

# **Gender-based Violence Resource Tools**

**supporting implementation of the**

***Guidelines for GBV Interventions in Humanitarian Settings:  
Focusing on Prevention of and Response to  
Sexual Violence in Emergencies***

***IASC 2005***

**Establishing**

**Gender-based Violence  
Standard Operating Procedures  
(SOPs)**

***for multisectoral and inter-  
organisational prevention and response  
to gender-based violence  
in humanitarian settings***

**May 2008**

This guide for ***Establishing GBV Standard Operating Procedures (SOPs)*** replaces, and is adapted from UNHCR's "Standard Operating Procedures for SGBV Prevention and Response" template and accompanying guidance memorandum (No. 62/2006, 28 July 2006).

The guide was developed under the auspices of the IASC Sub-Working Group on Gender and Humanitarian Action. [www.humanitarianinfo.org/iasc/gender](http://www.humanitarianinfo.org/iasc/gender). Draft versions of this guide were reviewed by GBV technical experts from UN agencies, NGOs, humanitarian and human rights organizations, and educational institutions; including those working in field sites.

This SOP guide is one of several guides, training manuals, and other resource materials aimed to provide easy to use, concrete support to humanitarian country teams.

The goal of these materials is to enable humanitarian actors to implement at least the minimum standards for prevention and response to sexual violence in the early stages of an emergency and into more stabilised phases, as described in the *Guidelines for GBV Interventions in Humanitarian Settings: Focusing on Prevention of and Response to Sexual Violence in Emergencies* (IASC, 2005).

## A. Summary

Standard Operating Procedures (SOPs) for GBV<sup>1</sup> prevention and response are developed through **a collaborative process** that includes UN agencies, government and non-governmental organizations, community-based organizations, and representatives of the community affected by the emergency (conflict or disaster).

The *IASC Guidelines for GBV Interventions* (2005 “GBV Guidelines”) and UNHCR’s *Sexual and Gender-based Violence against Refugees, Returnees, and Internally Displaced Persons: Guidelines for Prevention and Response* describe the need for coordinated multisectoral and inter-organisational interventions to prevent and respond to gender-based violence.

First, a coordinated plan of action must be established by the interagency team to ensure implementation of the minimum prevention and response interventions (as described in the 2005 GBV Guidelines) by all relevant actors. The plan of action should include a plan for developing SOPs. In addition, individual organisations will establish their own internal policy and procedural guidance with regard to their organisations’ GBV activities and programmes.

***Standard operating procedures are specific procedures and agreements among organisations that reflect the plan of action and individual organisations’ roles and responsibilities. As such, SOPs are companion documents that support the GBV plan of action.***

***Development of SOPs is a process that must involve all relevant actors. The process of developing SOPs is as important as the final SOP product.*** The process itself can be considered an intervention, in that it engages all of the relevant actors and will involve collaboration, inter-organizational and inter-sectoral dialogue, community participation, negotiation, and thereby increase all participants’ understanding of how to prevent and respond to gender-based violence.

The process described below, using the suggested template starting on page 8, guides the clear delineation of specific roles and responsibilities for GBV prevention and response including agreed upon reporting and referral systems; mechanisms for obtaining survivor consent and permission for information sharing; incident documentation and data analysis; coordination; and monitoring.

The SOP template provides a framework for addressing ethical and safety considerations and achieving clarity on guiding principles for issues relating to confidentiality, respecting the wishes of the survivor, and acting in the best interests of a child.

Finally, representatives of all agencies and community groups participating in the process and mentioned in the document show by way of signature that they are in agreement with the contents of the document and that they commit to collaborating and coordinating, as well as revising the document based on evaluation outcomes.

Agreed upon (and documented) standard procedures for GBV prevention and response actions have proven to be useful in a variety of field settings, and establishing SOPs is now considered a good practice<sup>2</sup>.

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<sup>1</sup> In keeping with the IASC GBV Guidelines, “gender-based violence (GBV)” is the term used in this guide.

<sup>2</sup> More information about SOPs and early lessons from the field can be found in: *How-To Guide: Monitoring and Evaluating Sexual Gender Violence Programs*. (UNHCR 2000) and *Gender-based Violence: Emerging Issues in Programs Serving Displaced Populations* (Vann, Beth. RHRC 2002). Both can be downloaded at <http://www.rhrc.org/resources/gbv>

## B. How to Develop Standard Operating Procedures

Developing agreed-upon standard operating procedures (SOPs) must be a **collaborative process that occurs through a series of consultations** with key stakeholders and actors in the setting. With a small, focused group of key stakeholders, an initial SOP can be developed and finalised over a 2-3 week period. It is important, especially in the early stages of an emergency, that SOPs are developed as quickly as possible so that basic survivor/victim care services and essential prevention activities are put into place rapidly. Over time, the SOPs can be expanded and revised as more actors enter the setting and more services become available.

### Participants in Developing the SOP

The development of SOPs for prevention and response to GBV involves all actors responsible for and/or engaged in prevention and response to GBV. At a minimum, development of SOPs should include representatives from:

- ◆ Health, psychosocial, safety/security, and legal/justice/protection sectors (UN agencies, national and international NGOs, community-based organizations, and relevant government authorities when appropriate)
- ◆ Community-based women's organizations
- ◆ Community leaders (women, men, girls, boys)

Ideally, representatives from other sectors/clusters should also participate in at least some of the discussions for SOP development. These include education, food and nutrition, camp management/shelter/site planning, and water/sanitation.

### Getting Started: Leadership and Coordination

The IASC GBV Guidelines describe actions to be taken to establish systems for GBV coordination (Action Sheet 1.1, page 17-19):

*A **coordinating agency** should be designated for GBV programming. A co-coordinating arrangement between two organisations (e.g., UN, international or local NGO) is recommended, and should be established at the earliest stage of the emergency. The coordinating agency(ies) is responsible for encouraging participation in the GBV working group, convening regular meetings, and promoting other methods for coordination and information sharing among all actors. Ideally the coordinating agency(ies) has expertise in GBV programming and can dedicate staff at a senior level to oversee coordination of GBV programmes.*

*Establish **inter-organisational multisectoral GBV working groups** at the national, regional, and local levels.*

*Working groups should be made up of GBV focal points (see below) and any other key multisectoral actors from the community, government, UN, international and national NGOs, donors, and others in the setting.*

*Working groups should be inclusive, but must also be small enough to effectively share information, plan, and rapidly implement coordinated action. Members should be able to represent their sector's and/or organization's activities in prevention and response to sexual violence, and participate as an active member of the working group....*

*The national-level GBV working group should select a **coordinating agency(ies)**, preferably two organisations working in a co-coordinating arrangement. The organizations could be UN, international or national NGO, or other representative body invested with due authority.*

*Establish clear terms of reference for the coordinating agency(ies) agreed by all working group members*

*Terms of reference are endorsed by the leading United Nations authority in the country (e.g. Humanitarian Coordinator, SRSG).*

The agency(ies) responsible for GBV coordination initiates the process for SOP development, manages the negotiations and revisions for the SOP, and monitors its functioning over time.

If there is no operational GBV coordination system in the setting, any interested and committed humanitarian GBV actors may choose to initiate the SOP process. GBV coordination mechanisms can be developed as part of the SOP development.

### **Technical and Policy Guidance**

Section 1.2 in the following SOP template lists essential GBV resource and guideline materials that should guide the process for development of the SOP. The template itself includes some technical guidance and suggestions from those materials and from emerging good practices in field settings. There are also some technical, policy, and ethical issues that must be determined based on individual settings.

Essential resources and companion guides are:

*Guidelines for gender-based violence interventions in humanitarian settings: focusing on prevention of and response to sexual violence in emergencies.* Geneva, Inter-Agency Standing Committee, 2005.

[http://www.humanitarianinfo.org/iasc/content/subsidi/tf\\_gender/gbv.asp](http://www.humanitarianinfo.org/iasc/content/subsidi/tf_gender/gbv.asp) (available in several languages)

*Sexual and gender-based violence against refugees, returnees, and internally displaced persons: guidelines for prevention and response.* Geneva, United Nations High Commissioner for Refugees, 2003.

<http://www.unhcr.org/protect/PROTECTION/3f696bcc4.pdf>

*WHO ethical and safety recommendations for researching, documenting and monitoring sexual violence in emergencies.* Geneva, World Health Organization, 2007. [http://www.who.int/gender/documents/EthicsSafety\\_web.pdf](http://www.who.int/gender/documents/EthicsSafety_web.pdf) (available in several languages)

Additionally, for health/medical providers:

*Clinical management of survivors of rape: developing protocols for use with refugees and internally displaced persons,* revised ed. Geneva, World Health Organization/United Nations High Commissioner for Refugees, 2004.

[http://www.who.int/reproductive-health/publications/clinical\\_mngt\\_rapesurvivors/clinical\\_mngt\\_rapesurvivors.pdf](http://www.who.int/reproductive-health/publications/clinical_mngt_rapesurvivors/clinical_mngt_rapesurvivors.pdf) (also available in Arabic and French)

***This SOP guide is NOT intended as a stand-alone resource.*** It is designed to be used with these companion guides (also listed in section 1.2 of the SOP template). Actors involved in developing SOPs must also have access to technical and policy support when determining specific procedures for the setting. One example is the specific procedures for working with child survivors of sexual violence (Section 5.5 in the SOP template). Procedures to be adopted will depend on the national laws and policies as well as the skills and abilities of actors available in the setting.

## Process for writing the SOPs

- Step One: The GBV coordinating agency(ies)<sup>3</sup> convenes a **core group** of 3-4 individuals representing key actors/organizations and including both UN and non-UN agencies. This core group will facilitate the SOP development process and keep it moving forward at a realistic but somewhat ambitious and rapid pace, to achieve a final SOP document. The core group should outline a step by step process, including timelines, and identify the actors and stakeholders that should be involved in the various steps.
- Step Two: The GBV coordinating agency(ies) oversees a coordinated rapid situational analysis, as described in the GBV Guidelines (Action Sheet 2.1, *Conduct a coordinated rapid situational analysis*). Actors must first have at least a minimum of information about the relevant needs, issues, available services, and gaps in the setting before designing mechanisms to address identified needs and gaps.
- Step Three: The **core group** (see Step One) invites other key stakeholders/actors in GBV prevention and response to a meeting or workshop to review and provide input to the core group's draft plan for developing the SOPs.

