



STANDARD OPERATING PROCEDURES FOR THE PREVENTION OF AND RESPONSE TO SEXUAL AND GENDER-BASED VIOLENCE (SGBV)

IN:

Name of Organization:

Country:



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Introduction

[NAME of ORGANIZATION] intends to prevent, combat and respond to every form of sexual and gender-based violence (SGBV)¹. The present Standard Operating Procedures (SOPs) are part of a larger SGBV prevention Frame of Reference. This Frame of Reference on SGBV prevention aims to enhance the general health and well-being of residents and staff in reception centres for asylum seekers and/or unaccompanied children. This is done by setting up different preventive actions that stem from a human rights-based approach, a gender-sensitive perspective, a positive view on relationships, sexuality and equality, and an intercultural dialogue.

The Frame of Reference consists of a Training Manual, a Sensitization Kit, a Code of Conduct and SGBV Prevention and Response Standard Operating Procedures. These Standard Operating Procedures address the procedures that must be developed to set out the responsibilities for preventing SGBV, for assisting victims and for referring perpetrators. They concern everybody living or working in the reception centre, including residents, staff, management, volunteers, subcontractors and visitors.

Developing standard operating procedures (SOPs) is a process that involves discussions and negotiations with a multisectoral working group in each centre. SOPs should be tailored to the situation of the residents and staff in the centre.

Each centre will have different actors, services, and considerations. All key actors must be involved in the process of developing SOPs. All actors with roles and responsibilities for preventing and responding to SGBV – including local actors in particular – must understand the Frame of Reference when developing the SOP document. This understanding and agreement includes being familiar with the Code of Conduct, the Sensitization Kit and the Training Manual. These SOPs have been developed to facilitate joint action by all actors to prevent and respond to SGBV. The prevention of and response to SGBV require the establishment of a multisectoral working group to enable a collaborative, multi-functional, inter-agency and community-based approach.

1. Adapted from the guide for *Establishing GBV Standard Operating Procedures (SOPs)* which 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.

1. Responsibilities for Prevention

Essential Issues to Consider

Prevention and response are inter-related activities. Many elements of responding to incidents of SGBV are also preventive measures. Likewise, well-considered prevention activities are linked to response measures. Everybody – residents as well as staff – has a role to play in preventing SGBV!

Effective prevention strategies should be developed by identifying factors that may contribute to SGBV in the asylum centre. Prevention activities are aimed at potential perpetrators as well as at potential victims and those who may assist them. Activities must, therefore, target the residents at the centre, staff working at the centre, persons from outside providing services to the centre, and authorities.

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

- * promoting gender equality at all levels of the organization;
- * empowerment of women and girls, boys and men,
- * emphasizing their important role in changing attitudes and behaviour;
- * influencing changes in socio-cultural norms through awareness-raising and behaviour change strategies;
- * designing safe, effective, and accessible services and facilities;
- * working legal systems to ensure that their practices conform to international human rights standards;
- * monitoring SGBV reported incident data to identify problem areas.

The UNHCR SGBV Guidelines (2003) also contain details about the types of interventions that should be undertaken: <http://www.unhcr.org/refworld/docid/3edcd0661.html>.



1.1. All parties to these SOPs

All actors have a responsibility to take action to prevent SGBV. All parties to these SOPs will:

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- ▶ provide information on risks, types, consequences and possibilities of prevention and care regarding SGBV as well as information on sexual and reproductive health, social networks and relationships by disseminating the Senperforto Sensitization Kit;
- ▶ provide training (or send staff to participate in training provided by other organizations) about SGBV, to ensure that all staff and management:
 - ▶ have at least a basic understanding of SGBV, its different types, the risks involved and actions and behaviours that can protect individuals and groups of people from SGBV;
 - ▶ understand sexual and reproductive rights;
 - ▶ are able to engage in effective prevention activities that are relevant to their jobs/roles in the asylum and reception sector; and
 - ▶ know the contents of these SOPs, including how and where to refer both victims and perpetrators for support and assistance – and how to inform appropriate actors about SGBV risks and incidents they may hear about or may suspect during the course of their work;
- ▶ provide training to residents about SGBV, to ensure that all residents:
 - ▶ have at least a basic understanding of SGBV, its different types, the risks involved and actions and behaviours that can help protect individuals and groups of people from SGBV;
 - ▶ understand sexual and reproductive rights;
 - ▶ are able to engage in effective prevention activities and behaviour that are relevant to their position in the centre; and
 - ▶ know where/to whom to turn in case of rights violation;
- ▶ use the Training Manual developed for the prevention of SGBV in the European reception and asylum sector and ensure that the content of the training addresses the following subjects:
 - ▶ sexual and reproductive health and rights;
 - ▶ communication about sexuality and reproductive body parts;
 - ▶ gender issues in different cultures; and
 - ▶ SGBV;
- ▶ adopt a Code of Conduct for the organization, to which each staff member and resident should commit and sign, that focuses on preventing SGBV perpetrated by staff,



