THIS TOOL-PACK BRINGS TOGETHER SEXUAL AND GENDER-BASED VIOLENCE PROTOCOLS, MATRICES AND TOOL-KITS FOR IDENTIFIED RESPONSE INSTITUTIONS IN NIGERIA.

SEXUAL & GENDER-BASED VIOLENCE RESPONSE TOOL-PACK

SGBV PROTOCOLS, MATRICES & TOOL-KIT

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Definitions and Terms

- **Gender:** This refers to the social and biological differences between men and women

- **Gender – Based Violence (GBV):** is violence directed against a person based on the gender differences between males and females. The nature and extent of GBV varies across cultures, countries and regions. It includes acts that inflict physical, mental or sexual harm. **GBV** can be physical, sexual, and/or psychological violence occurring in the family, including battering, sexual exploitation, sexual abuse of children in the household, marital rape, female genital mutilation, harmful widowhood practices and other traditional practices harmful to women. While women, men, boys and girls can be victims/survivors of gender-based violence, women and girls are the main victims/survivors.

- **Sexual and Gender Based Violence (SGBV):** physical, sexual and/or psychological violence which may include; rape, sexual abuse, sexual harassment and sexual intimidation in the work place and in institutions of learning, trafficking in women and children, sexual slavery and forced prostitution.

- **Sexual Violence:** sexual violence is a core type of SGBV that encompasses a spectrum of sexual violence including rape, indecent assault, sexual harassment, statutory rape, etc.

- **Rape** is non - consensual penetration of a person's vagina, anus, mouth or other body part with an object or penis or other body part. Please note that legal definition differs from state to state. Kindly see appendix for definitions in different jurisdictions across Nigeria.

- **Sexual Assault** is a form of non-consensual contact that does not include penetration. Examples of sexual assault are: attempted rape, unwanted kissing, unwanted fondling, and unwanted touching of the genitalia, buttocks, and breasts.

- **Female Genital Mutilation (FGM)** is an act of cutting off a female's sexual organ, mostly for cultural or religious purposes. FGM recently became criminalized in Nigeria.

- **Indecent Assault** is an act committed against a person's body. It is not specific to a particular body part but it includes the touching of a body part that is considered private.

- **Minor:** According to the laws of Nigeria, a minor is a person under the age of 18. A minor cannot give consent to a sexual act. A parent or guardian cannot give consent to a sexual act on behalf of the minor. Please see appendix for provisions of the Child's Rights Act on sexual violence.

- **Child Sexual Abuse**: involves forcing, or enticing a child to take part in sexual activities, whether or not the child understands what is happening. The activities may involve physical contact, or non-contact activities, such as involving children in looking at, or in the production of, pornographic material or in watching sexual activities, or encouraging children to behave in sexually inappropriate ways.

- **Confidentiality:** is an ethical principle adhered to by medical, legal, and social service professions. Maintaining confidentiality requires that these response institutions protect clients' information and

cannot share information about a client's case without their express permission. All written information must be kept in inaccessible files and only non-identifying information should be publically accessible. Maintaining confidentiality about abuse means that they must commit to a responsible use of information and never discuss case details professionally or socially (with family or friends, or with colleagues) where knowledge of the facts is considered unnecessary. There are limits to confidentiality while working with children. The welfare of a child shall be of paramount consideration in every action and for example, if a child is being abused by a guardian ad litem, the helping professional cannot invoke confidentiality.

- **Consent:** the permission of an individual who has the legal capacity to give consent. To give consent to sexual activity, the individual must have the capacity and maturity to know about and understand the activity and be legally able to give their consent. Parents/caregivers are typically responsible for giving consent for their child to receive services until the child reaches 18 years of age. Persons who are mentally incapacitated are considered incapable of legally being able to give consent even if they are above 18.