**IMPORTANT:** If it has not been done previously, first provide orientation and training about GBV issues and the GBV Guidelines (IASC 2005), including key elements of the UNHCR SGBV Guidelines (2003). Key actors must be oriented to the GBV Guidelines (IASC 2005) and aware of their roles and responsibilities. This should have been done as part of emergency preparedness and pre-deployment activities; however, this is often not the case. There are other resource tools which are companions to this SOP guide and that can be used to conduct sessions for introduction and orientation to the GBV Guidelines and planning for implementation.<sup>4</sup>

Distribute the situational analysis and this SOP guide and template to the actors who will be involved in developing the SOPs. As needed, engage in individual or group discussions to engage actors and encourage active participation.

- Step Four: Facilitate a series of meetings to go through the SOP template section by section. ***It is essential that this process is inclusive and transparent. The process of developing the SOP document is essential for building relationships and buy-in among actors, as well as developing the SOP itself.***

These discussions must be carefully led and facilitated to stay on track and within time limits. If meetings are not carefully managed, some of the key participants are likely to get frustrated and drop out of the process. Some meetings will involve all actors; for example, during discussion of guiding

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<sup>3</sup> In the absence of an operational GBV coordination system/GBV coordinating agency(ies), any interested and committed humanitarian actor/organization can – and should – initiate the SOP process.

<sup>4</sup> *GBV Resource Tools One: Introduction and Orientation to the GBV Guidelines*. (IASC Sub-Working Group on Gender and Humanitarian Action) available for download at [http://www.humanitarianinfo.org/iasc/content/subsidi/tf\\_gender/default.asp?bodyID=1&publish=0](http://www.humanitarianinfo.org/iasc/content/subsidi/tf_gender/default.asp?bodyID=1&publish=0)

principles, documentation, referral pathways, coordination mechanisms, and monitoring/evaluation. Other meetings will focus on sector specific groups and/or participants involved in specific response actions or prevention activities.

Revise the SOP template after each meeting to reflect decisions made and procedures agreed.

**Step Five:** When all sections of the SOP are complete, distribute the final draft version to all of the key actors and invite them to one final meeting to go through the final draft and discuss any remaining questions or issues.

**Step Six:** Finalize the SOPs and mark their completion by inviting key actors and stakeholders to a meeting, reception, or other event where key actors will sign the document on behalf of their agency/organization to indicate their commitment.

**Step Seven:** Disseminate information about the SOPs to the community and to humanitarian actors. (See section 8 in the SOP template.) Distribute copies of the SOPs among all actors in the humanitarian system. Make sufficient numbers of copies so that all GBV actors have several copies so that they will be used by all relevant staff.

### **Review and revisions**

The GBV coordinating agency is responsible for initiating regular reviews and revisions of the SOPs as needed to ensure they remain accurate and complete. It is useful to review the first version of an SOP six to nine months after it is developed and put into practice. After that, reviews are usually needed annually due to changes in funding and presence of organisations, which affect the services available.

### **In an acute emergency**

It may not be realistic to develop the entire SOP document according to the template quickly enough to meet immediate needs in the crisis phase of an emergency situation. Some sections in the template typically require negotiation and discussion, which may not be possible or appropriate in the early stages of an emergency. The guidance in the IASC GBV Guidelines should be followed in the emergency phase, and a preliminary SOP should be established.

A “preliminary” SOP should be established covering the most relevant and immediately needed sections of the SOP template. This preliminary SOP should be developed, at least, by the health, psychosocial, security, and protection actors who will be implementing those procedures. Women in the community must be consulted during this process, and other community members should be involved as much as possible in this acute stage.

## **C. How to Use This Guide**

Information, guidance, and recommendations are provided throughout the SOP template.

Boxed text provides background and other essential information to guide actors as they consider specific actions, interventions, and procedures to be established. These look like this:



### **Essential Issues to Consider**

Blue font indicates information to be filled in by the interagency team as the SOPs are developed.

MS Word formatting is used to organize the document and the various headings and sub-headings. You may choose to edit the template. If so, it is highly recommended that the editing be done by someone skilled in using Word formatting so that the formatting can be preserved through the editing process. Alternately, you can create your own document using the template as a guide.

The final SOP document should eliminate all blue font; those items should be either filled in or deleted. Interagency teams can choose to delete or to keep some, or all, of the “Good to Know” text boxes.

Annexes should be filled in, revised, or omitted as needed and based on the individual context.

**STANDARD OPERATING PROCEDURES FOR  
PREVENTION OF AND RESPONSE TO  
GENDER-BASED VIOLENCE**  
in

**[Name of Location]**

**[Country]**

**Developed in Collaboration with:**

*Insert names of all agencies and community organizations involved in developing these SOPs*

**Date of Review/Revisions:**

**1<sup>st</sup> Draft** \_\_\_\_\_

**2<sup>nd</sup> Draft** \_\_\_\_\_

**Final** \_\_\_\_\_

**1st Revision** \_\_\_\_\_

**2<sup>nd</sup> Revision** \_\_\_\_\_

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## 1. Introduction



### Essential Issues to Consider

Developing inter-organizational standard operating procedures is a **process** that involves discussions and negotiations with a multi-sectoral working group in each field location. SOPs should be tailored to the situation of the population of concern, whether internally displaced persons, refugees, or returnees living in camps, settlements, villages, or urban areas.

Experience shows that the best practice is to develop a separate and specific SOPs for each individual setting in any country. Each setting will have different actors, services, and considerations. All key actors must be involved in the process of SOP development.

All actors with roles and responsibilities for prevention and response to GBV – including and especially local actors – must understand and agree to this introductory section before developing the remaining sections of the SOP document. This understanding and agreement includes being familiar with the companion guides and materials listed in section 1.2. A series of training workshops is probably necessary.

In the earliest stages of an emergency, there may not be time to develop thorough understanding among all local actors. If this is the case, it must be acknowledged that the usefulness of the SOPs will be extremely limited - and must be revisited and completely revised with training and input (as described in the instructions) within 3 months or as soon as possible.

Gender-based violence (GBV) is a life threatening protection, health, and human rights issue that can have a devastating impact on women and children in particular, as well as families and communities. These Standard Operating Procedures (SOPs) have been developed to facilitate joint action by all actors to prevent and respond to GBV. The prevention of and response to GBV require the establishment of a multi-sectoral working group to enable a collaborative, multi-functional, inter-agency and community based approach.

### 1.1. Purposes

These SOPs, developed by representatives of the organizations listed on the cover, describe clear procedures, roles, and responsibilities for each actor involved in the prevention of and response to GBV.

The SOPs reflect a community and rights-based approach to the problem. They are designed to be used together with established guidelines and other good practice materials related to prevention of and response to GBV.

The SOPs detail the minimum procedures for both prevention and response to GBV, including which organizations and/or community groups will be responsible for actions in the four main response sectors: health, psychosocial, legal/justice and security.

### 1.2. Companion guides and key resources

All parties to these SOPs have copies of the following guidelines and use them to guide further development of GBV prevention and response actions. The guidance in these documents has been used to develop these SOPs.

*Guidelines for gender-based violence interventions in humanitarian settings: focusing on prevention of and response to sexual violence in emergencies.* Geneva, Inter-Agency Standing Committee, 2005.

[http://www.humanitarianinfo.org/iasc/content/subsidi/tf\\_gender/gbv.asp](http://www.humanitarianinfo.org/iasc/content/subsidi/tf_gender/gbv.asp) (available in several languages)

*Sexual and gender-based violence against refugees, returnees, and internally displaced persons: guidelines for prevention and response.* Geneva, United Nations High Commissioner for Refugees, 2003.

<http://www.unhcr.org/protect/PROTECTION/3f696bcc4.pdf>

*WHO ethical and safety recommendations for researching, documenting and monitoring sexual violence in emergencies.* Geneva, World Health Organization, 2007. [http://www.who.int/gender/documents/EthicsSafety\\_web.pdf](http://www.who.int/gender/documents/EthicsSafety_web.pdf) (available in several languages)

Additionally, for health/medical providers:

*Clinical management of survivors of rape: developing protocols for use with refugees and internally displaced persons,* revised ed. Geneva, World Health Organization/United Nations High Commissioner for Refugees, 2004.

[http://www.who.int/reproductive-health/publications/clinical\\_mngt\\_rapesurvivors/clinical\\_mngt\\_rapesurvivors.pdf](http://www.who.int/reproductive-health/publications/clinical_mngt_rapesurvivors/clinical_mngt_rapesurvivors.pdf) (also available in Arabic and French)

### **1.3. Scope of these SOPs**

These SOPs describe the roles, responsibilities, guiding principles, and procedures for prevention of and response to any form of gender-based violence affecting the community(ies) described in Section 2 below. Although there is special emphasis on sexual violence, actions are not to be limited to only sexual violence.

Initial versions of these SOPs, in the early stage of the emergency situation in this setting, are focused on putting into place the minimum prevention and response interventions as described in the IASC GBV Guidelines.

After the initial crisis, these SOPs will be updated and expanded to reflect more comprehensive prevention and response interventions.

**NOTE:** Throughout this document, the female voice is used (“her”, “she”) solely for simplicity and ease of reading. The entire document should be taken to apply to any survivor/victim of GBV - women, girls, men, or boys.

### **ACRONYMS USED**

To be filled in when SOP is completed

## 2. Setting and Persons of Concern

### Essential Issues to Consider

These SOPs might pertain to one specific field site, camp, village, or urban setting. Or, several field sites within a region might be included in one SOP document. If more than one site is included in these SOPs, then all locations should be described in this section. And, in later sections of the SOPs, the specific procedures for each location should be described separately. This is because there will be different organizations working in different sites, and roles, responsibilities, and procedures for prevention and response will be different in the different sites. These SOPs need to be as specific and clear as possible, for each site included.

These SOPs have been developed for use in the following settings:

<b>Location</b>	<b>Type of Setting</b>	<b>Persons of Concern</b>
<i>Name of the camp, settlement, village, town, or city</i>	<i>Specify whether it is camp, settlement, urban, etc.</i>	<i>Specify refugees (and include country of origin), IDPs, returnees, conflict- or disaster-affected, etc.</i>
<i>Name of the camp, settlement, village, town, or city</i>	<i>Specify whether it is camp, settlement, urban, etc.</i>	<i>Specify refugees (and include country of origin), IDPs, returnees, conflict- or disaster-affected, etc.</i>
<i>Name of the camp, settlement, village, town, or city</i>	<i>Specify whether it is camp, settlement, urban, etc.</i>	<i>Specify refugees (and include country of origin), IDPs, returnees, conflict- or disaster-affected, etc.</i>

### 3. Definitions and Terms



#### Essential Issues to Consider

These definitions and terms (Section 3.1) have been adopted by the Inter Agency Standing Committee<sup>5</sup>. This means that UN and non-UN humanitarian actors endorse these definitions, as nearly all such organizations are represented on the IASC.