residents or third persons such as subcontractors, visitors and volunteers and responding appropriately should such incidents arise. This requires understanding the information about codes of conduct and SGBV. Actions include:

- ▶ establishing a Code of Conduct for all staff and residents in compliance with the generally agreed standards (see also the Code of Conduct within the Frame of Reference on SGBV prevention);
 - ▶ establishing procedures for receiving reports and linking with the reporting and investigation system in the setting;
 - ▶ providing training to all staff and residents about the Code of Conduct 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 report of SGBV that is received;
 - ▶ holding staff accountable for behaviour related to the Code of Conduct, including required reporting of suspected and actual incidents of SGBV;
- ◉ actively seek equal participation of residents in the design and delivery of services and facilities in the setting by:
 - ▶ meeting regularly with residents to learn about accessibility, safety and security related to services and facilities;
 - ◉ the SGBV Prevention and Response Teams will work together to develop and implement SGBV awareness-raising activities within the reception centre; and
 - ◉ ensuring that all stakeholders are aware of and carry out their roles and responsibilities as described in these SOPs, by:
 - ▶ identifying any gaps and communicating them to the SGBV Prevention Team; and
 - ▶ maintaining awareness of which organizations are in the SGBV coordination role and providing information about what is working and not working to those coordinating bodies.



1.2. SGBV Prevention groups

In large-scale reception centres, a community group of asylum seekers can be engaged in preventing SGBV in a variety of ways, including:

- * through formal and informal networks, which maintain awareness of SGBV risks and incidents that may not be reported through the mechanisms in these SOPs (and, therefore, are not included in compiled data about reported SGBV incidents);
- * by sharing this information with the SGBV Prevention and Response Teams and actively participating in efforts to strengthen prevention strategies; and
- * in coordination with the SGBV Prevention Team, conducting activities to raise awareness about SGBV risks and what can be done to protect people from SGBV, to influence changes in behaviour and socio-cultural norms, to enable signals and types of violence to be recognized, and to promote respect for human rights for everybody and positive attitudes towards healthy sexual relationships.

In many settings, women's, men's or youth groups emerge as important forces in community-based prevention and response to SGBV, 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.

In smaller reception centres, an SGBV Prevention Community Group could be established with residents who participate actively in the training programme or take up a role in the implementation of the Code of Conduct and SOPs in coordination with the SGBV Prevention Team.

1.3. SGBV Prevention team

- ▶ consists of representatives of management, staff in daily contact with residents as well as residents;
- ▶ sets up preventive actions that are in line with the SGBV prevention Frame of Reference, and the implementation of the Code of Conduct;
- ▶ is in close contact with SGBV prevention groups in the community of residents so that it is up to date regarding daily life and activities in the centre; and
- ▶ recognizes that a positive approach towards sexual and reproductive health is a key aspect of SGBV prevention.



1.4. Health/medical services

- ▶ involve existing health services dealing with SGBV and sexual and reproductive health matters;
- ▶ make sure these are gender-sensitive as well as accessible to all residents; and
- ▶ integrate SGBV awareness-raising and behaviour change activities into community health activities.

1.5. Social services/psychosocial services

- ▶ develop information campaigns, awareness-raising and behaviour change activities in collaboration with community groups and the SGBV Prevention Team, and services available within or outside the reception centre, in order to:
 - ▶ prevent SGBV;
 - ▶ influence changes in socio-cultural norms and behaviour;
 - ▶ promote respect for human rights, women's rights and children's rights;
 - ▶ enhance accessibility to medical, social and psychosocial services;
 - ▶ encourage victims to seek assistance; and
 - ▶ promote community acceptance and social re-integration of SGBV victims.