- **Mandatory reporting:** laws or policies which mandate certain agencies and/or persons in helping professions (teachers, social workers, health staff, etc.) to report actual or suspected child abuse (e.g., physical, sexual, neglect, emotional and psychological abuse, unlawful sexual intercourse)

- **Perpetrator:** person, group, or institution that directly inflicts or otherwise supports violence or other abuse inflicted on another against his/her will.

- **Psychosocial support:** support that aims to promote survivor's wellbeing and/or prevent mental disorder.

Victim: A person who is being harmed or injured as a result of sexually violent perpetrated by another. That is, one who is at the receiving end of sexual violence.

Survivor: the person harmed or injured as a result of the sexually violent act perpetrated by another but is now dealing with the aftermath of the event.

The difference between a victim and a survivor is that while a victim might still be experiencing the act, putting them in eminent danger, the survivor is no longer in eminent danger.

A '*survivor-centred approach'* means that:

- ✓ The victim/ survivor's wellbeing and safety are considered the highest priority;
- ✓ The victim/survivor's right to self-determination is respected at all times and that they are provided with all the information they need, and the right to make decisions about their case, including whether to report the case to the police or not. If there are mandatory reporting laws, these are explained clearly to the victim so they can make an informed choice as to whether to proceed or not;
- ✓ The victim is not stigmatized or discriminated against, regardless of religion, ethnicity, sexual orientation, gender identity, age, ethnic group, profession, or other factor;
- ✓ The victim/survivor's right to confidentiality is respected.

PROTOCOLS/OPERATING STANDARDS

Introduction

This inter agency sexual and gender based violence toolkit presents standard operating procedures. It is designed to provide guiding principles, procedures, roles and responsibilities in the prevention of, and response to sexual violence (SV), and gender based violence (GBV) and the protection of children. Focusing on best global practices, this toolkit was developed through an inter - agency consultative process with stakeholders at the National, State, Local government levels, government agencies, national, and international civil society actors working in Gender Based Violence, Sexual Violence and Child Protection, and other key sectors. (See signatory page)

The aim is to ensure survivor-friendly inter-agency protocols, which will mitigate impunity and ensure that survivors do not suffer further victimisation, humiliation or discomfort. It is instructive to observe that "referral" is a key concept in achieving effectiveness and to that extent; institutions must work out synergies to become better effective together. These protocols are therefore designed to aid them in achieving that purpose.

GUIDING PRINCIPLES

The multiagency stakeholders that have developed this toolkit comprising of state and non – state actors across Nigeria have done so, desirous of collaboration and support to each other in response to, and prevention of sexual and gender based violence in Nigeria and they have agreed to the following guiding principles to:

- Offer the fullest cooperation and support between organisations in the prevention and response to SGBV.
- Ensure accountability at all levels of the supply side of justice
- Establish a responsibility matrix across board
- Ensure that all staff and volunteers in the prevention and response to sexual violence are held accountable to a code of conduct
- Integrate and mainstream SGBV interventions.
- Establish coordinated multi-sectoral and inter–organisational interventions for sexual violence response and prevention.
- Ensure non – discrimination in the provision of services and interaction with survivors.
- Enhance access to treatment and access to medication to all clients regardless of sexual orientation and health status.
- To guarantee confidentiality, informed consent, and ensure that response interventions are carefully planned to respect privacy.
- Set up and abide by child protection procedures, including procedures for reporting and addressing suspected infringements.
- Avoid requiring the survivor to repeat the story in multiple interviews and putting the survivor through rigorous procedures.
- Ensure survivor-friendly interventions.