For Section 3.2, case definitions, please see Annex 3.

#### 3.1. General terms

The following definitions and terms used in this setting are those established by the Inter Agency Standing Committee (IASC) in the *Guidelines for gender-based violence interventions in humanitarian settings: focusing on prevention of and response to sexual violence in emergencies*. (IASC 2005).

**Actor(s)** refers to individuals, groups, organisations, and institutions involved in preventing and responding to gender-based violence. Actors may be refugees/internally displaced persons, local populations, employees, or volunteers of UN agencies, NGOs, host government institutions, donors, and other members of the international community.

**Community** is the term used in these guidelines to refer to the population affected by the emergency. In individual settings, the “community” may be referred to as refugees, internally displaced persons, disaster-affected, or another term.

**Coordinating agencies** are the organisations (usually two working in a co-chairing arrangement) that take the lead in chairing GBV working groups and ensuring that the minimum prevention and response interventions are put in place. The coordinating agencies are selected by the GBV working group and endorsed by the leading United Nations entity in the country (i.e. Humanitarian Coordinator, SRSG).

**Gender-based Violence** is an umbrella term for any harmful act that is perpetrated against a person’s will, and that is based on socially ascribed (gender) differences between males and females. Acts of GBV violate a number of universal human rights protected by international instruments and conventions. Many — but not all — forms of GBV are illegal and criminal acts in national laws and policies.

Around the world, GBV has a greater impact on women and girls than on men and boys. The term “gender-based violence” is often used interchangeably with the term “violence against women.” The term “gender-based violence” highlights the gender dimension of these types of acts; in other words, the relationship between females’ subordinate status in society and

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<sup>5</sup> The Inter-Agency Standing Committee (IASC) was established in 1992 in response to General Assembly Resolution 46/182 which called for strengthened coordination of humanitarian assistance. The resolution set up the IASC as the primary mechanism for facilitating interagency decision-making in response to complex emergencies and natural disasters. The IASC is formed by the representatives of a broad range of UN and non-UN humanitarian partners. For further information on the IASC, please access the IASC website [www.humanitarianinfo.org/iasc](http://www.humanitarianinfo.org/iasc)

their increased vulnerability to violence. It is important to note, however, that men and boys may also be victims of gender-based violence, especially sexual violence.

The nature and extent of specific types of GBV vary across cultures, countries, and regions. Examples include:

- Sexual violence, including sexual exploitation/abuse and forced prostitution
- Domestic violence
- Trafficking
- Forced/early marriage
- Harmful traditional practices such as female genital mutilation, honour killings, widow inheritance, and others

### **3.2. GBV case definitions for this setting**

The incident types/case definitions listed below reflect the current recommended good practice for classifying GBV incidents. Please see Annex 3 for suggested case definitions and discussion of the issues to consider in any setting.

Incident Type Definitions<sup>6</sup>:

1. Rape: non-consensual penetration of the vagina, anus, or mouth with an object or body part.
2. Sexual assault: any form of unwanted sexual contact/touching that does not result in or include penetration (i.e. attempted rape). This incident type does not include rape, where penetration has occurred.
3. Physical assault: physical violence that is not sexual in nature. Examples include hitting, slapping, cutting, shoving, honor crimes of a physical nature (not resulting in death), etc.
4. Psychological abuse: name-calling, threats of physical assault, intimidation, humiliation, forced isolation (i.e. by preventing a person from contacting their family or friends). For the purposes of the incident recorder, this category includes all *sexual harassment* defined as: unwanted attention, remarks, gestures or written words of a sexual and menacing nature (no physical contact).
5. Economic abuse: money withheld by an intimate partner or family member, household resources (to the detriment of the family's well-being), prevented by one's intimate partner to pursue livelihood activities, a widow prevented from accessing an inheritance. *This category does not include people suffering from general poverty.*
6. Forced marriage: the marriage of individuals against their will (includes 'early marriage').
7. Female genital mutilation/cutting: cutting healthy genital tissue
8. Other GBV: This category should be used only if any of the above types do not apply. Please note that this category does NOT include domestic violence, child sexual abuse, trafficking, sexual slavery, trafficking or exploitation.

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<sup>6</sup> Case definitions here are not necessarily the legal definitions used in national laws and policies. Many forms of GBV may not be considered crimes; and legal definitions and terms vary greatly across countries and regions.

## 4. Guiding Principles



### Essential Issues to Consider

The two sets of guiding principles provided here are considered best practice for all actors in humanitarian and emergency settings. It is important that all actors agree and understand how these principles will be put into action in the setting.

All actors agree to adhere to all of the following guiding principles:

#### 4.1. *Guiding principles for all actions*

- 4.1.1. Understand and adhere to the ethical and safety recommendations in the *WHO Ethical and Safety Recommendations for Researching, Documenting and Monitoring Sexual Violence in Emergencies* (WHO 2007).
- 4.1.2. Extend the fullest cooperation and assistance to each other in preventing and responding to GBV. This includes sharing situation analysis and assessment information to avoid duplication and maximise a shared understanding of the situation.
- 4.1.3. Establish and maintain carefully coordinated multisectoral and inter-organisational interventions for GBV prevention and response.
- 4.1.4. Engage the community fully in understanding and promoting gender equality and power relations that protect and respect the rights of women and girls.
- 4.1.5. Ensure equal and active participation by women and men, girls and boys in assessing, planning, implementing, monitoring, and evaluating programmes through the systematic use of participatory methods.
- 4.1.6. Integrate and mainstream GBV interventions into all programmes and all sectors.
- 4.1.7. Ensure accountability at all levels.
- 4.1.8. All staff and volunteers involved in prevention of and response to GBV, including interpreters, should understand and sign a Code of Conduct or a similar document setting out the same standards of conduct (see Annex 1).

#### 4.2. *Guiding principles for working with individual survivors/victims*

- 4.2.1. Ensure the safety of the victim/survivor and her family at all times.
- 4.2.2. Respect the confidentiality of the affected person(s) and their families at all times.
  - ◆ If the survivor/victim gives her informed and specific consent, share only pertinent and relevant information with others for the purpose of helping the survivor, such as referring for services
  - ◆ All written information about survivors/victims must be maintained in secure, locked files.
- 4.2.3. Respect the wishes, choices, rights, and dignity of the victim/survivor.
  - ◆ Conduct interviews in private settings

- ◆ For female victims/survivors, always try to conduct interviews and examinations with female staff, including translators. For male victims/survivors able to indicate preferences, it is best to ask if he prefers a man or a woman to conduct the interview. In the case of small children, female staff are usually the best choice.
  - ◆ Be respectful, maintain a non-judgmental manner. Do not laugh or show any disrespect for the individual or her culture, family, or situation.
  - ◆ Be patient; do not press for more information if the victim/survivor is not ready to speak about her experience.
  - ◆ Ask only relevant questions. (For example, the status of the virginity of the victim/survivor is not relevant and should not be discussed.)
  - ◆ Avoid requiring the victim/survivor to repeat the story in multiple interviews
- 4.2.4.** Ensure non-discrimination in all interactions with survivors/victims and in all service provision.
- 4.2.5.** Apply the above principles to children, including their right to participate in decisions that will affect them. If a decision is taken on behalf of the child, the best interests of the child shall be the overriding guide and the appropriate procedures should be followed. It is important to note that these kinds of issues involving children are complex and there are no simple answers. The WHO Ethical and Safety Recommendations document (see page 10) provides some guidance on these issues and offers additional resources that can be consulted.

## 5. Reporting and Referral Mechanisms



### Essential Issues to Consider

Establish a clear reporting and referral system in each setting so that survivors of and/or witnesses to an incident know to whom they should report and what sort of assistance they can expect to receive from the health, legal, psycho-social, security, and other sectors.

Survivors/victims are more likely to come forward to seek help and report a GBV incident in a place that they perceive is safe, private, confidential, accessible, and services are trustworthy. Ask women and girls what place this might be. Seek advice from the community about where and with which organisation(s) the “entry point(s)” for GBV response services should be located.

Illustrate the “entry points” and simple information about reporting and referrals in the local language(s) and/or as a pictorial presentation and disseminate these to the community so that as many people as possible are aware of where to go for help and what to expect.

### 5.1. Disclosure and reporting

A survivor has the freedom and the right to disclose an incident to anyone. She may disclose her experience to a trusted family member or friend. She may seek help from a trusted individual or organization in the community. She might choose to seek some form of legal protection and/or redress by making an official “report” to a UN agency, police, or other local authorities.

Anyone the survivor tells about her experience has a responsibility to give honest and complete information about services available, to encourage her to seek help, and to accompany her and support her through the process whenever possible.

The suggested entry points to the helping system for survivors/victims seeking help are the health and/or psychosocial service providers (national, international, and/or community-based actors). Entry points will be accessible, safe, private, confidential, and trustworthy.

The suggested help-seeking and referral pathway for GBV response is illustrated on page 15 and referrals, information sharing, and consent are described in sections 5.3 – 5.7 below. Documentation issues are discussed in Section 9.

#### 5.1.1. Certain types of sexual exploitation and abuse

Incidents of sexual exploitation involving humanitarian workers must be reported according to the *UN Secretary General’s Bulletin on Sexual Exploitation and Abuse*, 2003. Protocols and procedures have been established<sup>7</sup> for receiving reports of suspected sexual exploitation and abuse (SEA) perpetrated by humanitarian staff, and investigating reports. See Annex 1 for details. [Insert the locally established protocols and procedures in Annex 1.](#)

<sup>7</sup> IASC GBV Guidelines Action Sheets 4.1 – 4.4 describe the minimum interventions and how to set them up.

