

Psycho-social services provision, part of multi-sectoral response to GBV

Standard Operating Procedures

2015



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Purpose and objectives

The provision of quality psycho-social services represent an essential component of a coordinated multi-sectoral response to GBV. Social services comprise a range of services that are critical in supporting the rights, safety and wellbeing of women and girls experiencing violence including crisis information and help lines, safe accommodation, legal and rights information and advice.

The Standard Operating Procedures (SOPs) provide clear and detailed description of routine actions of psycho-social service providers, named therefore counsellors, who may provide assistance/services for GBV victims/survivors.

The objectives of SOPs for intervention on GBV cases of psycho-social services are the following:

- assist for effective identification of GBV victims/survivors,
- ensure and/or increase the victim/survivor's safety at all stages of the intervention;
- ensure quality and consistency of service provision;
- facilitate improved and coordinated GBV documentation and data collection;
- guaranty the confidentiality of the services provided to GBV victims/survivors;
- facilitate effective referral for GBV victims/survivors to other service providers; and
- link the psycho-social services with the other resources available for GBV victims/survivors.

While both men and boys can also suffer from the direct and indirect impacts of gender-based violence, this SOP's primary focus is on women and girls as they are overwhelmingly targeted for violence and abuse; and the forms of violence they experience, the severity, frequency and consequences are very different from violence experienced by men.

Applicability

The SOPs describes clear procedures that regulate step-by-step routine activity, the roles, and responsibilities to be followed by the staff of any psycho-social service for GBV victims/survivors. These services could be governmental social assistance departments or specialized services for GBV victims/survivors.

The essential social services for GBV victims/survivors that should be provided in a broad range of settings and situations are:

- Crisis information
- Crisis counselling
- Help lines
- Safe accommodation
- Material and financial aid
- Creation, recovery, replacement of identity documents
- Legal and rights information, advice and representation, including in plural legal systems
- Psycho-social support and counselling
- Women- centred support
- Children’s services for any child affected by violence
- Community information, education and community outreach
- Assistance towards economic independence, recovery and autonomy
- Data collection and information management

The provision of essential social services must be supported by the foundational elements which must be in place: informed consent and confidentiality, accessibility, referral, risk assessment and management, appropriately trained staff and workforce development, monitoring and evaluation, and system coordination and accountability.

The specialized services for GBV victims/survivors might be provided by governmental/ public/state institutions (public services); by non-profit/non-governmental or for profit/commercial organizations (private services); and in a framework of a contract between a public/state authority and a private party (non-profit or for profit), in which the private party provides a public service or project and assumes substantial technical and operational responsibilities (public-private partnership).

For a better implementation of the SOPs, a minimal training of counsellors in using the present SOPs is indicated. Preferably, the training should be part of a comprehensive training programme/curriculum, which includes sections on multi-sectoral response to GBV, specific response to GBV of psycho-social services and prevention and awareness.

The SOPs does not include any description of the specific duties of the counsellors regarding psychotherapy, social benefits or other type of specific assistance. Any other specific procedures, regulated by country legislation, regulations and statues, may be added when the present SOPs are adapted to the country.

Guiding principles

Principles of multi-sectoral response to GBV

Victim/survivor-centred approach. All service providers engaged in multi-sectoral response to GBV prioritize the rights, needs and wishes of victim/survivor.

Partnership. The multi-sectoral response to GBV implies good cooperation and coordination of involved institutions/organizations.

Participative management. The rules regarding the multi-sectoral intervention and referral, the strategies and action plans, including planning, implementing, monitoring and evaluating programmes should be done in a participatory manner, including the input of beneficiaries (if applicable).

Strategic planning. The policies that address GBV phenomenon should be translated in inter-institutional common strategies, with specific objectives and activities.

Integrated services. The procedures for intervention and referral as well as the protection measures require a multi-disciplinary approach based on unified work methodology.

Prevention. An effective integrated approach sets as a priority also the prevention of GBV.

Accountability. All interventions/organizations have to ensure the accountability (and measures of it) for staff to implement and respect the agreed programs/rules and to follow these guiding principles in their work.

Sustainability. Despite the political changes or staff turnover/demotivation, once the multi-sectoral response to GBV is assumed, the institutions/organizations should ensure all conditions to implement and sustain this approach.