1.6. Security

- ▶ maintains an adequate security presence in the reception centre;
- ▶ performs a risk assessment of the physical safety in the centre in terms of SGBV-related issues;
- ▶ through formal and informal networks, maintains awareness of protection and security issues related to SGBV;
- ▶ provides information to the SGBV Prevention and Response Teams about protection and security issues; and
- ▶ develops and strengthens specific prevention strategies to address evolving security issues.



2. Responsibilities for Response

2.1 Pathway for seeking help and referral

Use the following template to fill in details of the referral pathway for your reception centre. These referral pathways must be specific to one site (centre, 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.

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TELLING SOMEONE AND SEEKING HELP (REPORTING)				
COMMUNITY RESPONSE		ORGANIZATIONAL RESPONSE		
Victim or perpetrator self-reports an incident to a peer (e.g. family, friend); that person assists victim in reporting to the SGBV front desk		Victim or perpetrator self-reports an incident to SGBV front desk	Staff member reports an (alleged) incident to SGBV front desk	
IMMEDIATE RESPONSE (within 24 hours)				
The SGBV front desk must: <ul style="list-style-type: none"> * be staffed 24 hours/24; * provide a safe, caring environment; * ascertain the individual's immediate needs; * give honest and clear information about confidentiality; * give clear information about her/his duty to report other instances if this is the case; and * in agreement with the victim, appoint the case manager who will assist and support the victim or perpetrator in further assistance and refer the victim or perpetrator to the case manager (to be seen within 24 hours). 				
Medical/health care entry point		Psychosocial support entry point		
[Enter name of the health care service(s) in this role]		[Enter name of the psychosocial provider(s) in this role]		
IF POLICE/LLEGAL INTERVENTION IS REQUIRED – OR – IF THERE ARE IMMEDIATE SAFETY AND SECURITY RISKS TO OTHERS				
Refer and accompany victim to police/security – or – to legal assistance/protection officers for information and assistance with referral to police				
Police/Security		Legal Assistance Counsellors or Protection Officers		
[Enter specific information about the security actor(s) to contact, including where to go and/or how to contact them]		[Enter names of organizations]		
AFTER IMMEDIATE RESPONSE, FOLLOW-UP AND OTHER SERVICES				
over time and based on victim's or perpetrator's choices can include any of the following:				
Health care	Psychosocial services	Protection, security, and justice actors	Basic needs, such as safe shelter, food, children's services or other	Community support

2.2 SGBV front desk

- ▶ is the 'point of entry' where incidents are reported, accessible 24 hours a day;
- ▶ consists of a pool of SGBV case managers or other persons trained in crisis and conflict management who are in direct contact with case managers;
- ▶ reacts immediately and accurately according to the need;
- ▶ is aware of the existing procedures and legislation dealing with incidents of SGBV;
- ▶ contacts the SGBV Case Manager immediately, or within 24 hours at the latest, for further management of the incident;
- ▶ Provides the victim or perpetrator with the information about the local legislation regarding SGBV
- ▶ assists the victim or perpetrator in the first contact with the case manager if wished for;
- ▶ reports to the SGBV Response Team; and
- ▶ can be reception centre-specific or acting for a number of different reception centres.

2.3 SGBV Case Manager

The Case Manager is the first full contact point for a victim or perpetrator. She/he is familiar with legislation on SGBV, internal and external procedures, and is trained in crisis management.

The Case Manager:

- ▶ ensures the safety of the (presumed) victim;
- ▶ outlines, follows and coordinates all necessary steps after an incident occurs;
- ▶ ensures that the (presumed) victim, (presumed) perpetrator and (if applicable) witnesses are supported and/or referred to the bodies taking their case further on psycho-social, medical and legal levels;
- ▶ collects subjective (qualitative) and objective information on the report, and assures that clinical information is gathered by the medical response person;
- ▶ keeps a file during the whole process;
- ▶ analyses the steps taken, and outlines those to come;
- ▶ initiates, chairs and reports on (crisis) meetings;
- ▶ evaluates the whole process; and
- ▶ collaborates with and makes recommendations to the SGBV Response Team.

2.4 SGBV Response Team

An SGBV Response Team consists ideally of an external SGBV expert, a case manager and at least three internal representatives – representing management, staff and residents, respectively.