## 5.1.2. Relevant mandatory reporting laws and policies in this setting

### Essential Issues to Consider

For sections 5.1.2 and 5.1.3 and 5.3: There may be mandatory reporting laws and/or policies in the setting that require certain individuals or professionals to report certain types of GBV cases. Reporting requirements of this nature can create a dilemma for humanitarian actors because of the potential for conflict with the guiding principles - respect for confidentiality, respect for autonomy and the need to protect the vulnerable. Given the very real risks that can arise, developing these SOPs must include at least the following:

- ◆ Obtain information about, and understand, any mandatory reporting requirements, including reporting mechanisms and investigation procedures. This includes reporting suspected sexual exploitation or abuse perpetrated by a humanitarian worker or peacekeeper (see section 5.1.1).
- ◆ Formulate a strategy for addressing any issues relating to mandatory reporting that could conceivably arise.
- ◆ Inform survivors/victims about your duty to report certain incidents in accordance with laws or policies. This must be included as part of the consent process described in section 5.3. (At minimum, this must include explaining the reporting mechanism to the survivor/victim and what they can expect after the report is made.

Insert information here about relevant mandatory reporting laws, policies, or other requirements.

### 5.1.3. Strategies and procedures for informing survivors and making any mandatory reports

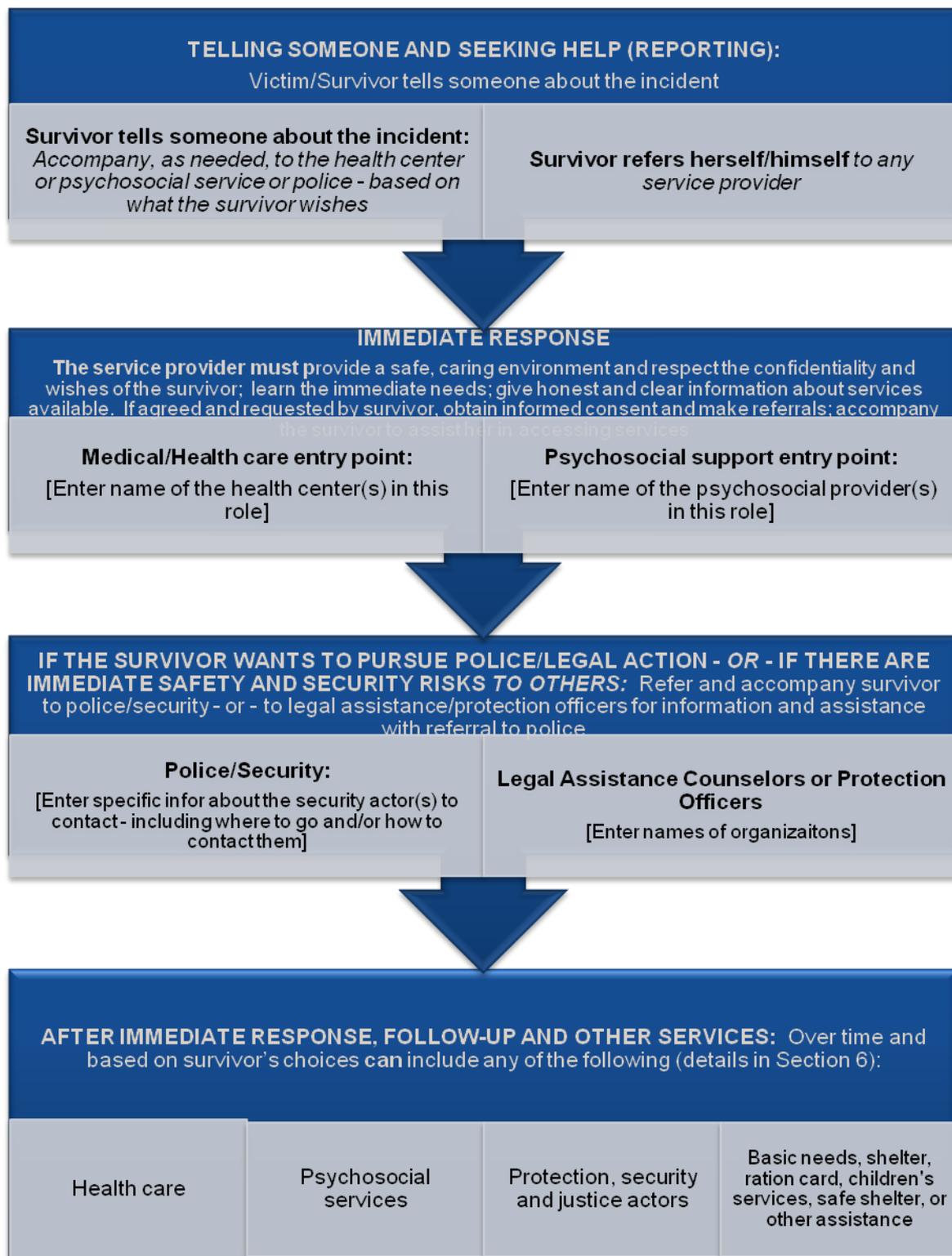
Insert here the strategies – and specific procedures - you will use for:

- Informing affected survivors/victims
- Making the required report
- Following up after the report is made
- Supporting, assisting, informing the survivor – including advocating for her/him through the investigation and other procedures that may take place after the report is made

## 5.2. Help-seeking and referral pathway

The following page is an illustration of the agreed “entry points” for receiving reports of GBV incidents and the pathway for referrals and follow up. This is only summary information; details and procedures are described in Section 6, Responsibilities for Survivor/Victim Assistance (Response).

## SAMPLE HELP-SEEKING AND REFERRAL PATHWAY



## HELP-SEEKING AND REFERRAL PATHWAY FOR [name of site]

Use the following template to fill in details of the referral pathway for your setting. These referral pathways must be specific to one site (camp, town, or other location). If the scope of these SOPs includes more than one site, there must be a separate page for each site, with specific pathways for each.

TELLING SOMEONE AND SEEKING HELP (REPORTING)	
Survivor tells family, friend, community member; that person accompanies survivor to the health or psychosocial "entry point:	Survivor self-reports to any service provider



IMMEDIATE RESPONSE	
<b>The service provider must</b> provide a safe, caring environment and respect the confidentiality and wishes of the survivor; learn the immediate needs; give honest and clear information about services available. If agreed and requested by survivor, obtain informed consent and make referrals; accompany the survivor to assist her in accessing services	
<b>Medical/health care entry point</b> [Enter name of the health centre(s) in this role]	<b>Psychosocial support entry point</b> [Enter name of the psychosocial provider(s) in this role]



IF THE SURVIVOR WANTS TO PURSUE POLICE/LEGAL ACTION - OR - IF THERE ARE IMMEDIATE SAFETY AND SECURITY RISKS TO OTHERS	
Refer and accompany survivor to police/security - or - to legal assistance/protection officers for information and assistance with referral to police	
<b>Police/Security</b> [Enter specific information about the security actor(s) to contact - including where to go and/or how to contact them]	<b>Legal Assistance Counsellors or Protection Officers</b> [Enter names of organisations]



AFTER IMMEDIATE RESPONSE, FOLLOW-UP AND OTHER SERVICES			
Over time and based on survivor's choices <b>can</b> include any of the following (details in Section 6):			
Health care	Psychosocial services	Protection, security, and justice actors	Basic needs, such as shelter, ration card, children's services, safe shelter, or other

### 5.3. Consent and information sharing

#### Essential Issues to Consider

Information about GBV incidents is extremely sensitive and confidential. Sharing any information about a GBV incident can have serious and potentially life threatening consequences for the survivor and those helping her. The *WHO ethical and safety recommendations for researching, documenting and monitoring sexual violence in emergencies* (2007) describe specific and concrete actions that must be taken when seeking a survivor's informed consent to share information about her situation. When developing this section of the SOPs, actors should become familiar with the relevant WHO recommendations (including the section about children) and incorporate these into the SOPs. Anyone using these SOPs and working directly with, interviewing, and/or gathering information from survivors must be familiar with the WHO recommendations.

In many cases, survivors do NOT wish to pursue security or police action and do not wish to inform the relevant UN agency with a mandate for protection, despite ongoing protection and security risks. These are very challenging situations for humanitarian actors who are concerned with protection issues for the individual as well as the wider community. There are no easy answers to these issues although there is guidance in the key guidelines and documents that are companions to this SOP guide (see page 10). Developing these SOPs must involve discussion about how these kinds of issues will be handled, emphasizing the guiding principles and balancing serious protection and security issues.

GBV survivors have a right to control how information about their case is shared with other agencies or individuals. The client should understand the implications for sharing information and make a decision before the information is shared.

It is highly recommended that the key organisations involved in GBV response develop memoranda of understanding between them, to clarify and be specific about how information sharing will take place, how much information will be shared, and using what methods. This issue is discussed in greater detail in Section 9, about documentation and data.

The victim/survivor should be given honest and complete information about possible referrals for services. If she agrees and requests referrals, she must give her informed consent before any information is shared with others. She must be made aware of any risks or implications of sharing information about her situation. She has the right to place limitations on the type(s) of information to be shared, and to specify which organisations can and cannot be given the information.

***The survivor must also understand and consent to the sharing of non-identifying data about her case for data collection and security monitoring purposes.***

Children must be consulted and given all the information needed to make an informed decision using child-friendly techniques that encourage them to express themselves. Their ability to provide consent on the use of the information and the credibility of the information will depend on their age, maturity and ability to express themselves freely. (See also the guiding principles in Section 4.2.).

[Describe process for obtaining informed consent and the form\(s\) to be used. Refer to, or include here, information about how any mandatory reporting requirements will be managed \(see Section 5.1.2. Include copies of consent form\(s\) in Annex 4.](#)

#### 5.4. Immediate response actions and referrals

In general, the person who receives the initial disclosure (report) of a GBV incident from a survivor will act in accordance with the referral mechanism illustrated above on page 18,

which includes opportunities at each stage to move forward or stop. The survivor has the freedom to choose whether to seek assistance, what type(s) of assistance, and from which organisations.

Health assistance is the priority for cases involving sexual violence and/or possible bodily injuries. In the case of rape, assistance must be in accordance with the WHO/UNHCR *Clinical Management of Rape* guidelines and may include emergency contraception and post-exposure prophylaxis for HIV.

Service providers will inform the victim/survivor of what assistance they can offer and clearly relate what cannot be provided or any limitations to services, to avoid creating false expectations.

All service providers in the referral network must be knowledgeable about the services provided by any actor to whom they refer a victim/survivor.

Discuss and agree on methods and procedures for giving non-identifying and timely information to the local GBV coordinating agencies (described in Section 9.2) about reported GBV incidents. This information is needed to maintain awareness of the security and protection situation in the setting. At the same time, survivors' rights to confidentiality and anonymity must be upheld. This is a difficult dilemma and must be well understood by all parties to these SOPs. It may be useful to reference Section 9 (about data collection), where these issues are discussed further.