Case Management

The fundamental principles of sexual violence case management are:

- That the welfare and wellbeing of the victim/survivor should be priority at all times.
- That the victim/survivor is informed of all aspects of the service delivery and that every relevant information is provided, to enable them make informed choices. Where the victim/survivor is a minor or mentally disabled, the parent/guardian should be informed of all aspects of the service in a language they understand.
- The victim / survivor has a right to self – determination. Hence, the dignity, rights, needs and wishes of the victim/survivor should be respected and protected at all times and he/she should not be coerced into a particular course of action they find uncomfortable.
- Emotional support for the survivor/victim should be demonstrated at all times.
- Ensure confidentiality when interviewing the victim/survivor, this is critical in protecting him/her and it prevents the misuse of information. Even in situations where family members request feedback, confidentiality should always be maintained.
- Ethnicity, sex, background, sexual orientation or circumstances surrounding the incident are irrelevant in sexual violence response. Ensure non-discrimination by treating every victim/survivor in a dignified manner.
- Maintain non-judgmental attitude. The personal standards, beliefs, values of the responder should not be projected unto the victim / survivor or used as a yardstick to measure perceived rightness or wrongness of his/her action and inactions.
- Before sharing information, informed consent must be sought and obtained from the victim/survivor or the parent/guardian where the victim/survivor is a minor or mentally disabled.
- As much as possible, persons who are not specialised or trained in sexual violence response should not interview victim/survivors or respond directly.

Reporting and Referral

The victim/survivor reserves the right and freedom to report the incidence of violence to anyone. She/he may report to:

- A trusted family member or friend.
- Any person she/he thinks may be of assistance.
- Community, traditional or religious leaders
- School teachers, caregivers, parents, peers.
- Social support groups.
- Where the victim/survivor is in a refugee or IDP camp, medical officers, health workers or camp leaders.
- Hospital or clinic workers, doctors, nurses, or caseworkers.
- Civil Society Organisations, Community Based Organisations, Faith Based Organisations, Non – Governmental Organisations
- Social welfare offices
- The National Human Rights Commission and its zonal office,
- The National Agency against the Traffic in Persons(NAPTIP).

- Law enforcement officers.

Mandatory Reporting

Priority should be given to informed consent and confidentiality. In some states however, certain rules surrounding mandatory reporting, which provide that certain types of sexual violence must be reported by actors to the police. For instance, where there is an absolute breach of the penal code, VAPP Act, The Child Rights Act or Criminal Code and the breach is of a criminal nature. Medical personnel are required to report to relevant authorities mandated by the Federal Ministry of Health. Victims/survivors should be made aware of the mandatory reporting rules where they exist.

It is recommended that mandatory reporting - especially for minors, be adopted by government employees, personnel of educational and healthcare institutions where such requirements do not already exist.

The responder should however inform victims/survivors of the types of information that may trigger mandatory reporting and the possible consequences of reporting before beginning an interview. Services should still be provided according to the information that is shared and in accordance with the wishes of the victim/ survivor. If a child has suffered or is likely to suffer harm as a result of sexual abuse and the parents are not, or are unlikely to protect them from that type of harm, the police must be notified.

Referrals

In most cases, victims/survivors will need more support than their first responder can give. In such instances, a referral may be needed. A referral is an act of sending someone to a person or place where they can obtain assistance. In different cases, victims/survivors may need basic assistance in order to ensure their immediate wellbeing, safety and security. For example, a police station can refer a victim/survivor to a healthcare facility or a temporary shelter. Referrals may be provided for a range of services: Material assistance, medical, legal, psychosocial support, shelter, documentation, or any other assistance. Referral processes should NEVER stigmatize the victim/survivor by ostracizing them or labelling the services provided to them.

Data Protection

Every sexual violence responder is subject to data protection principles. Information received from the victim/survivor/parent/guardian/family/friend/school teacher/authourity figure/interested party, must be:

- Used fairly, carefully, and with consent
- Limited un use, specifically for the purpose it was stated
- Used in a way that is relevant to the case
- Not be used excessively
- Not be kept for longer than is absolutely necessary
- Handled according to individual's data protection rights
- Kept safe and secure
- Not be transferred outside the country without adequate protection.
    - There is a stronger duty of care and legal protection for more sensitive information such as:
        - Ethnic Background
        - Political Opinions

- Religious beliefs
- Health
- Sexual Health
- Sexual Orientation

RECOMMENDED BEST PRACTICE

Scope of service

The scope of services of the first, second and third line response institutions include victim/survivor support, medical care, evidence collection and documentation, criminal investigation and prosecution. Services could also include prevention, education as well as outreach, training and technical assistance, dissemination of information and evaluation of operational impact.

