

**Leave No Girl Behind**

**Standard** **Operating Procedures for Working with the Survivors of Violence**

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# **ACRONYMS**

|  |  |
| --- | --- |
| **CBCM** | Community-Based Complaint Mechanism |
| **CBO** | Community-Based Organization |
| **DSP** | Downstream Partner |
| **GBV** | Gender-Based Violence |
| **GEC** | Girls Education Challenge |
| **HIV** | Human Immunodeficiency Virus |
| **IASC** | Inter-Agency Standing Committee |
| **IP** | Implementing Partner |
| **MDGs** | Millennium Development Goals |
| **PSEA** | Protection against Sexual Exploitation and Abuse |
| **SDGs** | Sustainable Development Goals |
| **SGFP** | Safeguarding Focal Person |
| **SOPs** | Standard Operating Procedures |
| **SOV** | Survivor of Violence |
| **STI** | Sexually Transmitted Infection |
| **TORs** | Terms of Reference |
| **UN** | United Nations |
| **UNCRC** | United Nations Convention on the Rights of the Child |
| **VAWG** | Violence against Women and Girls |

# **SECTION 1: INTRODUCTION**

Violence against Women and Girls (VAWG) is the most widespread form of abuse worldwide, affecting one third of all women in their lifetimes. VAWG violates women and girls’ human rights and can have a negative impact on long-term peace, stability and their learning. Keeping in view this risk to girls and women in an Education Program[[1]](#footnote-1), the (Leave No Girl Behind) LNGB program, in addition to other risk management elements, gave due attention to the protection of girls and women in case there occurs an incident of VAWG in any of the targeted communities where ACTED works.

As a global standard, ACTED utilized survivor-centred approach based on a set of principles and skills designed to guide professionals-- regardless of their role—in their engagement with women and girls who have experienced sexual or other forms of violence.  This survivor-centred approach is aimed to create a supportive environment in which the survivor’s rights are respected and in which she is treated with dignity and respect[[2]](#footnote-2).  The approach helps to promote the survivor’s recovery and her ability to identify and express needs and wishes, as well as to reinforce her capacity to make decisions about possible interventions[[3]](#footnote-3).  Providers must have the resources and tools they need to ensure that such an approach is implemented.

The set or principles were used to develop Standard Operating Procedure for caring for child/adolescent/adult survivors of sexual and other abuse to respond to the gaps in guidance and operations for health and psychosocial staff providing care and treatment to survivors of these abuses in the context of ACTED LNGB Program. Furthermore, the main aim of developing these SOPs by ACTED has been to help child/adolescent/adult survivors, and their families, timely recover and heal from the oftentimes devastating impacts of sexual abuse[[4]](#footnote-4). The purpose is also summarized as follows:

* Build the capacity of health and psychosocial service providers on the foundational (or “core”) knowledge, attitudes and skills to work with child/adolescent/adult survivors of sexual and other abuse;
* Adapt case management for child/adolescent/adult survivors;
* Implement targeted psychosocial interventions;
* Improve coordinated care across multiple sectors and service providers; and
* Monitor the quality of service provision.

In order to comprehensively contextualized the SOPs and make them inclusive and transparent, ACTED convened a group of 14 individuals representing key government departments, civil society representatives, community representatives including a father, two mothers, and technical experts. This group outlined a step by step process and identified key stakeholders that should be involved at each step. Separate meetings were conducted, both, at district and divisional headquarters levels with the participating government line departments.[[5]](#footnote-5) This process of SOPs development helped facilitating relationship building between stakeholders and overall buy-in to the processes and programming.

# **SECTION 2: SCOPE OF SOPs**

The objective of this document is to describe harmonized and agreed-upon Standard Operating Procedures (SOPs) on prevention and response to violence. This document describes minimum actions to be taken in order to uphold safeguarding and protection standards. These SOPs describe the roles, responsibilities of all actors, guiding principles, and procedures for the prevention of and response to any form of violence affecting all relevant direct and indirect beneficiaries (girls/women and community members). Although there is a special emphasis on sexual violence, actions are not limited to only this form of violence. Furthermore, all actors listed in this document agree to the same procedures, guiding principles and working together for the best interests of the child/adolescent survivor and vulnerable adults in the LNGB programme.