## 5.5. Special procedures for child victims/survivors



### Essential Issues to Consider

This section should be developed by actors who are trained to handle the special needs of child survivors of GBV and who are familiar with national laws and policies relating to the protection of children. Procedures to be described in this section should include, at least:

- ◆ Obtaining consent
- ◆ Action to be taken if there are suspicions that the perpetrator is a family or household member
- ◆ Any mandatory reporting laws relevant to acts of GBV with against children and procedures that will be taken with regard to those laws
- ◆ Referrals to specific organisations skilled in working with child survivors

In the absence of experienced child specialists, the following resources may be useful for establishing preliminary SOPs – until proper technical advice from an expert can be obtained.

*WHO ethical and safety recommendations for researching, documenting and monitoring sexual violence in emergencies.* Geneva, World Health Organization, 2007.

[http://www.who.int/gender/documents/EthicsSafety\\_web.pdf](http://www.who.int/gender/documents/EthicsSafety_web.pdf) (also available in other languages)

*UNHCR Handbook for the Protection of Refugee Women and Girls,* Geneva, UNHCR, 2008.

<http://www.unhcr.org/protect/PROTECTION/47cfae612.html>

ECPAT International (Bangkok) publications: *Protecting Children from Sexual Exploitation and Sexual Violence in Disaster and Emergency Situations* (2006) and *The Psychosocial Rehabilitation of*

Describe here procedures for child survivors. At minimum, be sure to include:

- Procedure and any special forms for obtaining consent
- Action to be taken if there are suspicions that the perpetrator is a family or household member
- Any mandatory reporting laws relevant to acts of GBV with children and procedures that will be taken with regard to those laws
- List specific organisations skilled in working with child survivors, and provide information on how to make referrals to those organisations

## 6. Responsibilities for Survivor/Victim Assistance (Response)

### 6.1. Health/medical response

#### Essential Issues to Consider

Health care providers will use standards and protocols and practices, in accordance with the minimum prevention and response interventions in the GBV Guidelines (IASC, 2005) and standards in the Clinical Management of Rape Guidelines (WHO/UNHCR, 2004). If there is a national protocol that meets these standards and is being used in the setting, provide this information in this section. If not, the health cluster or sector must establish an agreed upon protocol for clinical management of rape/sexual violence as quickly as possible.

Medical providers ensure confidential, accessible, compassionate, and appropriate medical care for survivors/victims of GBV.

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
- ◆ Psychological/emotional support
- ◆ Medical documentation
- ◆ Follow up care

Include any additional specific information about health care in the setting, including referrals and transport for hospital care, surgery, etc.

Include information about health care available in the setting for other types of GBV cases (e.g., domestic violence/intimate partner abuse, FGM, etc.)

List names of medical organizations providing services for GBV survivors/victims in accordance with agreed protocols. If there are differences or limitations, specify the types of services provided by each.

### 6.2. Psychosocial response

Psychosocial services for survivors/victims of GBV include the following inter-related types of activities: 1) emotional support to assist with psychological and spiritual recovery and healing from trauma; 2) case management, support, and advocacy to assist survivors in accessing needed services; and 3) support and assistance with social re-integration.

#### 6.2.1. Emotional support

All actors who may interview or otherwise have direct contact with survivors/victims will be familiar with the guiding principles and be able to put them into practice (section 4.2 above). These actors will also be aware of their responsibility to listen carefully and give information as described in *Action Sheet 8.3, Provide community-based psychological and social support*, in the GBV Guidelines (IASC 2005).

List organisations providing emotional/psychological/spiritual support and counselling for GBV survivors/victims, with brief description of services available. Include information about community-based counselling and support, such as that provided by women’s organisations and religious leaders. If there are training programs for these community-based providers, include information about these as well.

**6.2.2. Case management**

Describe case management (often provided by specialized GBV programs) available and names of organisations providing this service.

**6.2.3. Rehabilitation/social re-integration**

Describe rehabilitation programs (also known as social re-integration programs) targeting survivors/victims of GBV and/or those at high risk, such as women’s centres, skills training programs, income generation and economic empowerment projects, and peer support groups. Include a list of the organisations providing these programs.

As a summary of all of these types of psychosocial services, list psychosocial providers – including women’s groups – in a matrix here, indicating which types of services each can provide for GBV survivors/victims:

Name of Organisation or Group	Type of Service Provided (list for each)
<i>List names in this column</i>	<i>Some examples are:</i> <ul style="list-style-type: none"> <li>• <i>GBV emotional support/counselling</i></li> <li>• <i>GBV case management</i></li> <li>• <i>Women’s or girls’ peer support group</i></li> <li>• <i>Women’s centre</i></li> <li>• <i>Skills training program</i></li> <li>• <i>Income generation project</i></li> <li>• <i>Small loan program</i></li> </ul>

**6.3. Security and safety response**

 **Essential Issues to Consider**

Security/safety concerns may be addressed by camp security personnel, neighbourhood watch teams, police, UN peace keepers and/or the military responsible for security. These actors need to be identified and have clearly delineated responsibilities. In addition, communities must understand how to contact security personnel for help with safety, security, and protection.

Security personnel must be trained for their work and understand any limitations of their roles. In some settings, community-based security or protection systems are already in place. In other settings, a UN agency or other humanitarian organization might assist to establish community security systems (i.e., neighbourhood watch teams or crisis response teams).

As is the case with all actors who respond to incidents of gender-based violence, security actors must receive training on prevention of and response to GBV, including the guiding principles; human rights and women's rights; and codes of conduct (prohibition of sexual exploitation and abuse).

It is important that security actors understand that many survivors/victims of GBV do not want intervention from security actors. It is also important, however, that security actors maintain awareness of security issues in the setting. The Protection Action Sheets in the GBV Guidelines (IASC 2005) describe actions that should be taken by security actors to monitor GBV-related security issues even in the absence of receiving any specific GBV incident reports.

The roles and responsibilities to be listed in this section should also include a brief summary of police procedures (including timelines) for receiving complaints, investigating crimes, arresting and detaining alleged perpetrators, and filing charges with the court (Section 6.4.2).

### **6.3.1 Security actors**

List security actors here, with specific information about the roles, responsibilities, and/or limitations of each. Include information about how to access security services, in particular the police.

### **6.3.2 Safe shelter**

Include any information about safe shelters; see Action Sheet 7.2 in the GBV Guidelines (IASC 2005).

### **6.3.3. Training and capacity building with security actors**

If there are police/security training and capacity building activities, include information here about the organisations providing and coordinating those activities.

## **6.4. Legal/justice response**



### **Essential Issues to Consider**

Legal/Justice actors can include protection officers; legal aid or legal assistance providers such as paralegals or attorneys; prosecutors, judges, and officers of the court; and traditional justice actors such as elders or community leaders. These actors need to be identified and engaged in developing these SOPs, with roles and responsibilities clearly summarized so that all parties to these SOPs are clear about who does what.

The roles and responsibilities to be listed in this section should include a brief summary of the steps involved in national justice and traditional justice (including typical timelines).

### **6.4.1. Legal options**

Legal actors [*specify, e.g., 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;
- ◆ giving information about procedures, timelines, and any inadequacies or problems in national or traditional justice solutions (i.e., justice mechanisms that do not meet international legal standards).
- ◆ informing about available support if formal legal proceedings or remedies through alternative justice systems are initiated. [\[Specify here what services are available in this setting; e.g., transportation and accompaniment to court, legal advice and support through the process, etc.\]](#)

List here the organisations that provide legal advice and counselling for survivors/victims; and specify roles and responsibilities.

#### **6.4.2. Police procedures for reports of GBV related crimes**

In the vast majority of cases, referrals will be made to national justice systems by the police ONLY if the victim/survivor has given her/his informed consent (see Section 5.4 above). If a referral is to be made and if the survivor/victim wishes, a legal counsellor or other support person will accompany her to the relevant authorities.

*Describe the procedure for such referrals; e.g., make a complaint to the police at the local police post, or make a complaint to the local police family support unit. Be sure to include any requirement for medical forms/forensic medical evidence.*

For example:

If a survivor chooses to report her case to the police, the procedures are:

1. Survivor and her/his escort report at the main police desk that there is a confidential matter to discuss.
2. The police officer at the desk will show the survivor and her/his escort to the private interview room.
3. A police officer/detective will take the survivor's statement and obtain information relevant to investigation of the alleged crime(s).
4. Interviews with survivors/victims of crimes related to GBV, and any witnesses, will only be conducted by police who have received training in interviewing victims of these crimes. And if there are female police officers available, they will conduct the interviews.
5. When the statement is complete, the police issue the P-3 medical form to the survivor to be completed
6. Survivor takes the P-3 form to health post for completion; as soon as possible after it is completed, the form is returned to the police.
7. Police conduct investigation immediately, even if the completed P-3 has not yet been returned.
8. When warranted, police arrest alleged assailant, and file charges with the court

#### **6.4.3. Special consideration for child survivors in the legal justice system**

Legal actors [\[again, specify which actors\]](#) will assess the national justice system for child-friendly procedures. In the absence of established procedures, legal actors will introduce and support innovative practices, such as including social workers/community psychosocial support workers in sessions in which children are expected to deliver official statements to the police/courts, or advocate that hearings for children should take place in the judge's chambers, in the presence of social workers.

#### 6.4.4. Special procedures for child perpetrators in the legal justice system

##### Essential Issues to Consider

Juvenile offenders must be protected from suffering abuse while they are in prison. This can be achieved by:

- promoting laws and procedures that ensure proper safeguards for juvenile offenders. Some criminal justice systems are not necessarily guided by the same principles that guide humanitarian actors, and many young offenders often find themselves incarcerated with adults and offered no counselling or rehabilitation;
- fast-tracking hearings and monitoring the process;
- assisting with their psycho-social rehabilitation;
- working with partners to promote the creation of national systems and, where those systems exist, supporting juvenile justice authorities and social workers/welfare offices in finding alternative solutions.
- in the absence of national structures, exploring alternative solutions with the camp committee or judiciary body or elders committee while ensuring that the rights of the child are not further violated;
- informing children accused of GBV-related offences of the legal proceedings and enabling them to express themselves. A child's testimony should be presumed credible until proven otherwise, and as long as his/her age and maturity allow him/her to provide intelligible testimony, with or without communication aids and other assistance.