Principles of working with GBV victims/survivors

Gender-sensitive approach. Services provided need to demonstrate an approach which recognizes the gender dynamics, impacts and consequences of violence against women. Psycho-social services should take into account the needs of specific groups of women and girls, including those belonging to marginalized groups. Psycho-social providers need to respect the diversity of service users and apply a non-discriminatory approach. This implies that all women survivors have equal and full access to psycho-social services and receive support at the same level of quality.

Victim/survivor's centred. During the intervention on GBV incidents/cases, respecting the victim/survivor's wishes, rights, and dignity is the best approach aimed to create an environment full of respect, which may facilitate the victim/survivor's ability to identify her needs and to make decisions about possible ways of action. Psycho-social providers should support victims/survivors in their decision-making.

Safety and security. The safety of both the victim/survivor and the psycho-social provider should be a priority when organizing and offering care to GBV victims/survivors. Evaluating the safety of the victim/survivor needs to be done at the moment of identification and when the person reveals she/he has been victim of GBV. Also assessing one's own safety should be part of evaluation/intervention. When starting the interaction with a victim/survivor it is important to consider the possible threats (violent husbands, family members) to ensure that the interaction take place without likely harm to one-self, the victim/survivor or other colleagues.

Confidentiality and privacy. Respecting confidentiality is an important measure to ensure the safety of both the victim/survivor and the psycho-social provider. All the time, the confidentiality of the victim/survivor shall be respected. This includes sharing only the necessary information, only in the situation that is necessary or requested, and only with the victim/survivor's agreement. Ensuring privacy and confidentiality of intervention, data collection, record keeping, reporting and information sharing will decrease the exposure of both victim/survivor and psycho-social providers. Maintaining confidentiality ensures that a victim/survivor does not experience further threats and/or violence as a result of seeking assistance and also protects psycho-social providers from threats of violent perpetrators or family members. Shared confidentiality in the psycho-social profession means that some information related to a victim/survivor may be shared with other psycho-social colleagues on a "need to know basis" only. Information may be shared with colleagues if there is a medical reason for it and the psycho-social provider is referring the victim/survivor to another psycho-social provider. This must be explained to the victim/survivor beforehand and the victim/survivor must understand what information and to whom this will be shared, and consent must be obtained. If the confidentiality is limited by a regulation regarding mandatory reporting, the victim should be informed immediately.

Informed choice. Any action should be made only with the victim/survivor's permission and after obtaining of an informed consent.

Non-discrimination. Regardless of age, race, national origin, religion, sexual orientation, gender identity, disability, marital status, educational and socio-economic status, all victims/survivors are equal and shall be treated the same and have equal access to services.

Conditions and behaviours that might indicate GBV

The psychological effects of GBV are complex; often, the traumatic impact may not be acute but due to the recurrent and constant character of GBV, the effects are chronic and deep and may lead in some cases to dramatic outcomes or serious psychopathologies.

Conditions that might indicate GBV

Most common psychological and psychosomatic effects:

- Feelings of guilt, shame, anger, sadness, despair, helpless, hopelessness, emptiness, powerless, suffocation
- Constant feeling of danger (always feeling on the alert)
- Fear of everything
- Failure to take care of themselves and others
- Difficulty in concentrating
- Profound loneliness (alienation)
- Loss of ability to make plans
- Lack of initiative, fear of facing life alone, meaning of and interest in life
- Lack of self-esteem
- Agitation, nervousness
- Tachycardia
- Phobic behaviour
- Gastrointestinal disorders
- Sleep disorders
- Eating disorders
- Headaches
- Muscular pain
- Substance abuse

Specific psychological effects more common in case of sexual violence:

- Rumination
- Intrusive thoughts (the memory of the trauma suddenly comes back in a disturbing manner)
- Physical reactions (trembling or fainting on remembering the traumatic event)
- Flashbacks
- Nightmares

Behaviours associated with GBV

- Isolation due to avoidance of people, places, activities, behaviour and attitudes which the batterer dislikes (as a defence from escalating the violence)
- Frequent change of jobs
- Reducing social and leisure activities
- Avoidance of people, places or situations which could remind the victim/survivor of or discover the event
- Loss of the ability to protect herself and her underage children
- Indecisiveness
- Denial and minimizing of the event and the consequences

How to interact with a GBV victim/survivor

Asking about GBV might be challenging for any service provider. The following recommendations help the provider to increase confidence in asking about GBV and also to avoid re-victimisation.

- Take the initiative to ask about violence – do not wait for the woman to bring it up. This shows that you take a professional responsibility for her situation, and it helps to build trust.
- Avoid asking a woman about GBV in the presence of a family member, friend, or children.