Signatories to these SOPs are the recognised government as well as non-government service providers who will receive referral pathway information automatically through the ACTED Safeguarding Focal Point (SGFP) or the Case Worker; responsible to share the case or required information with the relevant stakeholders. All staff and volunteers involved in prevention of and response should ensure they are bound by following these SOPs that maintains the same standards.

All parties to these SOPs will arrange and provide training (or send staff to participate in training provided by ACTED) on safeguarding, protection, gender-based violence, GEC guidelines and survivors of violence SOPs making sure that all staff has sufficient understanding of these concepts as well as ensuring all staff are fully aware of how and where to refer a survivor/victim for support and assistance.

# **SECTION 3: DEFINITIONS**

|  |  |
| --- | --- |
| **Actor(s)** | **Actor(s)** refers to individuals, groups, organizations, and institutions involved in responding to violence or protection concern of the survivor. |
| **Adolescent** | WHO defines adolescent as any person between the age of 10 and 19 years |
| **Adult** | The period in the human lifespan in which full physical and [intellectual](https://www.merriam-webster.com/dictionary/intellectual) maturity have been attained. Adulthood is commonly thought of as beginning at age 20 or 21 years[[6]](#footnote-6). |
| **Best Interest Assessments** | **Best Interest Assessments** (or child/adolescent/adult survivor protection assessments) should be seen as an essential element of individual case management with children/adult survivors at risk, and must be the basis before any action affecting an individual child/adolescent/adult of concern and support actors in any decision or action taken on behalf of a child/adolescent/adult in line with Article 3 of the UNCRC and UN Secretary General’s Bulletin[[7]](#footnote-7)  |
| **Case Management** | **Case Management** is acollaborative, multidisciplinary process which assesses, plans, implements, coordinates, monitors and evaluate options and services to meet an individual’s needs through communication and available resources to promote quality, effective outcomes. All case management is conducted by trained case management personnel.  |
| **Child** | **Child i**s a person under the age of 18 years irrespective of definitions in local laws. This age group also includes adolescents of ages between 10 and 18 years.  |
| **Child Sexual Abuse** | **Child Sexual Abuse is** forcing or enticing a child to take part in any sexual activities. This may include, but is not limited to, rape, oral sex, penetration, or non-penetrative acts such as masturbation, kissing, rubbing and touching. It may also include involving children in looking at, or producing sexual images, watching sexual activities and encouraging children to behave in sexually inappropriate ways. |
| **Child Sexual Exploitation** | **Child Sexual Exploitation is** a form of sexual abuse that involves children being engaged in any sexual activity in exchange for money, gifts, food, accommodation, affection, status, or anything else that they or their family needs. The abusive relationship between victim and perpetrator involves an imbalance of power where the victim’s options are limited. It is a form of abuse that can be misunderstood by children and adults as consensual.  |
| **Code of Conduct** | A **Code of Conduct** is a set of standards of behaviour to which staff of an organization are obliged to adhere. |
| **Confidentiality** | **Confidentiality** is an ethical principle that restricts access to and dissemination of information. In investigations on sexual exploitation, abuse, fraud and corruption. It requires that information is made available only to a limited number of authorised people for the purpose of managing the case. |
| **Forced Marriage** | Marriage is **forced** if any individual entering into the marriage is doing so against her or his will. |
| **Gender** | **Gender** refers to a socially constructed roles and responsibilities that a particular society or community assigns to women/girls and men/boys.  |
| **Incident** | **Incident** refers to the specific act of violence or protection violation or any other human rights violation.  |
| **Rape** | **Rape** as defined by the International Criminal Court is non-consensual penetration (however slight) of the vagina, anus or mouth with a penis or other body part. Also includes penetration of the vagina or anus with an object. Invasion of the body of a person by conduct resulting in penetration, however slight, of any part of the body of the victim or of the perpetrator with a sexual organ, or of the anal or genital opening of the victim’s body with any object or any other part of the body committed by force, or by threat of force or coercion or by taking advantage of a coercive environment, or committed against a person incapable of giving genuine consent. |
| **Sexual Assault** | **Sexual Assault** is any form of non-consensual sexual contact that does not result in or include penetration. Examples include: attempted rape, as well as unwanted kissing, fondling, or touching of genitalia and buttocks. This incident type does not include rape, i.e., where penetration has occurred.  |
| **Survivor** | **Survivor** refers to the person against whom the act of violence was committed.  |
| **Survivor Centred Approach (SCA)** | A **Survivor Centred Approach** respects the decision of the person who suffered the safeguarding incident and guides the response. In response to any violence, it must be ensured that a survivor should be treated with dignity and respect. There should be no “one size fits all” policy in the response to survivor needs. Responding to their needs and what they want to happen will be preferred. The survivor’s safety and security must be the priority and their right to privacy and support are paramount. It must be provided whatever survivor needs within the available services. This might be legal support, medical support or counselling.  |
| **Violence against Women and Girls (VAWG):** | UN Declaration on the Elimination of Violence against Women (1993) describes VAWG as, “Any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life”. Despite internationally agreed definitions, the definition of VAWG varies across countries and within communities. |
| **Whistle-blower** | For the purposes of these SOPs, a **whistle-blower** is a type of complainant, including a survivor, who is making a report of SEA or any other witnessed safeguarding violations. The ACTED Whistleblowing Policy encourages staff to report concerns or suspicions of misconduct by colleagues by offering protection from retaliation for reporting. |