List here any actions to be taken with regard to child perpetrators, and specify which organisations will take those actions.

#### 6.4.5. Traditional justice mechanisms

##### Essential Issues to Consider

Traditional or alternative dispute-resolution mechanisms exist in many emergency contexts. Often, if survivors wish to pursue "legal" justice, they will prefer the traditional justice systems they are familiar with. These mechanisms are, however, a reflection of the socio-cultural norms in the community and often do not protect the rights of women and girls. Nevertheless, many survivors prefer these systems and this preference must be respected.

In many field settings, the issues around traditional justice and GBV incidents are extremely challenging. It is important to remain respectful of these mechanisms and survivors' preferences. At the same time, there may be some limits within national laws and policies about the types of cases traditional mechanisms can handle, as well as the types of judgments and punishments.

Conscious, careful, and respectful attention should be given to such mechanisms by:

- Actively engaging members of traditional justice systems in discussions and training workshops about human rights and women's and children's rights; and assisting the members to analyse the system from a human rights perspective and, when needed, working towards introducing changes to improve the standards.
- Supporting the meaningful participation of women in such systems

- In collaboration with the national justice system, determining if traditional or alternative forms of dispute resolution are legally acceptable in the host country and determine whether their administration of justice meets national and international standards of protecting the rights of women and girls.

List here interventions to be undertaken with traditional justice mechanisms, and specify which organisations will do this work.

## 7. Responsibilities for Prevention

### ◆ Essential Issues to Consider

Although divided in this SOP into two separate sections, prevention and response are inter-related activities. Many elements of GBV response are also preventive measures. Likewise, well considered prevention activities are linked to response actions.

Appropriate and effective prevention strategies should be developed by identifying factors that contribute to and influence the type and extent of gender-based violence in the setting. Prevention activities are aimed at potential perpetrators, potential survivors, and those who may assist them. Activities must therefore target the affected community, humanitarian aid staff, host country nationals, and government authorities.

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
- Designing safe, effective, and accessible services and facilities
- Working with formal and traditional legal systems to ensure that their practices conform to international human rights standards
- Monitoring gender-based violence reported incident data to identify problem areas

All humanitarian actors are responsible for preventing gender-based violence – not only the parties to these SOPs. Detailed information about preventive measures to be taken by each sector can be found in the GBV Guidelines (IASC 2005).

You may- or may not – include all of the sub-sections below in your SOP. NOTE that any parties specifically listed in the following sub-sections must be participants in developing these SOPs. You cannot assign roles and responsibilities to parties who do not participate

All actors involved in prevention must coordinate with each other and plan activities in a collaborative manner. Public information messages, awareness raising campaigns, and behaviour change strategies must be coherent, consistent, and connected to services and organisations to avoid confusion in the community.

The UNHCR SGBV Guidelines (2003) also contain details about the types of interventions that should be undertaken.

### 7.1. All parties to these SOPs

All actors have a responsibility to take action to prevent gender-based violence. All parties to these SOPs will:

- ◆ Provide training (or send staff to participate in training provided by other organisations) about gender-based violence, the IASC GBV Guidelines, these SOPs, and other relevant materials, to ensure that all staff:
  - Have at least a basic understanding of gender-based violence and the IASC GBV Guidelines

- Are able to engage in effective prevention activities that are relevant to their jobs/roles in the humanitarian setting
- Know the contents of these SOPs, including how and where to refer a survivor/victim for support and assistance – and how to inform appropriate actors about GBV risks and incidents they may hear about or suspect during the course of their work
- ◆ Adopt codes of conduct for all staff that focus on preventing sexual exploitation and abuse (SEA) perpetrated by staff. This requires understanding of the information about codes of conduct and SEA, described in detail in the IASC GBV Guidelines. Actions include::
  - Establishing a code of conduct for all staff in compliance with the generally agreed upon standards (see IASC GBV Guidelines for more details).
  - Establishing procedures for receiving reports and linking with the reporting and investigation system in the setting
  - Providing training to all staff about the code to ensure full understanding; including why it is important, how to make confidential reports, and information about investigation procedures
  - Requiring all staff to sign the code of conduct to indicate their understanding of it and willingness to abide by it
  - Taking action on any SEA report that is received
  - Holding staff accountable for behaviour related to the code of conduct, including required reporting of suspected SEA
- ◆ Actively seek equal participation of women and girls in the design and delivery of services and facilities in the setting by:
  - Meeting regularly with women and girls to learn about accessibility, safety, and security related to services and facilities
- ◆ In collaboration with the GBV working group and carefully coordinated, develop and implement GBV awareness-raising activities within the community and among other humanitarian actors and government authorities
- ◆ Ensure all relevant sectors/actors are aware of and are carrying out their roles and responsibilities as described in these SOPs and the GBV Guidelines (IASC 2005), by:
  - Identifying any gaps and communicating those to the GBV coordination bodies (e.g., GBV coordinating agency, GBV working groups)
  - Maintaining awareness of which organisations are in the GBV coordination role and providing information about what is working and not working to those coordinating bodies

## **7.2. Community leaders**

- ◆ Maintain awareness of GBV risks and issues in the setting, communicate those to security actors and the GBV working group, and engage in problem-solving discussions to continuously strengthen prevention strategies

- ◆ Actively promote respect for human rights and women’s rights, including equal participation of women

Specify here what is meant by “community leaders”; include titles of leaders (chief, chairperson, etc.) and names of leadership groups (camp committee).

### **7.3. Women’s groups, men’s groups, youth groups, other community groups**

**◆ Essential Issues to Consider**

In general, community groups are engaged in preventing GBV in a variety of ways, including:

- ◆ Through formal and informal networks, maintain awareness of GBV risks and incidents that may not be reported through the mechanisms in these SOPs (and therefore are not included in compiled data about reported GBV incidents)
- ◆ Share this information with the GBV working group and actively participate in efforts to strengthen prevention strategies
- ◆ In coordination with the GBV working group, conduct awareness-raising and behaviour change activities to influence changes in socio-cultural norms and promote respect for human rights and women’s rights

In many settings, women’s groups and men’s groups emerge as important forces in community-based prevention and response to GBV as they are best able to influence changes in knowledge, attitudes, and behaviour among their male/female counterparts in the community. If these groups are present in this setting, they should be included in the process of developing these SOPs, and described in this section to clarify their focus, roles, and responsibilities.

Specify names of these groups and roles/responsibilities of each.

### **7.4. Health/medical**

- ◆ Implement the Minimum Initial Service Package for reproductive health in emergency situations (MISP)<sup>8</sup>
- ◆ Ensure health services are accessible to women and children
- ◆ Integrate GBV awareness-raising and behaviour change activities into community health activities

Specify health/medical actors who are involved in these activities (might be the same list from the response section above)

### **7.5. Social services/psychosocial**

In collaboration with community groups and the GBV working group, develop information campaigns, awareness-raising and behaviour change activities to:

<sup>8</sup> For more information about the MISP, go to [www.rhrc.org](http://www.rhrc.org)

- ◆ Influence changes in socio-cultural norms
- ◆ Promote respect for human rights and women rights
- ◆ Encourage survivors/victims to seek assistance
- ◆ Promote community acceptance and social re-integration of GBV survivors/victims

Specify these actors and specific types of activities for each.

### 7.6. Security

- ◆ Maintain adequate security presence in the setting [specify setting]
- ◆ Through formal and informal networks, maintain awareness of protection and security issues related to GBV
- ◆ Provide information to the GBV working group about protection and security issues
- ◆ Develop and strengthen specific prevention strategies to address evolving security issues

Specify these actors and the activities for each.

### 7.7. Legal justice



#### Essential Issues to Consider

The national GBV working group should analyse which international instruments have been adopted by the country and what reservations, if any, have been made. Based on the analysis actions could include:

- advocating and supporting governments to ratify treaties
- reviewing relevant national legislation to consider the extent to which it complies with international legal principles
- establishing partnerships and alliances among humanitarian organizations, human rights groups, women's groups, lawyer's groups, judges, prosecutors, and others to advocate for legal reform as needed.

These kinds of activities are typically undertaken after the initial crisis phase of an emergency, in more stabilised stages when there is more time and more staff available to work on these long term issues.

Preventive functions of the legal justice actors include:

- ◆ Apply relevant laws and policies, and adjudicate GBV cases with minimal delays as described in Section 6.
- ◆ List here any actions to be taken to advocate for legal reform if needed, and by which organisations.
- ◆ Include any prevention actions to be taken by traditional justice actors.

## 7.8. Other sectors/clusters



### **Essential Issues to Consider**

The IASC GBV Guidelines describe specific prevention interventions to be undertaken by Water/Sanitation, Food/Nutrition, Shelter and Site Planning, and Education sectors/clusters. These interventions should already be underway at the time the SOPs are developed. If they are not, then representatives from these sectors should be included in the development of these SOPs, especially for this section.

Include in this section a brief description of the interventions by other sectors/clusters not included in other sections of the SOP. Include a list of the key organizations engaged in these activities.

## 8. Informing the Community About These SOPs



### Essential Issues to Consider

The entire standard operating procedure is useful only if the community can access services and benefit from the agreed upon procedures and practices.

When the SOP is completed - even in the early stages of an emergency when the SOP will be limited in scope – implementation of the SOP must include dissemination to the community and to other humanitarian organisations.

Specifically, the community must be informed about:

- Where to go for help (“entry points” described in section 5)
- What services are available, and how to access them
- What to expect - including potential referrals and roles, responsibilities, and any limitations of actors
- What to expect in terms of confidentiality

Special outreach should be made to women’s groups, schools, religious leaders, and other community leaders. Illustrate the “entry points” and simple information about reporting and referrals in the local language(s) and/or as a pictorial presentation. Meet with community groups and groups of women, men, girls, and boys to give information and answer questions.

This is not a one-time information campaign. Humanitarian settings typically involve constant population movements; there are people moving into and out of the setting on a regular basis. Therefore, information about this important issue and how to seek help must be provided on an ongoing basis.

### 8.1. Information dissemination to the community

Describe here how information will be disseminated to the community. Include:

- Specific groups that will be targeted
- Methods that will be used (posters, workshops, “talks”, meetings, etc.)

Specify who (which organisations) will develop the methods, including translations, and who will meet with which groups and when.

Specify who (which organisations) will be responsible for ongoing information dissemination in the community and how they will do this.