Be patient with GBV victims/survivors, keeping in mind that in crisis they may have contradictory feelings. Don't pressure the victim/survivor to disclose. If she/he does not disclose, tell her/him what made you think about violence.

- Avoid unnecessary interruptions and ask questions for clarification only after she has completed her account.
- Avoid passive listening and non-commenting. This may make her think that you do not believe her and that she is wrong, and the perpetrator is right. Carefully listen to her experience and assure her that her feelings are justified.
- Use the same language as the victim/survivor; if the victim/survivor speaks other language that the provider, ask for a provider who speaks the same language or for an interpreter to assist her/him.
- Adapt language and words at the understanding level of the victim/survivor. Do not use professional jargon and expression that might confuse the victim/survivor.
- Formulate questions and phrases in a supportive and non-judgmental manner, using a sympathetic voice. Use open-ended questions and avoid questions starting with "why", which tends to imply blame of GBV victim/survivor.
- Don't blame the woman. Avoid questions such as "Why do you stay with him?", "Did you have an argument before violence happened?", "What were you doing out alone?", "What were you wearing?" Instead, reinforce that GBV cannot be tolerated.
- Use supportive statements, such as "I am sorry that this happened to you" or "You really have been through a lot", which may encourage the woman to disclose more information.
- Emphasize that violence is not victim/survivor's fault and only the perpetrator is responsible for.

- Explain that the information will remain confidential and inform her about any limitations to confidentiality.
- Use eye contact as culturally appropriate, and focus all attention on the victim/survivor. Avoid doing paper work at the same time.
- Be aware of your body language. How you stand and hold your arms and head, the nature of your facial expression and tone of voice all convey a clear message to the woman about how you perceive the situation. Show a non-judgemental and supportive attitude and validate what she is saying. Avoid body language conveying the message of irritation, disbelief, dislike or anger toward the victim/survivor.
- Do not judge a victim/survivor's behaviour based on culture or religion.

First impressions always have a lasting and meaningful impact. The first impression of a GBV victim/survivor coming for psycho-social services is the building, the entrance room and the general environment. This impression can influence the victim/survivor's reaction and the willingness to undergo future actions and all this happens before the counsellor had the chance to greet the victim/survivor.

The discussion with the GBV victim/survivor should take place at a round table or, better, without a table. Sitting on two sides of a table might add an additional barrier in communicating with GBV victims/survivors. A victim/survivor who has the sensation of unequal power with the counsellor might limit the shared information and the trust in the professional.

Staying exactly face-to-face and watching the victim/survivor in her/his eyes might give the wrong impression of confronting, as usually the perpetrator is doing.

Placing the victim/survivor in a position from where she/he can see the entrance/exit door may give the sense of controlling the situation, opposite by the common situation with the perpetrator when often the victim/survivor is isolated and controlled.

Addressing upper layers from Maslow's hierarchy of needs¹ might be challenging if the physical requirements for human survival are not met. Provide refreshments, snacks and water to the victim/survivor as many of them might have limited or restricted access to food. Keep in mind that some service providers do not have funding for victim/survivor's refreshments so the cost would come out of their pocket.

¹ Introduced in 1943 by the humanist psychologist Abraham Maslow, the concept of a hierarchy of needs suggests that people have to fulfil basic needs before moving on to other, more advanced needs. This hierarchy is most often displayed as a pyramid. There are five different levels in Maslow's hierarchy of needs:

1. Physiological needs: needs vital to survival, such as the need for water, air, food, and sleep.
2. Security needs: steady employment, health care, safe neighborhoods, and shelter from the environment.
3. Social needs: needs for belonging, love, and affection, friendships, romantic attachments, and families help fulfil this need for companionship and acceptance, as does involvement in social, community, or religious groups.
4. Esteem needs: things that reflect on self-esteem, personal worth, social recognition, and accomplishment.
5. Self-actualizing needs: self-aware, concerned with personal growth, less concerned with the opinions of others, and interested fulfilling their potential.

Procedures

The general objective of psycho-social services for GBV victims/survivors is to help the victim/survivor to regain self-esteem and the control of their own life. The psycho-social support may include actions to reduce the victim/survivor's suffering and loneliness and social distances, to improve physical health conditions, for social and family reintegration, and provide legal or socio-economic support. In all stages of the assistance, the victim/survivor's autonomy and confidentiality are subsequent to victim/survivor's security.