# **SECTION 4: GUIDING PRINCIPLES**

When providing services to survivors of an assault, we should always make sure to respect the survivor’s wishes and provide the highest quality of care. Our actions and interventions must be guided by four key principles. Respecting these guiding principles is critically important for the survivor’s recovery:

1. Ensure the physical safety of survivors,

2. Respect the wishes, the rights, and the dignity of the survivors,

3. Maintain confidentiality, and

4. Ensure non-discrimination.

## **1. Ensuring Physical Safety of Survivors**

* Understand that violence often leads to extreme fear and anxiety. Survivors feel vulnerable and scared that incidents can happen again. Some survivors are also facing real danger (retaliation).
* Ensure the safety of the survivor and the survivor’s family at all times. Remember that survivors may be frightened and need assurance that they are safe.
* Be aware of different security risks that a survivor may be exposed to after sexual violence and help the survivor plan for safety.
* Do not ask questions or perform services that could threaten a survivor’s safety or the safety of people helping the survivor (staff, family, friends, and community etc.).
* If a survivor does NOT wish to pursue security/police action or to inform the relevant department with a mandate for safety and security, respect the wishes of the survivor and ensure that any threat is eliminated before reporting to security agencies.
* Whenever possible, ensure the survivor is not in immediate danger of re-victimization. If the perpetrator of the violence is in the survivor’s home or nearby, help the survivor find an alternative place to stay.
* Conduct all conversations, assessments, or interviews in a safe, private setting and with same-sex translators if possible.
* Advise and facilitate survivors to seek medical care immediately, and refer them to services that provide confidential, respectful care.
* Provide financial support for ensuring survivor care services if unpaid state run or pro bono services are not available.

## **2. Respecting the Wishes, Rights, and Dignity of Survivors**

* Let the wishes, rights, and the dignity of the survivor guide your decisions on the most appropriate course of action to prevent or respond to an incident of violence or GBV.
* Maintain a non-judgmental perspective and be patient with the survivor.
* Provide emotional support to the survivor. Show sensitivity, understanding, and willingness to listen to the survivor’s story. Maintain a caring attitude, regardless of the type of intervention you do.
* Before talking to the survivor, make sure you are well informed of the referral options (medical, psychosocial, economic, judicial) and the quality and safety of the available services.
* Provide survivors with all the information they need to choose the care and support they want. Check whether they fully understand the information, and, if necessary, adapt the presentation of it to their capacity. You may suggest options for assistance, but you should never decide for the survivor.
* Be aware that when survivors disclose their story to you, they trust you and might have high expectations about what you can do to help.
* Always be clear about your role and the support and assistance you can offer. Never make promises that you can’t keep. Always refer the survivor to the appropriate services. Respect the limitations of what you can do, including refraining from attempting to counsel the survivor or provide therapy, which can re-traumatize a survivor if performed incorrectly by untrained persons.
* Consider accompanying the survivor to appointments if he or she requests.
* Respect the survivor and the survivor’s culture, family, or situation. The survivor should be asked only relevant questions; the status of the survivor’s virginity is not an issue and should never be discussed.
* Survivors should never be forced to endure any part of an assessment, exam, or interview in which they do not want to participate. The survivor’s best interests should guide all decisions.
* When deciding on the best possible care for survivors of sexual violence, caregivers must consider the following key factors: age, sex, history, cultural background, environment, objective standards, subjective opinions, and the child/adolescent/adult survivor’s own views.