### 8.2. Information dissemination to other organizations and government

Describe here how information about these SOPs will be disseminated to other humanitarian organizations and (relevant and appropriate) government entities that are not party to the SOPs. Be specific about who will talk to whom, and when, using what methods.

## 9. Documentation, Data, and Monitoring

### Essential Issues to Consider

The GBV coordinating agencies (see section 10, Coordination) are responsible for ensuring that there is regular compilation and reporting of non-identifying GBV incident data; that this report is discussed and analysed in the GBV working groups; and that it is disseminated to key actors, including the community and local authorities.

It is often the case that the data compilation and reporting is done by different organizations in the different field settings in a country. That is, it may not be realistic or appropriate for one organization to be responsible for all GBV data compilation in all field settings in the country. As much as possible, however, data reports in the various sites should be similar to enable regional and national data comparisons

In keeping with the need for confidentiality, any and all ***potentially identifying information of the survivor/victim, her family, and the perpetrator must not be included in any data report.*** The *WHO ethical and safety recommendations for researching, documenting and monitoring sexual violence in emergencies* (WHO 2007) is an excellent resource to help develop this section of the SOP.

Monitoring and evaluating GBV interventions involves more than compiling and monitoring reported incident data. The interagency team must understand that reported incidents represent only a small proportion of the actual GBV incidents that may be occurring in the setting. It is, therefore, essential that the team also find, compile, and monitor qualitative information about GBV.

The GBV Guidelines (IASC 2005) Action Sheet 2.2 describes monitoring and evaluation and offers simple indicators for each sector. Annexes include a recommended incident report form (Annex 3) and a monitoring form for initial GBV prevention and response implementation (Annex 2).

The UNHCR SGBV Guidelines (2003), Chapter 7, is a comprehensive discussion of GBV monitoring and evaluation activities.

As of May 2008, there is no agreed upon and recommended tool or template for compiling and reporting GBV data. UNFPA is coordinating an interagency initiative<sup>9</sup> to pilot a GBV data monitoring system for use in field sites. It is anticipated that this initiative will result in useful and field-friendly systems, standards, and recommended practices for all aspects of compiling and using GBV incident data to guide interventions in field sites.

### 9.1. Documentation of reported incidents

#### Essential Issues to Consider

Actors must agree on the use of a standard form for documenting information and collecting data about reported GBV incidents. A recommended form which is widely used and/or

<sup>9</sup> For updated information about this initiative, contact Erin Kenny at UNFPA: [ekenny@unfpa.org](mailto:ekenny@unfpa.org).

adapted in field sites is in Annex 3 of the GBV Guidelines (2005). Documenting incidents on this form is for data collection purposes and is not intended as an interview guide. The form might also be used as a tool for information sharing when making referrals for additional services – but only when specific incident details are needed (e.g., for health care, psychological support, or possibly legal/protection services), and only with permission of the survivor.

Filling the incident report form must be done consistently by all who use the form. Consistent guidance and training should be provided to ensure that all fields are filled in the same way by all who complete this documentation. Many field sites find it most effective to limit such documentation to only a few specific organisations (e.g., health, psychosocial, and protection actors) that are likely to need the information in the form in order to provide services and give information to the survivor/victim about referrals that may be made.

Consistent data collection on reported GBV incidents also includes documenting the types of GBV incidents (on the incident report form) using consistent case definitions. Annex 3 contains a sample list of case definitions and further discussion of considerations for choosing case definitions. It is useful to assign a sub-committee of the GBV working group to draft a set of case definitions. It is also important to note that case definitions for the purposes of GBV programming in these SOPs are not legal terms. In fact, many forms of GBV that require action from humanitarian actors may not be considered criminal offences in the setting. See also Section 3.2.

[Include a sample of the agreed incident report form and a list of case definitions in Annex 4 and reference them here.](#)

Persons charged with collecting information from the victim/survivor should be appropriately trained on how to fill out the forms and how to act in accordance with the guiding principles. They should carry out their responsibilities with compassion, in confidentiality, and with respect for the survivor. Training on the proper completion of incident report forms will include determining the appropriate case definition for each reported incident of GBV.

Incident report forms contain extremely confidential and sensitive information and may only be shared with others under certain circumstances (see section 5.3 about consent and information sharing).

Original completed Incident Report Forms and Consent Forms are maintained in locked files. In a camp setting, the files must be kept in the office outside the camp.

[Incident Report Forms will be completed by trained staff in the following organisations: \[list\]](#)

## **9.2. Data management, reported incidents**

As described above, each reported GBV incident will be documented in a consistent and timely manner. In accordance with the agreed upon consent procedures in these SOPs (section 5.3), non-identifying data about these incident reports will be submitted to the coordinating agencies [\[or other organization; specify\]](#), which are/is responsible for compilation of a monthly [\[or specify other interval\]](#) report that contains non-identifying data about reported incidents, action taken, and outcomes across sectors.

The monthly incident data report – that contains NO identifying information about specific reported incidents - will be shared with the GBV working group. The group will compare

monthly reports over time and discuss and analyse summary information about GBV incidents being reported, general outcomes, security issues, referral and coordination issues, and other factors. This information will guide the continuous development of prevention and response actions.

The data report should specifically state the limitations of this data, as it is only information about self-reported incidents, which represents only a small proportion of actual GBV incidents that may be occurring in the setting.

The data elements to be included in this report are:

[\[Modify this list for your setting:\]](#)

- Number of incidents per 10,000 population in total and by type of incident (case definition)
- Number or percentage of incidents (by type of incident) by:
  - Time of day (morning, afternoon, evening, night)
  - General location (keeping in mind that if location is too specific, it may identify a survivor)
  - Survivor age, marital status, other demographic information
  - Perpetrator relationship to survivor
  - Number of perpetrators
  - Perpetrator age, other demographic information
  - Services received, referrals made, actions pending
  - Outcomes

[Include information about the data report format here. If it is long, you might consider including the format itself in Annex 4.](#)

### **9.3. Qualitative data about GBV risks and unreported incidents**

Each sector will gather and analyse qualitative information about GBV incidents that are not reported, including results of focus group discussions, rumours of GBV incidents, community perceptions of risky areas or suspicious activities, and any issues that may be recognized or suspected. These will be presented and discussed at the GBV working group meeting and provided to the GBV coordinating bodies.

### **9.4. Indicators**

There will be at least one outcome indicator for response and one indicator for prevention developed, shared, and monitored for each sector (at minimum, health, legal/justice, psychosocial, and safety/security) and each cross-cutting function (e.g., coordination). Individual organisations may monitor additional indicators for their own programming and monitoring purposes. The indicators in this section are for sectors/clusters and functions, not specific individual organisations. (See IASC GBV Guidelines for sample lists of indicators.)

[List indicators, by sector and by function:](#)

### **9.5. GBV monitoring report**

The GBV coordinating agencies produce a written report [\[at least quarterly; specify how often\]](#) that is shared with members of the GBV working groups [\[and others \(specify\)\]](#) –

carefully consider ethical and safety implications when determining how widely to share this information].

The monitoring report includes quantitative data about reported GBV incidents and case outcomes as well as qualitative data gathered from GBV working group members. The report identifies issues and actions undertaken to address these issues.

Include the GBV monitoring report format in Annex 4.

## 10. Coordination



### Essential Issues to Consider

Effective prevention and response to GBV require multisectoral coordinated action among, at a minimum, health and social services actors, legal, human rights, and security sectors and the community. General coordination responsibilities of a multisectoral and community-based approach include:

- Strategic planning
- Gathering data and managing information
- Mobilising resources and ensuring accountability
- Orchestrating a functional division of labour
- Monitoring effectiveness; identifying and resolving challenges
- Providing leadership

Specific coordination activities include:

- Sharing information about resources, guidelines, and other materials
- Sharing non-identifying data about GBV incidents
- Discussion and problem-solving about prevention and response activities, including planning these activities and engaging with other relevant coordinating and leadership bodies
- Collaborative monitoring and evaluation
- Identifying programme planning and advocacy needs, and sharing those among other actors, coordinating bodies, and leadership structures

The text below about coordination mechanisms and working groups is drawn from the IASC GBV Guidelines. Developing SOPs in this setting must include discussion, clarification, and agreement about all of these mechanisms.

In the early stages of an emergency, it will be necessary to organize a national coordinating mechanism and, at least, working groups comprised of the key actors (health, psychosocial, security/protection) at camp/village/local levels. Working groups can be expanded as the crisis moves into a more stabilized situation.

### 10.1. Coordination mechanisms

GBV Working Groups are the coordinating bodies for GBV prevention and response. There are local (camp or village level), regional (sub-office level), and national (capital level) GBV working groups, each with specific tasks and responsibilities.

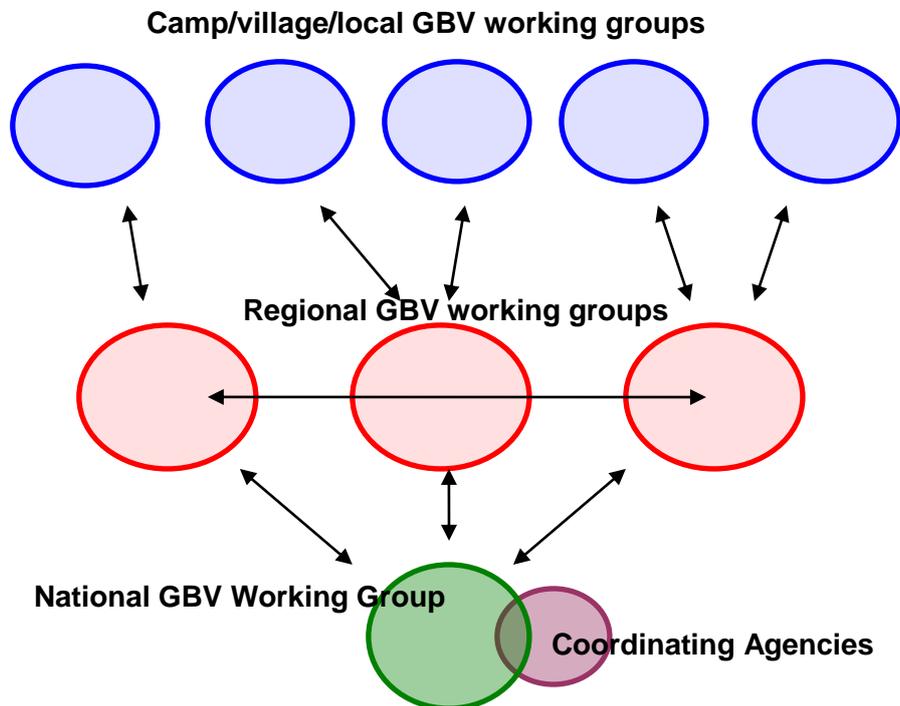
Information is shared at least monthly among and between working groups through dissemination of meeting minutes. Issues and problems needing action from another working group are identified in these minutes. The appropriate working group takes action and provides follow up information.