The SGBV Response Team:

- ▶ is trained to use the SGBV Sensitization Kit including the definitions used about different types of violence;
- ▶ coordinates the response to and support for any reports of an SGBV incident;
- ▶ is responsible for case management and follow-up being conducted appropriately;
- ▶ ensures that the victim or perpetrator is provided with information about applicable procedures and national legislations;
- ▶ ensures that the victim or perpetrator is appropriately referred to the available legal, health and psychosocial services within and outside the centre, and collaborates with those services to enhance collaboration;
- ▶ ensures the accurate registration of every complaint;
- ▶ ensures communication with the SGBV Prevention Team; and
- ▶ prepares an annual report.

2.5 Health/medical response

Medical providers ensure confidential, accessible, compassionate, and appropriate medical care for victims of SGBV.

For sexual violence, health care includes, ideally:

- ▶ anamneses and clinical examination which are objectively documented;
- ▶ collection of necessary forensic evidence;
- ▶ treatment of injuries;
- ▶ prevention of disease, including sexually transmitted infections/HIV;
- ▶ prevention of unwanted pregnancy;
- ▶ psychological/emotional support;
- ▶ medical documentation;
- ▶ referral to safe houses or shelters if necessary;
- ▶ referral to other services; and
- ▶ follow-up care.





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

Include information about health care available in or outside the centre for other types of SGBV (e.g. domestic violence/intimate partner abuse, female genital mutilation (FGM) etc.).

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

2.6 Psychosocial response

Psychosocial services for victims of SGBV include the following inter-related types of activities:

- ▶ emotional support to assist with psychological and mental recovery and healing from trauma; and
- ▶ support and assistance with social re-integration.

Emotional support

All actors who may interview or otherwise have direct contact with victims or perpetrators will be familiar with the guiding principles set out in the Code of Conduct and will be able to put them into practice. They must also be aware of their responsibility to listen carefully and provide information.

List all organizations providing mental support and counselling for SGBV victims, with brief description of services available. Include information about community-based counselling and support, such as that provided by women's or youth organizations and religious leaders. If there are training programmes for these community-based providers, include information about these as well.



Rehabilitation/social re-integration

Describe rehabilitation programmes (also known as social re-integration programmes) for victims of SGBV and/or those at high risk, such as women’s centres, skills training programmes and peer support groups. Include a list of the organizations providing these programmes.

As a summary of all of these types of psychosocial services, list psychosocial providers – including women’s, men’s or youth groups – in a matrix here, indicating which types of services each can provide for SGBV victims or perpetrators:



Name of Organisation or Group	Type of Service Provided (list for each)
List names in this column	Some examples are: <ul style="list-style-type: none"> ▶ SGBV emotional support/counselling ▶ SGBV case management ▶ Women’s or girls’ peer support group ▶ Women’s centre ▶ Men’s support group ▶ Youth group ▶ Skills training programme

2.7 Security and safety response

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.

Safe shelter

Include any information about safe shelters and safe houses, contact details etc.

Training and capacity-building with security actors

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

2.8 Legal/justice response

Legal options

Legal actors [specify, for example, legal assistance counsellors, protection officers, etc.] will clearly and honestly inform the victim of the procedures, limitations, pros and cons, and possible outcomes of all available legal options. This includes:

- ▶ providing information about existing security measures that can prevent further harm by the alleged perpetrator;
- ▶ providing information about procedures, timelines, victim protection measures, and any inadequacies or problems in national justice solutions (e.g., justice mechanisms that do not meet international legal standards); and

- advising about the support available if formal legal proceedings 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 organizations that provide legal advice and counselling for victims and perpetrators, and specify roles and responsibilities.

Police procedures for reports of SGBV-related crimes

Depending on the type of SGBV and the legislation and procedures in force, referrals to national justice systems by the police will be either an option to the victim or a duty of the service provider to whom the case was reported.

The option or obligation to involve the police or not should be discussed with the victim first as well as with the whole SGBV Response Team. Staff at the centre should be instructed as to when this is possible and when it is mandatory.

If a referral is to be made and if the victim wishes, a legal counsellor or other support person will accompany her/him to the relevant authorities. These authorities should inform the victim about further steps to be taken: filing an official complaint, procedures, available options etc.