## **3. Maintaining Confidentiality**

* Be aware that survivors often experience feeling of shame toward what happened and tend to blame themselves. If the violence becomes public, the community might blame the survivor for it.
* Ensure and respect confidentiality at all times. Confidentiality is essential to building trust and ensuring the survivor’s safety.
* Do not force survivors to provide details about what happened to them. Never insist on talking about the violence if a survivor does not feel ready to address it.
* Listen to survivors and believe them. Acknowledge survivors’ feelings and needs and let them know that they are not alone and that you will try to help them.
* Do not trivialize or minimize the violence. Not taking a survivor’s story seriously is a violation of trust and can discourage the survivor from seeking help. Not taking a survivor seriously is re-victimizing.
* Do not use language that sounds like you are blaming the survivor. Do not ask questions like “Why didn’t you run or escape?” or “What did you do to make the perpetrator hurt you?”
* Do not share survivors’ stories with others. You must always obtain consent from survivors before sharing their information for any purpose, including mandatory reporting, referrals for medical care or psychosocial support, or legal purposes.
* Never include survivors’ names when sharing information about them.
* Avoid stigmatization in programming, such as unintentionally identifying survivors by having them come to one place or distributing something specific to them.
* Store all information securely to protect the survivor’s confidentiality.

## **4. Ensuring Non-Discrimination**

* Acknowledge the injustice of violence and how it is a violation of human rights. Make sure survivors understand that violence is never their fault.
* Treat all survivors equally. Every adult or child should be given equal care and support regardless of race, religion, nationality, ethnicity, sex, or sexual orientation.
* Be aware of your own prejudices and opinions about sexual violence, and do not let them influence the way you treat a survivor.
* Ensure all survivors have equal access to services. Do not prevent any survivors from receiving services because of their gender, age, race, nationality, political affiliation, appearance, sexual orientation, marital status, or any other reason.
* Provide the same level of information to all survivors regardless of their religion, age, race, gender, political affiliation, appearance, sexual orientation, or marital status.
* Treat all survivors in a dignified way, independent of their gender, background, race, ethnicity or the circumstances of the incident.
* Do not make assumptions about the history or background of the survivor.