Recommendation

Having many actors and interface institutions in the sexual and gender based violence (SGBV) response process invariably leads to less than satisfactory and uncoordinated institutional response. Consequently, it is strongly recommended that response to SGBV should be a coordinated effort between institutions, using tools and working documents that provide guidance on how to provide services (protocols) that have been pre-agreed. These tools/protocols would potentially promote greater efficiency in providing victim/survivor centred care/response processes.

To develop a coordinating entity, collaborating institutions should take into cognizance the need to:

1. Establish a clear common goal: victim/survivor centred response to SGBV
2. Create/Assess pathways to implementing joint coordinated response
3. Establish institutional support/commitment
4. Establish a task team/task force
5. Map all partner agencies
6. Map sites for forensic and medical examination
7. Plan for network of care
8. Obtain baselines
9. Budget for coordination
10. Develop and execute an MOU between agencies
11. Establish standard operating systems

These task teams which are coalitions of agencies that serve sexual assault victim/survivors will ensure seamless response to incidences/reports of sexual assault. These teams should consist of institutions which are primarily saddled with the responsibility of responding to sexual assault. They typically should include the Nigeria Police Force, NAPTIP, Emergency services (NEMA/SEMA), education authorities, hospital services and advocates (e.g., Global Rights, Mirabel Centre etc.) as well as victim/survivors' advocates. They would among other things formalize inter-agency guidelines that prioritize victim/survivors' needs/care, hold offenders accountable, and promote public safety.

They could be informal, cooperative partnerships or more formal, coordinated, and multidisciplinary. They could operate at local government or state levels with religious and cultural sensitivity engrained in their operations. There must be a manifest commitment to victim/survivors' rights, enhanced service delivery to facilitate evidence collection and provide information to the general public on accessing the SGBV services available to further prevent, mitigate/minimize the occurrence of SGBV.

To deliver premium service, the institutional coalitions need to:

- In the first **instance conduct a baseline / map** existing services and service providers,
- Do a **survey of victim/survivors' experiences**, taking particular notice of whom victims/survivors are reaching to for support, and /or to seek redress, and indeed the type of response their communication has/is eliciting,
- **Conduct a needs assessment** per community to be serviced by the response work teams,
- **Develop/design survivor centred protocols** for communication and collaboration, with a view to improving / providing survivor centred response taking into cognizance the peculiarities of community/culture/religion.
- **Establish institutional Agreements** between component institutions. This would be the basis for the adoption of protocols by relevant institutions and the commitment of men, materials and other financial resources to ensure the proper training and deployment of personnel
- **Training** of all component institutional representatives to ensure understanding of all agreed protocols
- **Contingency planning** to cater to response in disaster situations that could have an impact on survivors.
- **Monitoring** response teams work to ensure that protocols are properly implemented and desired objective of a victim/survivor centric response is achieved. In addition, emerging issues should be reviewed from time to time to stay abreast of current needs and trends.
- **Evaluate** processes to ensure elimination of system / process problems which directly impact on the quality of support victim/survivors/survivors receive as well as the quality of skill and professionalism exercised by personnel in the criminal justice system.
- **Define work team protocols and guidelines**. This would help team members institutionalize interagency expectations in order to maintain high quality, consistent responses always. Each institution would have to customize its response into a multidisciplinary/institutional coordinated response. In developing these guidelines, the following may be considered:
    - Balance the need for structure against flexibility required to meet victim/survivor specific need,
    - Spell out work team members duties/responsibilities
    - Service quality control
    - Capacity building programmes
    - Dispute resolution processes for institutional members
    - Documentation and publication of work

Lesbian, Gay, Bisexual, or Transgender (LGBT) Victims/Survivors

LGBT victims are often reluctant to seek services largely due to the fear that their assault will not be taken seriously or considered a crime, and may result in their ridicule. As with most other survivors of sexual violence, they fear stigma of being found out to have been sexually violated due to the general stigma victims generally encounter added the negative disposition of most people to LGBT orientation. Another consideration is that the victim's family, friends or co-workers may not be aware of the victim's sexual orientation.