The step-by-step procedures are grouped by the level of intervention that can be implemented, organized in the following sections: identification, evaluation, intervention, documenting GBV, referral, and case management coordination. The order of sections and/or steps might be changed when interfering with a GBV victim/survivor; however, any assistance of a GBV victim/survivor will begin with the identification. Each counsellor may implement the sections that are according to the statute and mandate. If there is any evidence or suspicion that a person suffers a form of GBV, the counsellor must make all the efforts to ensure that the person obtains all the support that may receive.

Prior any intervention/assistance of GBV victims/survivors, the counsellor must ensure that all her/his personal stereotypes (e.g. blaming victim/survivor or the violence, expecting them to leave, etc.) or barriers are addressed and solved, as well as their own experiences of GBV, to be neutral and supportive.

Identification

First step in responding to GBV is to recognize/identify the victim/survivor and the reasons to initiate the intervention. This can be done by facilitating the self-disclosure as a GBV victim/survivor, or by finding out due to referral or reporting (mandatory or not). The victim/survivor's autonomy and confidentiality are subsequent to victim/survivor's security. This step may include obtaining informed consent for case management services if appropriate or for referral to other service providers.

Addressing health needs which may threaten the life or integrity must be priority. Refer the victims/survivors with severe, life-threatening conditions for emergency treatment immediately, prior ant step in addressing psycho-social needs.

- Greet the person in a welcoming manner.
- Introduce yourself and briefly explain the institution's mandate/services.
- Kindly ask the person to introduce herself/himself.

- Avoid any physical contact with the victim/survivor or accompanying persons, as well as sudden movements. This may be stressful for victims/survivors, especially for those suffering of physical violence.
- Ask the person about the preference to be assisted by a counsellor of the same sex (especially in cases of sexual violence).
- Give the victim/survivor the chance to ask questions about everything may consider important.
- Remember the needs of different population groups (e.g. persons with physical or mental disabilities, religious persons, and ethnic minorities) and make efforts to address them.
- Create a confidential and compassionate environment, active listen to the person and give validating messages (please refer to sections *How to interact with a GBV victim/survivor* and *Working environment*).
- Build the trust of the victim/survivor.
- Do not leave the victim/survivor alone, especially when self-injuries are suspected or the risk for it is present.

Evaluation

After identification of a GBV victim/survivor, the counsellor should make a decision on the next steps (support/counselling, documenting GBV, referral and case management coordination) to be followed, according to the resources, skills and mandate to effectively address GBV.

The evaluation refers to obtaining and analysing information about physical and psychological health of the victim/survivor, social life, relationships and economic status; all this information will help the counsellor to set up the most appropriate intervention, according to the victim/survivor's needs and available resources.

- Obtain consent for services that will be provided. If the victim/survivor cannot read and write, the informed consent statement will be read up to the victim/survivor and a verbal consent will be obtained (this will be mentioned in the informed consent or other forms).
- Explain the right to provide limited consent where they can choose which information is released and which is kept confidential.

- Give adequate information for informed consent. Inform the victims/survivors about possible implications of sharing information about her/his case with other institutions/services.
- Specify if there is any legal mandatory reporting to other institution of a GBV incident/case.
- Ensure the victim/survivor that she/he is assisted in a non-judgemental, compassionate and understanding way, and all efforts will be made to help her/him.
- Think to the care/support that should be provided, tailored on the needs and expectations in order to protect the GBV victim/survivor.
- Ask the victim/survivor to tell in her own words what happened, to talk about the perpetrator, types of violence, current GBV history (type of abuse, duration, frequency, intensity and latest most violent episode), and previous GBV experiences. Encourage the victim/survivor to be specific and personal.
- Evaluate the level of danger and define some rules for self-protection
- Ask about the consequences of the GBV in her/his life
- Psycho-physical-social condition of the victim/survivor and her children
- Background of her family of origin
- Primary and secondary social network
- Ask about victim/survivor's and family's economic situation, dependency or independency, and their living/housing conditions
- Ask about previous efforts to tackle the violent situation, coping strategies, previous attempts to get away from abuse
- Situation of the children (in relation to the GBV, their relations with parents)
- Explore the victim/survivor's feelings about what happened
- Expectations and wishes of GBV victim/survivor (from counsellor, from herself/himself, from perpetrator, from other persons) and what motivates her/him to seek help

Service provision/Intervention

The intervention implies an assemblage of comprehensive essential services for GBV victims/survivors that reduces the effects and consequences of harmful experiences, and prevent further trauma, including re-victimisation. The intervention will follow the individualized intervention plan developed based identified needs and available resources. All intervention actions must be victim/survivor's focused, implemented in a multi-sectoral and holistic manner, adaptable, and sustainable.