# **SECTION 5: RESPONSIBILITIES OF SERVICE PROVIDERS**

|  |  |
| --- | --- |
| **ACTED Case Worker and Case Supervisor** | * The coordination between the service providers is facilitated by ACTED Case Worker at the field office, who is designated by the Area Manager. The Case Worker who is also a Field Level Safeguarding Focal Person, is responsible for mobilising resources and ensuring accountability at ACTED level while liaising with Service Provider Departments and Organizations for active handling of the cases.
* All record keeping, minutes of the meeting and other responsibilities rest with LNGB Area Manager who is also a Case Supervisor.
 |
| **First Respondent** | The priority of the First Respondent (at ACTED and at service provider) should be the survivor. He/she puts aside all cultural and other biases and assumptions with regard to Survivors of Violence (SOV) including assumptions about traditional practices. He/she should provide training to relevant LNGB staff and partner personnel to ensure they fully understand the Survivor of Violence SOPs. He/she could also be a Case Worker/Safeguarding Focal Point and should:* Greet and comfort the survivor.
* Be prepared for all types of emotional reactions, including calmness.
* Don’t interpret composure as evidence that an assault did not occur.
* Introduce himself/herself by name and title. Ask how the survivor would like to be addressed.
* Maintain the survivor’s cooperation and emotional well-being.
* Arrange first aid for any injured persons.
* Explain why and how the interview will be conducted. Conduct the interview in a private, secure place.
* Offer to contact a family member or friend of the survivor. (It all depends on the survivor’s will.)
* Be aware of his/her own body language and reactions. Use short sentences and pauses.
* Be aware of the survivor’s body language (tone of voice, gestures and eye contact).
* Determine if the survivor is in a safe place.
* Assure the survivor help will be provided.
* Arrange an ambulance to immediate travel to nearby medical facility.
* Refer to coordinated service centres to enable survivors to access a broad range of care.
 |
| **Health/Medical Response** | Medical providers ensure confidential, accessible, compassionate, and appropriate medical care for survivors of violence. Upon referral to the Health Department, the procedures of performing a medical examination must be explained to the survivor and relative who accompanies her/him to the facility by the staff. For sexual violence, health care includes, at least:* Examination and history taking;
* Treatment of injuries;
* Prevention of disease, including STIs/HIV;
* Prevention of unwanted pregnancy;
* Collection of minimum forensic evidence;
* Follow up care; and
* The staff prepares two copies of the Medical Report and gives one copy to the survivor in case she/he wants to seek legal redress.
 |
| **Legal Options** | Legal actors (*specifically legal assistance counsellors, protection officers, etc.*) will clearly and honestly inform the victim/survivor of the procedures, limitations, pros, and cons of all existing legal options. This includes:* Giving information about existing security measures that can prevent further harm by the alleged perpetrator.
* Informing about available support if formal legal proceedings or remedies through alternative justice systems are initiated.
 |
| **Psychosocial Response** | Psychosocial services for survivors include the following inter-related types of activities:* Emotional support to assist with psychological and spiritual recovery and healing from trauma.
* Case management, support, and advocacy to assist survivors in accessing needed services.
* Support and assistance with social re-integration.
* The counsellor reassures the survivor and schedules a follow up session for 3 – 5 visits until the survivor shows signs of recovery.
* If the survivor is a child, and the protection of the survivor is at stake or the parents are unable to provide adequate meals for the child and proper safety, the Child Protection Officer will recommend that the survivor be sent to the safe home or an alternate shelter.
* The survivor is not the only person that receives counselling. Her/his family members, that may accompany the survivor to the medical facility, all receive counselling and awareness with the goal of preventing the re-occurrence of violence on the survivor or someone else.
 |
| **Security and Safety Response** | Security/safety concerns may be addressed by the police team in the district. * Security personnel must be trained for their work and understand any limitations of their roles.
* Referrals will be made to the police **ONLY** if the survivor has given her/his informed consent and when risk from reporting is eliminated. This consent should either come directly from the victim/survivor or from his/her close relative.
* The decision of police reporting should be made in the best interest of the child/adult survivor.
* Security players will ensure the safety of the survivor and the family of the survivor.
 |

# **SECTION 6: CASE MANAGEMENT**

Social work-based case management is a method of providing services whereby a professional social worker assesses the needs of the client and the client’s family, when appropriate, and arranges, coordinates, monitors, evaluates and advocates for a package of multiple services to meet the specific client’s complex needs.[[8]](#footnote-8)

To help agencies providing case management services, several case management tools have been developed to accompany the instructions in this chapter. The tools included in this section are simply a guide for the case management in the field.[[9]](#footnote-9) The purpose of these tools is to maintain the record at ACTED level and to facilitate the effective working of the service providers[[10]](#footnote-10). An explanation of the tools are as follows:

|  |  |
| --- | --- |
| **CASE MANAGEMENT STEP** | **CASE MANAGEMENT TOOLS** |
| **Step 1: Introduction and Engagement** | **Informed Consent/Confidentiality Statement (Annexure 1)**In standard practice, the caseworker should seek the adult’s or child/adolescent’s written informed assent to participate in services, as well as the parent/caregiver’s written informed consent. However, if it is deemed unsafe and/or not in the child’s best interest to involve the caregiver, the caseworker should try to identify another trusted adult in the child’s life to provide informed consent, along with the child’s written assent. If this is not possible, a child’s informed assent may carry due weight.Older adolescents and adults above 18 years of age can give their informed consent or assent in accordance with the local laws.  |
| **Step 2: Intake and Assessment** | **Child/adolescent/adult survivor Intake and Needs Assessment (Annexure 2)**The Intake and Needs Assessment guideline is meant to document the assessment summary outlining the survivor’s main needs and the required actions needed to be used by case management service providers and case worker in the field. |
| **Step 3: Case Action Planning** | **Case Action Plan (Annexure** **3)**This guideline is used in conjunction with the intake and need assessment step. This checklist includes a section to document each care and treatment needed and planned action (e.g., referral and/or safety plan).A case action plan for a child/adolescent/adult survivor will likely comprise referrals for services as well as direct services (e.g., psychosocial) provided by the caseworker (if the case worker is trained for this). Developing the survivor’s case action plan is a process that focuses on identifying immediate needs after sexual abuse in four main areas of assessment (with priority needs in bold):[[11]](#footnote-11)* **Safety and protection from further abuse.**
* **Clinical health care and treatment.**
* Psychosocial support.
* Access to justice.
 |
| **Step 4: Implementation of the Action Plan** | No specific tool required. |
| **Step 5: Case Follow up** | **Case Follow-Up Guideline (Annexure 4)**This form is used during follow-up visits with the child or adult survivor to assess progress made toward care and treatment goals; it is also used to re-assess the survivor’s safety and other actions required to help the survivor. |
| **Step 6: Case Closure** | **Case Closure Checklist (Annexure 5)**This guideline is used to formally document the reasons why the case has been closed and reviews a checklist of actions to take prior to closing the case. Case closure should always be discussed with the case supervisor, and the case supervisor’s signature should be documented on the case closure form. |