Describe the procedure for such referrals; for example, make a complaint to the police at the local police station 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 victim chooses to report her/his case to the police, the procedures are:

1. Victim 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 victim and her/his escort to the private interview room.
3. A police officer/detective will take the victim's statement and obtain information relevant to investigation of the alleged crime(s).
4. Interviews with victims of crimes related to SGBV, and any witnesses, should only be conducted by police officers who have received training in interviewing victims of these crimes. If female police officers are available and the victim prefers this, they should conduct the interviews.
5. When the statement is complete, the police issue the specific medical form to the victim to be completed.
6. The victim takes the medical form to the health post for completion; as soon as possible after it is completed, the form is returned to the police.
7. The police conduct an investigation immediately, even if the completed medical form has not yet been returned.
8. When warranted, police arrest alleged assailant, and justice department takes over.

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Special considerations for child victims in the legal justice system

The front desk will see to it that child-friendly procedures and methods are used. 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, or by video rather than open court, in the presence of social workers.

Special procedures for child perpetrators in the legal justice system

List here any actions to be taken with regard to child perpetrators, and specify which organizations will take those actions. You may find it useful to draw inspiration from the 2005 UN Guidelines on Justice in Matters involving Child Victims and Witnesses of Crime prepared by UNICEF and UNODC, which also exist in a child-friendly version and are very accessible.

List which staff are involved.



Illusztrációk: Stanse Alexandru, Vizi Balázs, Gyöngyösi Adrienn

3. Documentation, Data, and Monitoring

Essential Issues to Consider

The SGBV coordinator is responsible for ensuring that there is regular compilation and reporting of SGBV incident data that have been reported.

The SGBV coordinator ideally should be a member of both the SGBV prevention and SGBV response teams. In keeping with the need for confidentiality, ***no information which might potentially identify the victim, her/his family, and the perpetrator may be included in any data report.*** The *WHO ethical and safety recommendations for researching, documenting and monitoring sexual violence in emergencies* is an excellent resource to help develop this section of the SOP (WHO 2007,

http://www.who.int/gender/documents/OMS_Ethics&Safety10Aug07.pdf)

3.1 Documentation of reported incidents

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

Incident report forms contain extremely confidential and sensitive information and may only be shared with others under circumstances to be decided with the SGBV Prevention and Response Teams.

Original completed Incident Report Forms and Consent Forms must be maintained in locked files.

3.2 Data management, reported incidents

As described above, each reported SGBV incident must be documented in a consistent and timely manner. In accordance with the agreed consent procedures in these SOPs, only non-identifying data about these incident reports will be submitted to the coordinating agencies [or other organization; specify], which are responsible for compiling a monthly [or specify other interval] report that contains only non-identifying data about reported incidents, action taken, and outcomes across sectors.

The incident data report is published monthly (large-scale reception centres) or yearly (smaller reception centres). It **contains no identifying information about specific reported incidents** and will be shared with the SGBV Prevention and Response Teams. These teams will compare the reports over time and discuss and analyse summary information about SGBV 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 only contains information about self-reported incidents and these represent only a small proportion of actual SGBV incidents that may be occurring in the centre.

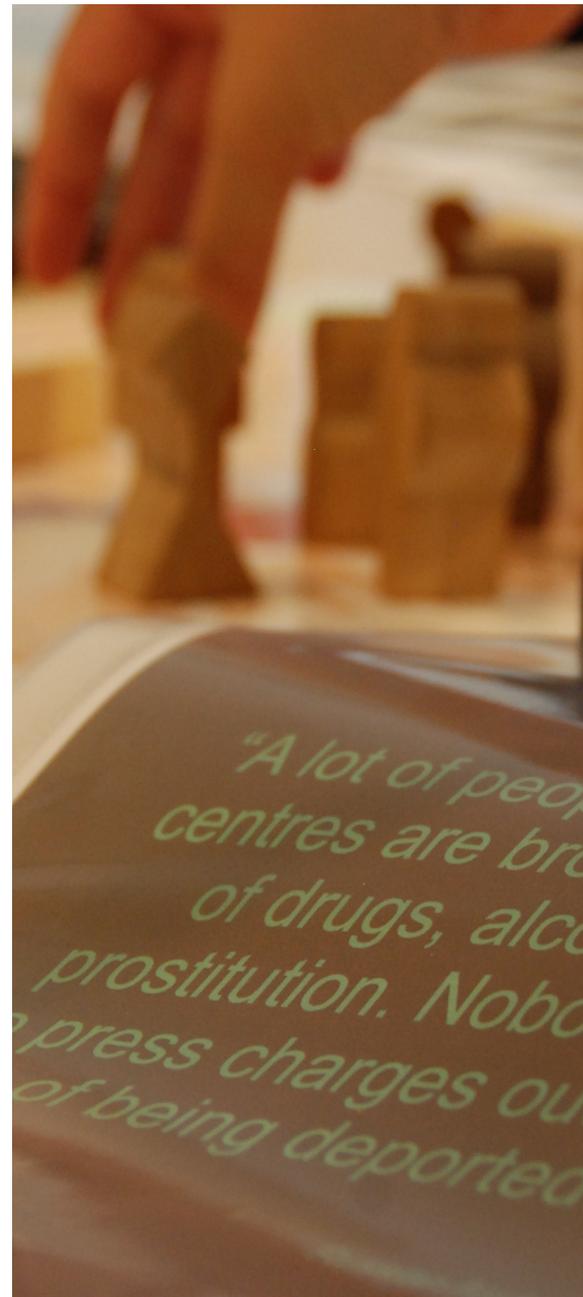
The data elements to be included in this report are:

[Modify this list for your setting]

- ▶ number of incidents per 100 population in total and by type of incident (case definition); and
- ▶ number or percentage of incidents (by type of incident) by:
 - ▶ time of day (morning, afternoon, evening, night);
 - ▶ general location (bearing in mind that if locations are too specific, this may identify a victim);
 - ▶ victim's age, marital status, ethnicity, country of origin, other demographic information;
 - ▶ (alleged) perpetrator's relationship to victim;
 - ▶ number of alleged perpetrators;
 - ▶ (alleged) perpetrator's age, other demographic information;
 - ▶ services received, referrals made, actions pending; and
 - ▶ outcomes

3.3. Qualitative data about SGBV risks and unreported incidents

Each sector will gather and analyse qualitative information about SGBV incidents that are not reported, including results of focus group discussions, rumours of SGBV 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 SGBV working group meeting and provided to the SGBV coordinating bodies.



3.4. Complaints

To handle complaints, the following procedures should be put in place:

- ▶ A committee should be established to handle complaints, composed of a representative of the management, a member of staff, the external expert and a representative of the residents.
- ▶ An SOP for the treatment of complaints that answers to all necessary ethical and quality standards should be established and communicated to all members of staff, residents and third persons.
- ▶ The committee ensures the accurate registration of every complaint.

Basic principles that need to be respected are as follows:

- The procedure must be accessible. Make sure there are no unnecessary formal prescriptions and that there are no financial costs for filing a complaint.
- The committee must be independent. The presence of an external expert with expertise in the domain of SGBV is necessary.
- It should be clear how and on what grounds a decision is made (i.e. the reasoning for the decision). This requires high standards of transparency in the process, respect for the principle of a fair hearing, and so on.
- A known phenomenon is called victimization. A victim who files a complaint may run the risk of suffering adverse effects. The alleged perpetrator, on the other hand, must be presumed innocent until the contrary is proven. Therefore, it is important to respond immediately to complaints and to monitor the situation of the victim.



4. LOGFILE CODE OF CONDUCT (Name of organization)

- ⇒ Date of introduction to organization:
 - ⇒ Binding since (date):
 - ⇒ Signature of director + date:
 - ⇒ Signature of president of the board/organizing authority + date:
 - ⇒ Signature of the SGBV Prevention Team + date:
 - ⇒ Evaluation carried out on (date):
 - ⇒ Evaluation carried out on (date):
 - ⇒ Evaluation carried out on (date):
 - ⇒ Update carried out on (date):
 - ⇒ Signature of director + date:
 - ⇒ Signature of president of the board/organizing authority + date:
 - ⇒ Signature of the SGBV Prevention Team + date:
-

5. Annex . Forms and Documents Used in this Setting²

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

- Incident Report Form
- Handout: Procedure on how to respond to SGBV for staff
- Complaint Form
- Complaint form (example)
- Handout: Procedure on how to respond to SGBV for residents
- Handout: Procedure on how to respond to SGBV for volunteers

2. See also GBV Standard Operating Procedures Guide (SOP Guide), IASC Sub-Working Group on Gender and Humanitarian Action, 2008 17

INCIDENT REPORT FORM

If information needs to be shared with any other parties, the last page needs to be filled out after the consent of the victim is obtained.