Crisis counselling

The crisis counselling aims to achieve immediate safety, make sense of their experience, reaffirm their rights and alleviate feelings of guilt and shame. Crisis counselling could be provided through a wide range of methods including in person, via telephone, mobile phone, e-mail and in various locations and diverse settings.

The long-term counselling, psychotherapy or other form of long-term support/intervention are not covered through this section.

- Address the basic needs (hunger, thirst, sleepiness).
- Ask the victim/survivor to express her/his own ideas on outcomes, coping strategies, resources. Explore together with the victim/survivor all these ways of solving the situation.
- Offer psychological support to respond to the immediate psychological needs of GBV victim/survivor.
- Explain and/or offer alternative choices to the victim/survivor: a) immediate access to safe accommodation; b) immediate access to emergency health care services; and c) the option to re-contact the service, in any circumstances/choice.
- Explore with the victim/survivor the possibility to obtain a restraining/protection order (if applicable).
- Assist the victim/survivor in safety planning, to increase safety for herself and her children, where needed (please refer to section *Safety plan*).
- Explain and agree long-term plan and share contact detail for follow-up.

Safe accommodation

Often, GBV victims/survivors need to leave their housing immediately in order to be safe, by accessing safe houses, refuges, women's shelters or other safe space.

- Provide safe and secure emergency accommodation until the immediate threat is removed.

- Ensure security measures are in place, including: confidential location (where possible), security personnel, and security system.
- Provide basic accommodation needs.
- Provide other specific and complementary essential services, according to victim/survivor's needs and choices: psychological support/counselling, legal advice, support for social reintegration, etc.
- Ensure that the safety and needs of accompanying children are addressed.

Long-term psycho-social support and counselling

Formal and informal counselling services have proven effective in addressing the psychological needs of victims/survivors experiencing depression, anxiety, and/or PTSD. Some of the psycho-social services include support groups, individual counselling, and a 24-hour hotline. Informal counselling services operate on different levels within many communities, ranging from victim/survivor's support groups to faith- and community-based group interventions.

- Empower the victim/survivor to make their own choices.
- Develop plans and actions by assessing and considering victim/survivor's personal needs, different opinions and points of view and by examining the possibility of not doing anything and leaving things as they are. Involve the victim/survivor in developing the intervention plan.
- Provide or mobilize social support.
- Undertake specific actions that will reduce the victim/survivor's suffering, loneliness and social distances, rebuild self-esteem.
- Strengthen self-protection mechanisms and coping strategies, by emphasizing the victim/survivor's resources and capacities, to be able to manage future violent or vulnerable situations without feeling powerless.
- Accept the possibility of failure of the intervention and or undertaken actions and illustrate this to the victim/survivor. Facilitate reflection on the consequences if this should happen.
- Explore/ask all along if there is any other subjects that the victim/survivor wants to discuss about.
- Briefly explain what was agreed for the intervention plan and what actions to be undertaken by the victim/survivor.

- Explain to the victim/survivor about the follow-up plan and share contact detail for follow-up.
- During follow-up sessions, explore the changes in the victim/survivor's situation, effectiveness of coping strategies, results of any actions undertaken by the victims/survivors; explore the difficulties occurred and help the victim/survivor to address them; redefine the problem, plan and further actions.

Other support services

- Provide material and financial aid: emergency transport, food, safe accommodation, basic personal and health care items, cash for certain expenditures (e.g. forensic certificate fee, taxi transfer to and from other services).
- Assist victims/survivors to establish their identity by supporting them to create, recover or replace identity documents.
- Provide legal information to GBV victims/survivors on their rights and range of option available, such as divorce/marriage, child custody, guardianship, restriction/protection measures, and migration status.
- Provide (or refer to) services for children which are appropriate, child sensitive, child-friendly and in line with international standards.
- Provide telephone help lines free of charge or toll-free, preferably 24 hours a day, 7 days a week, or at a minimum, for four hours per day including weekends and holidays. Ensure that staff answering help lines have appropriate knowledge, skills and are adequately trained. Ensure that the help line has protocols connecting it with other social services, and health and justice services to respond to individual circumstances of women and girls.