# **SECTION 7: PREVENTION**

Although in this SOP the focus is on response, prevention and response are inter-related activities. Many elements of violence response are also preventive measures. Likewise, well considered prevention activities are linked to response actions.

**Prevention includes actions that focus on a range of issues, including:**

* Influencing changes in socio-cultural norms through awareness raising and behaviour change strategies;
* Empowering women and girls;
* Rebuilding family and community structures and support systems;
* Engaging the community fully in understanding and promoting gender equality and power relations that protect and respect the children and vulnerable adults, especially women;
* Designing safe, effective, and accessible services and facilities; and
* Working with formal and traditional legal systems to ensure that their practices conform to international human rights standards.

# **SECTION 8: ANNEXURES**

## **Annexure 1**

## **INFORMED CONSENT/CONFIDENTIALITY STATEMENT FROM THE SURVIVOR**

*This form should be read to the client or guardian in his/her first language. It should be clearly explained to the client that she/he can choose any or none of the options listed.*

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ give my permission to ACTED – Pakistan for sharing information about the incident I have reported to them as explained below:

1. I understand that in giving my authorization below, I am giving ACTED Pakistan permission to share the specific case information to the service provider(s).
2. I have indicated that I can receive help related to safety and security, health, psychosocial, and/or legal needs.
3. I understand that releasing this information means that a person from the service provider (it could be police) may come to talk to me for further details or investigations and refer me to any other service provider (department) for help.
4. At any point, I have the right to change my mind about sharing information anymore and quit from the process.

Name of Client: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age of Client: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth of Client: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Caregiver (if survivor is a minor): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Learning Centre/ Village name and complete address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CNIC of the Client (in case she/he is above 18 years of age) or caregiver/parent/guardian’s:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature or thumbprint of client (in case she/he is above 18 years of age) or

caregiver/parent/guardian’s: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## **Annexure 2**

## **CHILD OR ADULT SURVIVOR INTAKE AND NEEDS ASSESSMENT GUIDELINES**

Develop understanding for the following steps or questions, and ask:

1. Who your child/adolescent/adult client is, and what his/her family and living situation is like?
2. What happened, and what the child’s/adult survivor’s experience of abuse has been?
3. Who the perpetrator is, and whether or not he is able to access the child/adolescent/adult survivor?
4. If the survivor has already received services from another agency?
5. Assess the survivor’s needs according to the four main areas mentioned in Step 3 of Case Management section (safety and medical treatment) as the priority.
6. Complete a risk assessment to ascertain if your client expresses thoughts of suicide.
7. During the intake and assessment session, remember to follow the interview guidelines outlined in section 3 and section 4. Key considerations are to:
* Allow the survivor to have a trusted person present.
* Talk in a private and safe location.
* Have a choice for a female/male caseworker (as available).
1. Collect only the details of the incident relevant to helping the survivor and his/her family.
2. Allow the survivor to tell his/her story at his/her own pace. Do not force the survivor to answer questions he/she is not comfortable answering. Maintain awareness that child survivors will express experiences differently to adults.
3. Explain that the care and treatment referrals will focus on identifying priority needs (safety, health, psychosocial, and legal/justice) of the survivor’s family.

