV and past experiences with service providers. However, there are some key issues case workers should be aware of that could lead to a survivor developing mistrust: (this is not mean to be an exhaustive list):

- **Breaching confidentiality.** Confidentiality is one of the core GBV case management guiding principles and is highly connected to ensuring the physical and emotional safety of the survivor. Breaching confidentiality can have immediate safety implications for a survivor in that she may become at further risk of harm from the perpetrator or the community. It can also lead to stigma which reinforces the survivor's isolation, sense of shame and self-blame. There are a few exceptions when a case worker may have to break confidentiality – but these should be communicated in advance to the survivor during the informed consent process. And the case worker should always do their best to engage the survivor in a discussion about needing to break confidentiality before doing so.
- **Agreeing to take action on something, but not following-through.** When working with a survivor and carrying out case action planning, case workers often agree with the survivor that they will take actions to support the survivor in getting services and support - for example making a referral for a health service, or agreeing to follow-up with the survivor. If the case worker does not follow through, this can erode trust.
- **Making a “promise” for which they do not have control over the outcome.** Sometimes case workers make promises to survivors that are impossible for them to keep. For example, “I promise things will get better”, “I promise things will change,” or perhaps more subtle assurances, such as “everything is going to be okay.” Communicating such

'promises' to the survivor may seem like the right thing to do in the moment in order to help a survivor feel better and feel supported. However, the case worker does not have control over the survivor's situation, circumstances and feelings. We don't know what situation a survivor is going to go back to after she sees us and if we communicate to her that everything is going to be okay or that things will get better— and that does not happen, we may jeopardize her trust in us and our abilities.

- **Using language that communicates blame or judgment.** Communicating to a survivor they she may be at fault for or contributed to the violence she is experiencing or that she is somehow responsible for making it stop will almost immediately jeopardize the case worker's relationship with the survivor and the ability to build or maintain trust. This can be as explicit as asking her why she did or did not do certain things (for example in the case of sexual violence – why did you go out alone? Or in the case of IPV – why didn't you have dinner ready? Or why did you argue with him?). It can also be implicit – perhaps if the case workers asks – in that situation what could you have/would you have done differently? Case workers may also sometimes pass judgment on a survivor and her behavior – for example – “that wasn't a good decision.”

In all of the instances above (and others that lead to a lack of trust in a case worker), the most likely outcomes are that a survivor will shut down and not want to engage with the case worker anymore during the session. And would likely not return for further services and care. In terms of the impact on the survivor, it means that they will not get the care and support they need in the immediate, but it also will likely impact their perception of service providers in general and discourage them from seeking help again. It also has a deeper psychological impact in that the case worker might have been the only person they were open to trusting again and when that trust is broken, it is almost as if being victimized again.

Recommendations/Lessons Learned

If the case worker has the opportunity, the best approach if mistrust develops—is to check in with the survivor about it. Acknowledge that you may have broken the survivor's trust and apologize. Communicate that you know it will take time for her to trust you again and that you want to work hard to re-establish her trust in you. Ask the survivor if there is anything you can do to facilitate the process of regaining trust.