Risk assessment and management

Risk assessment and management can reduce the level of risk. The safety plan is part of the case intervention that can prevent future violent incidents or avoid escalation or exposure to extreme situations. The safety plan is developed taking in consideration risk factors and resources available.

To develop an effective safety plan, understanding the risk factors for repeat and escalating violence is needed. The more risk factors are identified and associated with a GBV case, the higher the risk to which the GBV victims/survivors is exposed.

Risk factors that might be identified:

- Previous acts/incidents of GBV against the victim/survivor, the children or other family members. History of abuse, forms and patterns of violence used, former

convictions or reports to police, weapons used are indicators to evaluate the danger.

- Violent behaviour outside the family.
- Separation and divorce are times of high risk.
- The coalition of other family members with the perpetrator.
- Legal or illegal possession and/or use of weapons or threaten to use weapons.
- Alcohol or drugs consumption may disinhibit behaviours and lead to escalation of violence.
- Threats, in particular, threats of murder must be taken seriously.
- Extreme jealousy and possessiveness.
- Extremely patriarchal concepts and attitudes.
- Persecution and psychological terror (stalking).
- Non-compliance with restraining orders by courts or police.
- Possible triggers that may lead to a sudden escalation of violence (changes in the relationship).

A first safety plan needs to be developed and if necessary referral needs to be proposed and organized in a safe non-stigmatizing way.

- List the persons (friends, neighbours) that might be called in an emergency situation or who could give shelter for few days.
- Identify one or more neighbours you can tell about the violence, and ask them to help if they hear a disturbance in your house.
- Practice how to get out of your home safely.
- Pack a safety bag and put it in a place from where can be taken easily in an emergency situation.
- Use your instincts and judgment. If the situation is dangerous, consider giving the abuser what he wants to calm him down. You have the right to protect yourself and your children.
- Think about the possibility to address for future help to other service providers.
- Remember, you do not deserve to be hit or threatened.

Documenting GBV

Each GBV case should be documented by psycho-social service providers; the documentation provides at least a comprehensive summary of the most relevant information about a GBV incident, if not the case history. The documentation of a GBV case could be made using standardized forms, hand notes, charts, photos, paper registries, etc. Collecting relevant data about each GBV case and gathering them in a data base will a) generate data for monitoring and evaluating GBV cases progress, b) offer a clear view on the disclosed cases in a specific area, and c) help to evaluate the functioning of multi-sectoral response to GBV.

- Collect and register information about GBV victim/survivor/case, including: demographic information (i.e. name, age, sex), marital status, details about children in custody, history of psychiatric conditions, substance and drug consumption, family members and relations between them, information about socio-economic statute of victim/survivor/family, consent obtained.
- Collect and register full details of the GBV incident and history of violence including:
 - evidence to support the alleged offence;
 - history of any other incidents, including those with previous partners;
 - relation between victim/survivor and perpetrator;
 - type of violence and frequency of events;
 - whether weapons were used (how and what type);
 - witnesses present during the incident, including children.
- Describe in detail the consequences/effects of violence (physical, psychical and social).
- Describe risk and protection (personal and social/environmental) factors.
- Record the actions planned or undertaken to tackle the violent situation.
- Note safety planning and case characteristics in this matter.
- During follow-up counselling sessions, collect data regarding case evolution.
- Note what victim/survivor discloses using her/his own words.
- Document your doubts and the evidence they are based on.
- Inform the victims/survivors about the possible usage of the records and obtain the consent on that.

- Keep all records in a safe and confidential place. The guidelines embedded in each country will dictate how comprehensive the information should be.
- Allocate adequate time to enter data in data collection system.

Referral

Referral's system goal is to address the immediate and multiple needs of the victim/survivor in a manner that will ensure the safest and most effective way of reporting and in accordance with victim/survivor's preferences for care and treatment. Also, referral is about a coordinated approach to service delivery. All service providers should be aware of the system and able to activate referrals whether or not they are the first point of contact for a victim/survivor. A referral system can function effectively if information/details about institutions/organizations, specific service providers (professionals) and contact details are systematized and shared between all relevant institutions.