***The above list is not exhaustive. More assessment questions can be added to make the assessment more meaningful, indicative and comprehensive.***

## **Annexure 3**

## **CASE ACTION PLANNING GUIDELINES**

Develop understanding of the following steps:

1. Evaluate the child/adolescent/adult survivor’s needs according to the four main areas (safety and medical treatment as the priority).
2. Explain options for service providers to help meet the child/adolescent/adult’s needs.
3. Make plans jointly with the survivor explaining how he/she will be referred safely (e.g., who will go with the child/adolescent/adult survivor).
4. Agree with the child/adolescent/adult and caregiver which information will be shared with the different referral agencies.
5. Obtain informed consent/assent correctly from the right person (child/adolescent/adult and/or caregiver).
6. Provide a full and complete explanation of the options for help, as well as risks and benefits, what will happen, etc.
7. Document the action plan and provide the client with a copy (if safe and possible to do so).
8. Make a follow-up appointment.
9. Consult with your supervisor regarding urgent safety concerns raised during the assessment interview and case action planning process.

***The above list is not exhaustive. More steps can be added to make the planning process more meaningful, indicative and comprehensive.***

## **Annexure 4**

## **CASE FOLLOW UP GUIDELINES**

1. Meet with the child/adolescent/adult client at the requested time and location.
2. Review the initial case goals and case action plan to assess the status of:
* Safety and protection situation,
* Access to needed medical services,
* Psychosocial care provided, and
* Decision made regarding accessing justice and steps taken if affirmative.
1. Re-assess the child/adolescent/adult’s safety situation to learn about new safety risks emerging since the initial meeting.
2. Assess the final status of the child/adolescent/adult survivor’s needs at this time.
3. Develop a revised action plan, if needed.
4. Follow informed consent procedures, if needed (for new service providers/referral agencies being brought into the survivor’s care and treatment action plan).
5. Make another follow-up appointment with the child/adolescent/adult survivor or their caregiver/parent/guardian.

***The above list is not exhaustive. More steps can be added to make the follow-up process more meaningful, indicative and comprehensive.***

## **ANNEXURE 5**

## **CASE CLOSURE CHECKLIST**

1. Prepare a Case Closure Plan/Exit Plan (Summarize the reasons why the case has been closed. Comment on the progress made towards goals in the service plan. Where necessary, include provisions for continued services, listing agencies/service providers and contact persons
2. Child/adolescent/adult Survivor Safety Plan has been reviewed and is in place

Yes No

(Explain)

1. Child/adolescent/adult Survivor has been informed that he/she can resume learning services at any time Yes No

(Explain)

1. Caregiver has been informed that her child or adult under her care can resume learning services at any time Yes No

(Explain)

1. LNGB Learning Centre staff has been informed that the survivor child or adult can resume learning services at any time Yes No

(Explain)

1. Case Supervisor has reviewed case closure/exit plan. Yes No

(Explain)

Additional Explanation Notes here:

Case Worker’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Case Supervisor’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Case Opening Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Case Closure Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Fancy, K., & E. McAslan Fraser, *Addressing Violence Against Women and Girls in Education Programming*, DFID Guidance Note, May 2014, available at <https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/318899/Education-guidance-note-partA.pdf> [↑](#footnote-ref-1)
2. UN WOMEN Virtual Knowledge Center to End Violence Against Women and Girls [↑](#footnote-ref-2)
3. (UNICEF, 2010) [↑](#footnote-ref-3)
4. WHO-Clinical Management of Rape Survivors [↑](#footnote-ref-4)
5. Relevant government or semi-government department such as PPHI etc. [↑](#footnote-ref-5)
6. Encyclopedia Britannica [↑](#footnote-ref-6)
7. **Special measures for protection from sexual exploitation and sexual abuse (**ST/SGB/2003/13 http://www.unhcr.org/protection/operations/405ac6614/secretary-generals-bulletin-special-measures-protection-sexual-exploitation.html [↑](#footnote-ref-7)
8. National Association of Social Workers, <http://www.socialworkers.org/practice/standards/sw_case_mgmt.asp#def>. [↑](#footnote-ref-8)
9. Caring for Child Survivor of Sexual Abuse [↑](#footnote-ref-9)
10. The service providers whether government or non-government may have have their own procedural tools which they may prefer to use. However, the tools attached in this document will be used mainly to assist the departments. [↑](#footnote-ref-10)
11. IRC Caring for Child Survivors of Sexual Abuse Guidelines [↑](#footnote-ref-11)