

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

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 established⁷ 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.](#)

⁷ 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

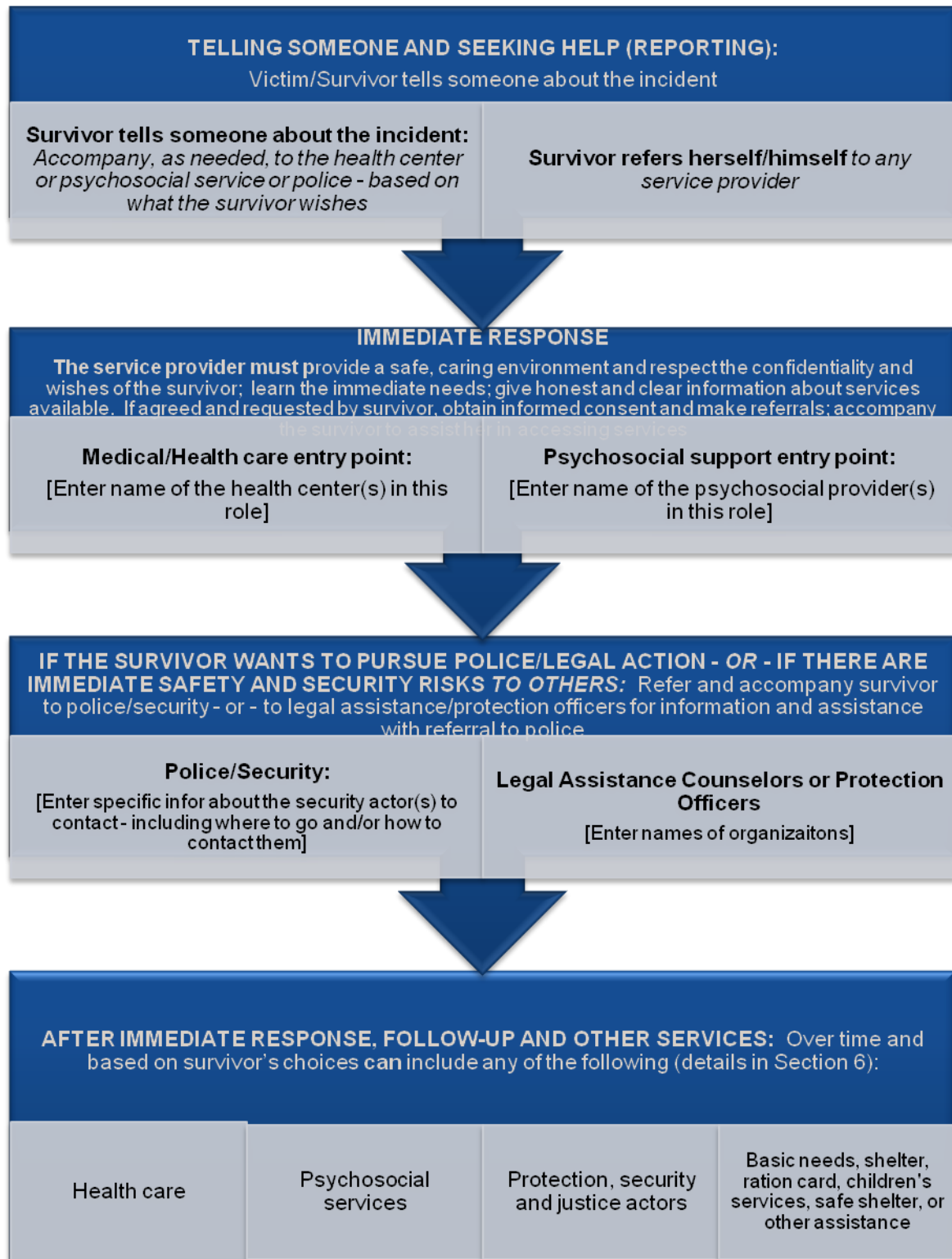
Insert here the strategies – and specific procedures - you will use for:

- 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

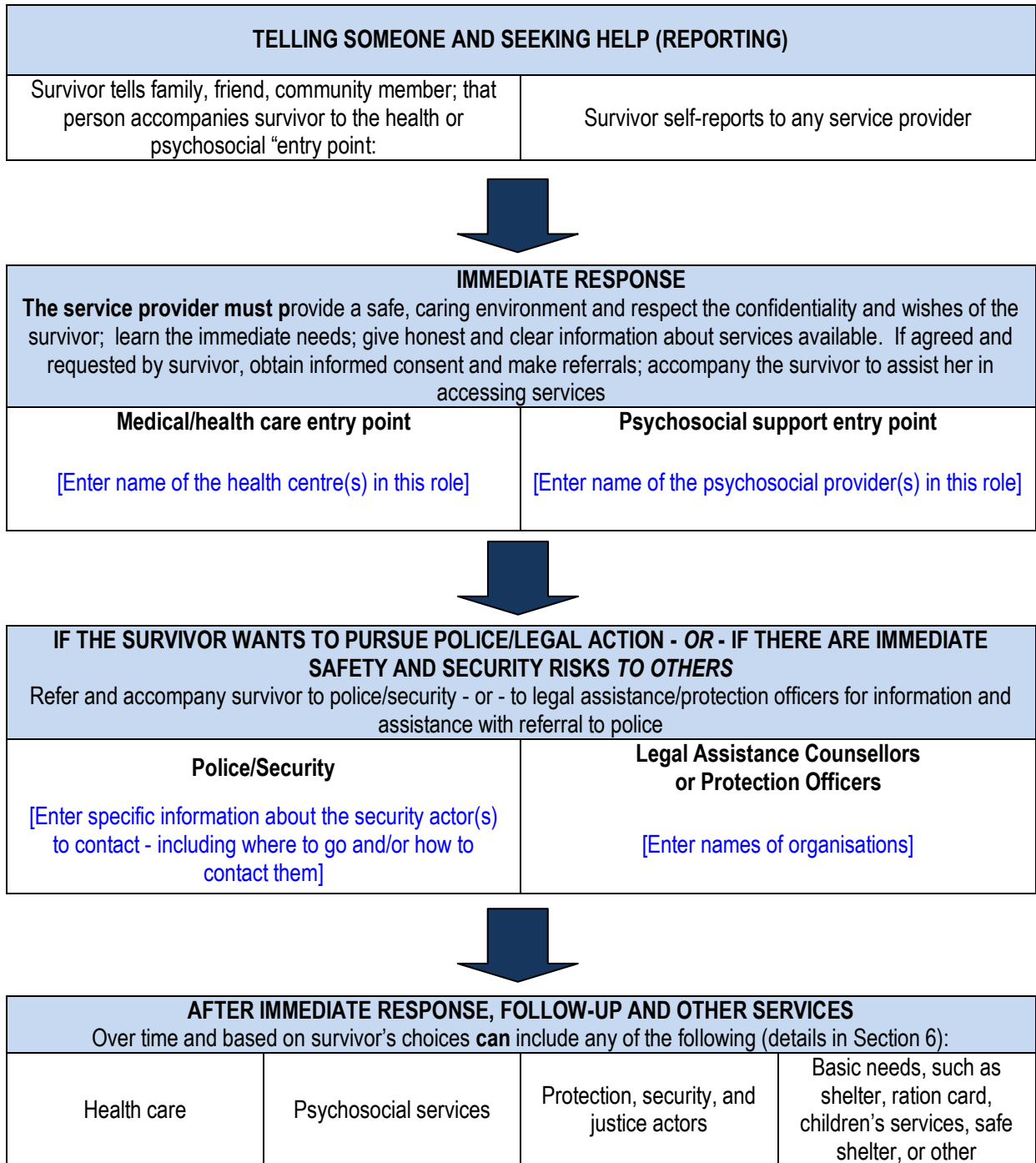
The following page is an illustration of the agreed “entry points” for receiving reports of GBV incidents and the pathway for referrals and follow up. This is only summary information; details and procedures are described in Section 6, Responsibilities for Survivor/Victim Assistance (Response).

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.



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 (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