- Evaluate what referral may be useful for the GBV victim/survivor, according to the assessed needs and wishes.
- Inform the victim/survivor about the possibility to be referred to other service providers, as requested and/or needed.
- Obtain the consent of the victim/survivor to make the referral, prior any further step.
- Clarify with the victim/survivor what information will be shared to other service providers and what information will be kept confidential (specify if there are any legal regulation/limitation).
- Give to the victim/survivor complete and correct information about service providers, following the 3W scheme described below:
 - WHO** – which institution/organization provides services to GBV victims/survivors, adding contact information of a person (name, telephone number) that can be reached as an entry point to that service
 - WHAT** – what sort of assistance they can expect to receive from a specific service provider, adding cost information related to that service
 - WHERE** – where exactly is the place (the exact address) of the indicated services
- Make the referral according to the victim/survivor's choice. Do not push the victim/survivor to take any action that she/he is not comfortable with.

- Accompany the referral by a short written report and a telephone discussion with the other service provider, as a method for avoiding the situation when the victim/survivor has to repeat the story and answering the same questions during multiple interviews, passing again through the psychological trauma caused by the GBV incident.
- Encourage the victim/survivor's autonomy by empowering her/him to do the referral by itself.
- Accompany the victim/survivor to the referred service provider, if needed and possible.
- Explain for what purpose the collected evidence might be important/useful. Ask the victim/survivor if she/he desires the evidence of violence to be collected. Recall the importance to collect evidence as soon as possible in particular GBV situations (e.g. sexual violence). Explain what should be done and what should avoid in order to preserve/not to destroy the evidence (e.g. not to wash, change clothes).
- In accordance with the needs and desires, refer victim/survivor to other services. Some key services that could provide essential support for GBV victims/survivors are:
 - nearest facility that can assist her/him in collecting evidence;
 - police to make an official complaint;
 - health facility for medical care.
- Keep up to date a directory of institutions/organisations which provide services for GBV victims/survivors. The directory must include institution's name, contact person, address, other contact details, list of services provided.
- Have agreements and protocols about the referral process with relevant services/institutions, including clear responsibilities of each service.
- Ensure that procedures between services/institutions for information sharing and referral are consistent and known by staff.

Individual safety plan for women who experienced violence by intimate partners or other family members - model

Client _____ Counsellor _____

Date _____ Re- evaluation (dates) _____

1. If my own or my children's safety is in danger at home, I can go to _____ or _____ (decide this although you would not expect another violent act).
2. In a violent or threatening situation a safe way out is _____ (e.g. which doors, windows, elevator, stairs or emergency exit I could use).
3. If an argument seems unavoidable, I will try to have it in a room or an area that I can leave easily. I will try to avoid any room where weapons may be available.
3. I can talk about violence with the following persons and ask them to call the police if they hear suspicious noises in my house: _____.
4. I can use (e.g. a sign, a word) _____ as a code with my children or friends so that they can call for help.
5. If my partner does not live with me anymore, I can ensure my safety at home (locks, keys, alarm system etc.) _____.
6. I can keep my handbag/safety bag (a place at home/at a friend's home): _____.
7. I need the following things in case of a quick departure from home (content of the safety bag):
 - money/cash
 - extra pair of home and car keys
 - extra clothes
 - personal hygiene items
 - mobile phone, important phone numbers, phone card
 - medical prescriptions
 - important documents/cards (passport/identity card, health insurance card etc.)
 - children's favourite toys
 - other, _____
8. The counsellor has told me that:
 - I am not responsible for the violent behaviour of my partner but I can decide how to improve my and my children's safety.
 - I deserve better than this: me and my children have the right to lead a safe life.
 - Violence is a crime and I can report it to the police.
 - There are restriction/barring orders and I know how I can apply for them.
 - There are places where to get support _____
9. The counsellor has suggested/we have agreed that I can continue dealing with the problem at the following help providers: _____.
10. I can keep this safety plan without endangering my own or my children's safety at: _____.

Glossary of terms

Different terms can define a person who have had experienced the violence at least once in the life time. The proper term should be used according to the moment when the professionals meet with the person. A person harmed, injured, or killed as a result of a violent action or a person who has come to feel helpless and passive in the face of misfortune or ill-treatment can be called victim. The term is technically accurate but in the same time it contributes to a feeling of powerlessness for those who have suffered some form of GBV. The term survivor defines the person who seeks help, which has or works to develop an ability to cope with trauma, which learns how to protect self, a person which struggles to take back their life. But, ultimate, the survivor is both a victim of GBV and a survivor of GBV. Sometimes, but rarely, the term client is used to identify a person by the services they receive instead of by the violence they have survived. Considering the objectives of this document, the term victim/survivor will be used to cover both situations, before and after they disclose/report the GBV to a professional.