Incident type		Date and time of interview by		
Incident number		Previous incident number for this client (if any)		
Victim information (One Incident Report From per victim)				
Name	Age	Sex	Year of birth	Marital status
Ethnic background/Country of origin		Address		
			ID card no.	
Head of family (name, relationship to victim)				
Name of caregiver/legal if victim is a nonaccompanied child			Relationship	
The incident				
Location		Date	Time of day	
Description of incident (summary of circumstances, what occurred, what happened afterwards)				

Perpetrator information			
Name(s)	Age	Sex	Ethnic background/ Country of origin
Address	Marital status		Occupation
Relationship to victim	If perpetrator is unknown, describe him/her, including any identifying marks		
Current location of perpetrator, if known		Is perpetrator a continuing threat?	
		Yes <input type="checkbox"/> No <input type="checkbox"/>	
If perpetrator is a child: name of caregiver			Relation
Witness (es)			
Describe presence of any witnesses (including children)			
Names and addresses			

Actions taken - as of the date this form is completed		
SGBV Response team	Date	Action taken
Police (name)	Date	Action taken
Health care (name)	Date	Action taken
Psychosocial care (name)	Date	Action taken
Legal/justice (name)	Date	Action taken
.....	Date	Action taken

More action needed and planned action – as of the date this form is completed	
Safety plan (physical security)	
Counselling (psychosocial)	
Is victim going to report the incident to the police?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Form completed by (name)	Signature

HANDOUT: PROCEDURE ON HOW TO RESPOND TO SGBV FOR STAFF

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Staff

In case of suspicion

Make a report, as precise and as factual as possible, answering the following questions:

- * When did you start to suspect SGBV? Why, what happened?
 - * What signals did you pick up? When do the signals occur?
 - * Was there a change in behaviour (suddenly or gradually)?
1. Report this to SGBV front desk or Case Manager (this needs to be explicit!)
 2. Do not act alone! If you question the presumed victim, this can negatively affect a (possible) trial.
 3. Do not contact the suspected perpetrator. Remember she/he is only a suspect. Report your suspicions to the SGBV front desk.
 4. Remember to be discreet. Only talk about your suspicions with the Case Manager or SGBV front desk. The suspect might be labelled as guilty, but in some cases the victim might also be put in danger (honour killing, repudiation).
 5. Make sure the victim is safe, and think about other possible victims.
 6. Assess whether it may be necessary to remove the suspect (temporarily).

When the victim discloses

1. Listen to her/his story, but do not question the (presumed) victim. This can negatively influence a trial. Do not ask too many questions. Try to comfort the victim. Avoid physical contact.
2. Refer the victim as soon as possible to the appropriate medical, psychosocial and legal bodies and police (within 24 hours after reporting).
3. Do not promise secrecy. In some cases there is a mandatory reporting law.
4. Write down together what you are going to tell the SGBV front desk. Be as factual as possible; also write down questions you asked.
5. Contact the SGBV front desk.
6. Refer the victim to the SGBV front desk.
7. Let the victim know you will be available for support.
8. Write down a report, as factual and precise as possible.

Caught in the act (severe cases)

1. Make sure the violence stops (if necessary call the police). Make sure the victim is safe and do not leave her/him alone.
2. Leave the scene as it is, so as to ensure that any evidence is not tampered with. Call the police for instructions. Do not move anything.