All clusters (or sectors; i.e. health, community services, protection, camp management, human rights, legal/judicial, security/police, etc.) define their respective responsibilities regarding prevention and response to sexual violence, and how they will liaise with the GBV working group and coordinating agencies in their location.

Each sector carefully and consciously designates a focal point that will represent the organization and/or sector in taking action for prevention and response to GBV ("GBV focal

points”). All GBV working group members take responsibility for ensuring multisectoral action and participation in coordination of GBV interventions in their location.

The following diagram illustrates how the local, regional, and national working groups relate to one another (arrows indicate communications):



## 10.2. Coordinating agencies

Once GBV working groups are formed, they select a coordinating agency. The assumption here is that often GBV groups form, even as informal bodies, before there is a designated “coordination agency”. Groups of committed and interested key actors are in the best position to identify who, among them, would be the most appropriate coordinating agency. Coordinating agencies are selected by working group members and designated at the national, regional, and local levels. Coordinating agency(ies) could be UN, international or national NGO, government, or other representative body with sufficient knowledge and capacity to perform this role, and invested with due authority.

The national GBV coordinating agency might not be the same organisation as the regional and local GBV coordinating agencies. It is not necessary, and sometimes not appropriate for the same agency to be in the coordinating role at all levels. In some settings, it has proven effective to have different organisations in the coordinating roles at different geographic levels.

Ideally the coordinating agencies have expertise in GBV programming and can dedicate staff at a senior level to oversee coordination of GBV interventions. Clear terms of reference for the coordinating agencies are agreed by all working group members. Terms of reference for

the national coordinating agencies are endorsed by the leading United Nations authority in the country (e.g. Humanitarian Coordinator or SRSG).

The coordinating agencies are responsible for encouraging participation in the GBV working group, convening regular meetings, knowing who is doing what and where, communicating and following up with a wide range of actors, linking with other clusters/sectors, and promoting other methods for coordination and information sharing among all actors, e.g. by representing the GBV working groups at relevant cluster/sector meetings and/or with government authorities to inform and advocate for GBV issues and concerns.

[List coordinating agencies and contact information (name, phone number, e-mail address) here]

National GBV coordinating agencies:

Regional GBV coordinating agencies for this [specify] region:

Local GBV coordinating agencies for this setting [specify – and if this SOP document includes multiple settings, list the coordinating agencies in each setting]:

### **10.3. Camp/village/local GBV working group**

The local GBV coordinating agency in [name of setting] is [name of organization; may be different than the national coordinating agencies]

Meetings will be held monthly [or specify how often].

Participants include, at a minimum, the most relevant community-based GBV actors (health, psychosocial, security/protection, and legal). Other participants might be knowledgeable, concerned, and committed community groups/leaders; at least 50% of the community representatives are women.

This meeting is a forum to share non-identifying information as coordinated by the \_\_\_\_\_ (name of lead/coordinating agency), to:

- Analyse GBV data/information, including qualitative information and quantitative and non-identifying GBV incident data
- Develop targeted prevention strategies
- Identify, discuss and resolve specific issues and gaps in GBV response and prevention (including training and awareness-raising needs and wider policy issues)
- Discuss and plan ways to work with other sectors and groups to plan, share information, and solve problems with other sectors and groups
- Share information about activities and coordinate interventions.

\_\_\_\_\_ (name of lead/coordinating agency.) will develop the agenda, schedule and chair the meetings, and distribute minutes to all participants and to the regional and national GBV working groups. The coordinating agency will follow up with local actors and other coordination groups and with regional and national GBV working groups for issues and action points identified by the local GBV working group.

#### **10.4. Sub-Country Level GBV working group**

[If there are district, country or other sub-country GBV working groups in place in this setting, include details here. If not, delete this section.]

- The regional GBV working group for [name of this region] provides support, advocacy, and problem-solving to the local GBV working groups in the region. This group:
- Reviews and discusses meeting minutes and GBV monitoring reports from local GBV working groups – these are reports that do NOT contain any identifying information about individuals or incidents.
- Identifies regional information, needs, issues, successes
- Provides policymaking, advocacy, technical, administrative, and logistical assistance to local GBV working groups as needed
- Refers wider policy and other issues to the national GBV working group.

\_\_\_\_\_ (*name of lead/coordinating agency*) will develop the agenda, schedule and chair the meetings, and distribute minutes to all participants, to the local GBV working groups in the region, to other regional GBV working groups, and to the national GBV working groups. The coordinating agency will follow up with the local and/or national GBV working groups as needed for issues and action points.

The [name of region] regional GBV coordinating agency is [*name of organization; may be different than the national coordinating agencies*]

Include here details of members of this group, where and when it meets.

#### **10.5. National GBV working group**

National coordination is required to ensure a coherent coordinated set of interventions at the country level. The national GBV working group maintains awareness of field level activities through reports and meeting minutes from local and regional GBV working groups. The national group discusses implementation and coordination from a national perspective, providing support, problem-solving, and policy-level advocacy and action for the local and regional GBV working groups.

Include here details of members of this group, where and when it meets.

#### **10.6. Case management meetings**



##### **Essential Issues to Consider**

Case management meetings are small, closed meetings where highly sensitive information is discussed. The survivor must authorize/consent to information sharing with all participants in case management meetings. Therefore, participants in these meetings must be invited; it is not a regular open meeting for “key actors”. Typically, case management meetings involve the key GBV/psychosocial actors and health focal points, including representation from the women’s group(s) involved in psychosocial or health response. It is often necessary and appropriate to invite individuals from security, protection, education, justice, or others as needed.

The designated case manager organizes these meetings, ensures that information sharing has been authorized by the survivor, and keeps the survivor informed.

A *weekly (or stipulate otherwise \_\_\_\_\_)* meeting will be held in each location to review individual cases reported, action taken, follow up required, and outcomes. The focus is on addressing any immediate protection problems and coordinating response actions for each individual case.

In keeping with the guiding principles, individual cases will be discussed in this meeting ONLY if the survivor/victim has given her informed consent (without limitations) for sharing information with the organisations participating in the case management meeting. If such consent has not been given, then the individual case must not be discussed at this meeting. Instead, a separate smaller meeting must be arranged, comprised only of actors with permission to receive/share information about a specific survivor.

The information shared at this meeting is strictly confidential and will focus on actions taken and actions needed. Information sharing must only include relevant information and should not include personal - and irrelevant - details about the survivor/victim or the incident. All members of this meeting are responsible for ensuring that the dignity and confidentiality of survivors are maintained and that information discussed is only that which is needed to resolve problems and coordinate actions.

Participants will include: *[specify which organisations normally attend case management meetings]*.



## **Annex 1. Codes of Conduct & SEA Reports and Investigations**

Include here a sample Code of Conduct prohibiting sexual exploitation and abuse by humanitarian staff of beneficiaries.

Also insert here the local procedures and protocols for reporting and investigating allegations of sexual exploitation and abuse perpetrated by humanitarian staff.

## Annex 2. Case Definitions (Types of GBV)

Suggested case definitions – or “types” of GBV – are listed below. An essential good practice is to agree on a standard set of GBV case definitions, clearly define them, and use them consistently. It is equally important that anyone filling the Incident Report Form and selecting the type of GBV be properly trained and supervised.

Case definitions used in field sites normally are NOT the legal definitions used in national laws and policies. Many forms of GBV may not be considered crimes; and legal definitions and terms vary greatly across countries and regions.

Compiling and using incident data to guide interventions involves more than simply counting the number of incidents. Other data elements are needed to more fully understand the types of incidents that are disclosed and the circumstances in which they occur. For example, there is no “domestic violence” case definition below. By analysis of total reported incidents by type of incident AND the survivor’s relationship to the perpetrator, one would be able to identify domestic violence. And, the problem of domestic violence would be much more clear; i.e., whether it involves physical assault or sexual assault or other types of violence. Another example is that there are no sexual exploitation or sexual abuse case definitions listed. Again, the numbers of specific types of violence should be analysed along with relationship to or identity of the perpetrator. This will provide more accurate and complete information about the nature and extent of the problems.

A list of 8 core incident types has been identified as follows. The 8<sup>th</sup> category (“other”) allows for cultural – or context-specific forms of GBV to be included (*but should be avoided if at all necessary, as it has the potential to create overlap between incident types*).

- 1 Rape: non-consensual penetration of the vagina, anus, or mouth with an object or body part.
- 2 Sexual assault: any form of unwanted sexual contact/touching that does not result in or include penetration (i.e. attempted rape). This incident type does not include rape, where penetration has occurred.
- 3 Physical assault: physical violence that is not sexual in nature. Examples include hitting, slapping, cutting, shoving, honor crimes of a physical nature (not resulting in death), etc.
- 4 Psychological abuse: name-calling, threats of physical assault, intimidation, humiliation, forced isolation (i.e. by preventing a person from contacting their family or friends). For the purposes of the incident recorder, this category includes all *sexual harassment* defined as: unwanted attention, remarks, gestures or written words of a sexual and menacing nature (no physical contact).
- 5 Economic abuse: money withheld by an intimate partner or family member, household resources (to the detriment of the family’s well-being), prevented by one’s intimate partner to pursue livelihood activities, a widow prevented from accessing an inheritance. *This category does not include people suffering from general poverty.*
- 6 Forced marriage: the marriage of individuals against their will (includes 'early marriage').
- 7 Female genital mutilation/cutting: cutting healthy genital tissue
- 8 Other GBV: This category should be used only if any of the above types do not apply. Please note that this category does NOT include domestic violence, child sexual abuse, trafficking, sexual slavery, trafficking or exploitation.

## **Annex 4. Forms and Documents Used in this Setting**

Insert here forms, report formats, and other documents used in this setting.

Some examples:

- ◆ Consent form
- ◆ Release of information form
- ◆ Incident Report form
- ◆ GBV Case Definitions (types of GBV)
- ◆ Monthly incident data report format
- ◆ Quarterly monitoring report format