Domestic violence/Intimate partner violence

All acts of physical, sexual, psychological or economic violence that may be committed at home or in a public place by a person who is a family member or a person that has been an intimate partner or spouse or ex-partner, irrespective of whether they lived together (Council of Europe, Convention on preventing and combating violence against women and domestic violence, CETS No. 210).

Child marriage

Formal marriage or informal union under the age of legal consent is a reality for both boys and girls, although girls are disproportionately the most affected (UNICEF, Child marriage, 2012).

Essential services

A core set of services required, at an absolute minimum, to secure the rights, safety and well-being of any woman, girl, or child who experience violence against women. Whilst the essential services may not be provided in the same way in every country or setting, they include a combination of universal services such as health, care and social welfare and well-being, statutory services such as policing and justice responses, and specialist social services.

Gender-based violence

A form of discrimination that seriously inhibits women's ability to enjoy rights and freedoms on a basis of equality with men (UN Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), General Recommendation No. 19 on VAW, Art. 1).

Justice service providers

Include state/government officials, judges, prosecutors, police, legal aid, court administration, lawyers, paralegals, and victim/survivor support/social services staff.

Mandatory reporting

Refers to legislation passed by some countries or states that requires professionals and/or individuals to report (usually to the police or legal system) any incident of actual or suspected domestic violence or intimate partner violence. In many countries, mandatory reporting applies primarily to child abuse and maltreatment of minors, but in others it has been extended to the reporting of intimate partner violence.

Perpetrator

Person, group, or institution that directly inflicts or otherwise supports violence or other abuse inflicted on another against her/his will (IASC, 2005, Guidelines for gender-based violence interventions in humanitarian settings: Focusing on prevention of and response to sexual violence in emergencies).

Rape/rape attempt

Physically forced or otherwise coerced penetration – even if slight – of the vulva or anus, using a penis, other body parts or an object. The attempt to do so is known as attempted rape (WHO, World report on violence and health).

Referral

The process of how a woman gets in touch with an individual professional or institution about her case and how professionals and institutions communicate and work together to provide her with comprehensive support. Partners in a referral network usually include different government departments, women's organizations, community organizations, medical institutions and others (UNFPA 2010).

Referral system

A comprehensive institutional framework that connects various entities with well-defined and delineated (albeit in some cases overlapping) mandates, responsibilities and powers into a network of cooperation, with the overall aim of ensuring the protection and assistance of victims/survivors, to aid in their full recovery and empowerment, the prevention of GBV and the prosecution of perpetrators (the so-called 3 p's). Referral mechanisms work on the basis of efficient lines of communication and establish clearly outlined referral pathways and procedures, with clear and simple sequential steps (UNFPA 2010).

Reporting GBV case

Disclosure of a GBV incident/case by a service provider to another service provider; sharing information about a GBV case to other institution/organization during the process of referral. The reporting could be made only with and within the limits of victim/survivor's consent, with few exceptions.

Sexual abuse/violence

Any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances, or acts to traffic, or otherwise directed, against a person's sexuality using coercion, by any person regardless of their relationship to the victim and survivor, in any setting, including but not limited to home and work (WHO, World report on violence and health).

Sexual exploitation

Any actual or attempted abuse of a position of vulnerability, differential power, or trust, for sexual purposes, including, but not limited to, profiting monetarily, socially or politically from the sexual exploitation of another (UN Secretary-General's Bulletin on protection from sexual exploitation and abuse (PSEA) (ST/SGB/2003/13).

Traffic of human beings

The recruitment, transportation, transfer, harbouring or receipt of persons, by means of the threat or use of force or other forms of coercion, of abduction, of fraud, of deception, of the abuse of power or of a position of vulnerability or of the giving or receiving of payments or benefits to achieve the consent of a person having control over another person, for the purpose of exploitation. Exploitation shall include, at a minimum, the exploitation of the prostitution of others or other forms of sexual exploitation, forced labour or services, slavery or practices similar to slavery, servitude or the removal of organs (Protocol to Prevent, Suppress and Punish Trafficking in Persons contributing to United Nations Convention against Transnational Organized Crime).

Violence against women

Any act of gender-based violence that results in, or is likely to result in, physical, sexual or mental harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life (UN Declaration on the elimination of violence against women. New York, United Nations, 1993). It includes many different forms of violence against women and girls, such as intimate partner violence, non-partner sexual violence, trafficking, and harmful practices such as female genital mutilation.

References/related documents

IASC (2005), Guidelines for gender-based violence intervention in humanitarian settings: focusing on prevention of and response to sexual violence in emergencies.

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