REPORT TO RESPONSE TEAM OR CASE MANAGER



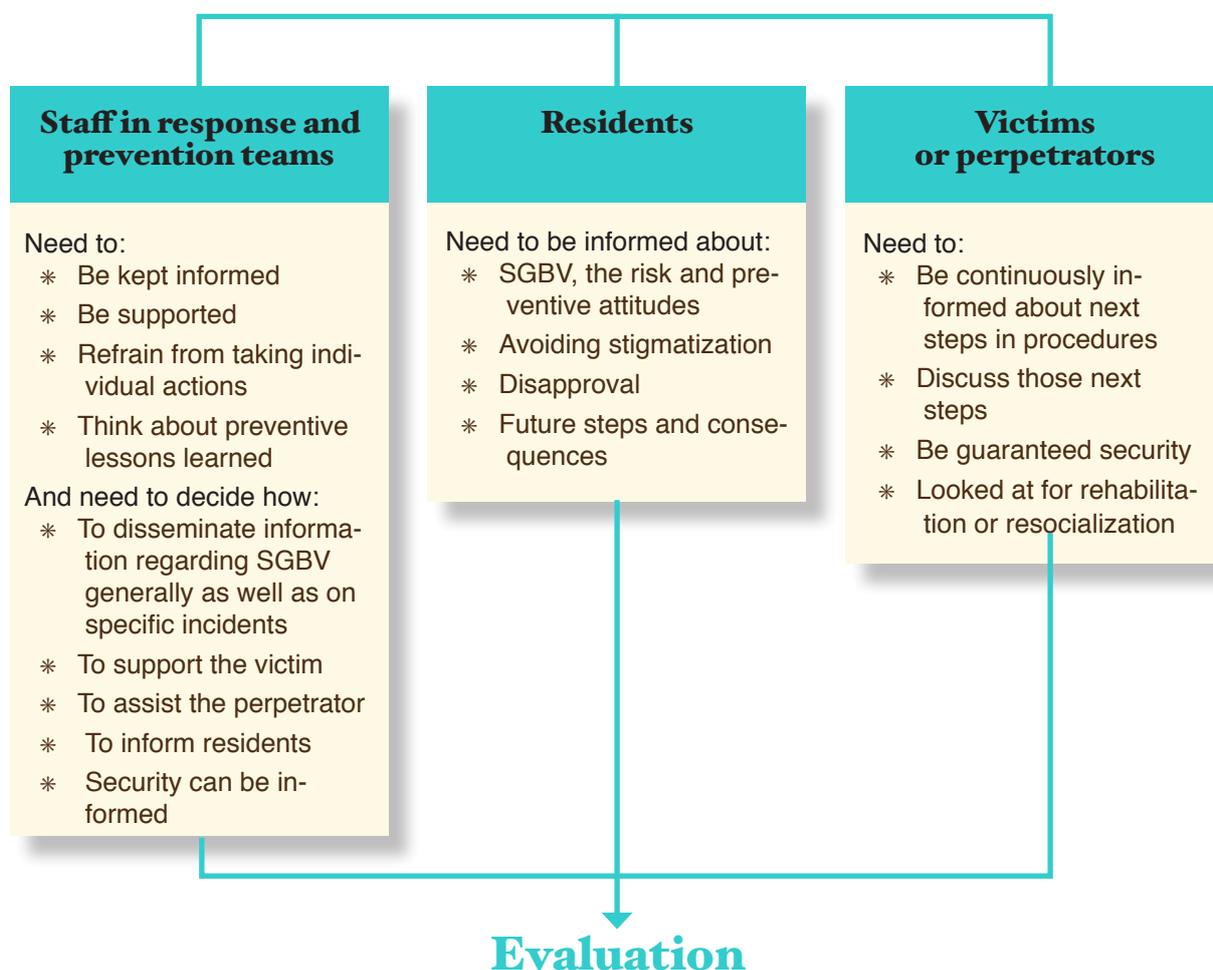
Response team and case manager

Tasks:

1. Decide which actions will be taken regarding the victim and regarding the perpetrator
2. Decide who will talk to whom
3. Decide how and when to inform and support staff and residents
4. If needed, decide how to obtain other related information from staff and residents regarding other incidents, signals, experience and responsiveness to such signals and incidents
5. Decide if and when third parties and those responsible will be informed and by whom.

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Feedback



Prevention & Response Team

Are responsible for evaluating the whole process and management of the incident, including:

- * Evaluating the current situation
- * Determining lessons learned
- * Assessing what further prevention measures may be needed
- * Assessing whether the Standard Operation Procedures need to be adapted
- * Determining what is needed in the long term.

COMPLAINT FORM

To be filled out by anyone who wishes to report an incident, in particular, any form of sexual and gender-based violence (SGBV).

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Nature/type of incident (including information on the perpetrator, if known)				
Name of victim	Sex	Age	Year of birth	Marital Status
Name of caregiver/legal guardian (in case of a child)		Relation		Room/House no.
Place of incident	Date of incident		Time of incident	
Name(s) of witness(es), if any				
Name of persons reporting incident (you)			Room/House no.	
Are you also a witness?				
Yes <input type="checkbox"/> No <input type="checkbox"/>				
If the reporting was delayed until more than 48 hours after the incident occurred, why was the reporting delayed?				
Signature		Date	Time	