Recognizing that sexual assault is always a crime and knowing appropriate referrals for victims who are not heterosexual is essential for all first responders and service providers.

It is therefore an important best practice for response agencies to have a "non – discrimination" policy, which would state that discriminatory actions and/or unequal treatment based on a person's identifying characteristics or sexually orientations is prohibited.

Law Enforcement

The key responsibility of law enforcement is to ensure that perpetrators are brought to justice. In order to achieve this, they must make sure they are able to obtain evidence to pursue a prosecution. Their main witness will often be the survivor, and so it is in their best interest that their procedure for managing sexual violence is survivor friendly.

Best practice procedure will be to take the victim/survivor to a sexual assault referral centre within 2 hours of reporting a sexual assault. If the victim/survivor so wishes, allow a victim/survivor to rest and receive medical assistance/and or support before giving their statement. Also ensure that they receive timely information on the services available to them and what their rights are. The victim/survivor should not be asked to pay fees for these services on any account.

The law enforcement officer is expected to start an investigation when (s)he gets the survivor's personal information and information about the occurrence.

Examples of questions the officer should ask are:

- Questions seeking name and contact details of the survivor
- Questions seeking the identity and physical description of the violator.
- Requesting the survivor to write a statement about the occurrence. If the survivor is unable to write, the survivor should be asked to narrate the incident and the narration will be written out on the survivor's behalf. The written narration should be read to the survivor to ensure the accuracy of accounts.

The primary goal of a responding officer is to empower the victim/survivor by giving him/her increased awareness of the remedies or choices available to them in dealing with the trauma they have experienced. Responders should assist the victim/survivor in making informed decisions about what to do with the problem.

Note that in evidence gathering, a psychological evaluation of the victim/survivor should be conducted, especially where the victim/survivor is a child.

The role of law enforcement is to be an impartial investigator.

Law Enforcement Unit

When the victim/survivor gets to the police station, (s)he should be referred to the gender desk in the station. Gender Desk Officers have been specially trained to respond to persons who have suffered sexual and gender based violence.

The best practice procedure for receiving a report from a victim/survivor are:

- *Where the victim/survivor visits the police station/ Law*
- Confidentiality and informed consent should always be prioritized and adhered to
- Make every attempt to ensure the survivor/victim is comfortable and feels secure
- Avoid stigmatising the victim/survivor

- The personal contact details of the victim/survivor, including vital details such as their age should be recorded.
- Obtain necessary information about suspect(s), and witnesses. (Description, home, work, mobile phone numbers, full name, and addresses).
- Sexual violence cases where the victim/survivor is a female, must be responded to by a trained female officer. Where the victim/survivor is male, the responding officer must be a trained male officer.
- Allow the victim/survivor to narrate or write a report on the incidence in their own words.
  If crime has just occurred, furnish other field units (through police signal) with descriptions, method and direction of flight, and other relevant information concerning wanted person(s) and/or vehicle(s), etc.
- Where evidence/ statements are taken in another language, it must be stated clearly that evidence was collected in another language.
- Ask the victim/survivor for information on the location(s) of the incident
- Where a third party/witness is reporting, their name, address and phone number should be obtained.
- Explain to victim/survivor the limits of confidentiality so that victim/survivors are able to make informed choices. Note that confidentiality must be guided.
- Preserve evidence received from victim/ survivor or on their body - Advise them not to clean up/wash off to preserve all evidence (i.e. no showers or baths, no brushing teeth, no removing of any item of clothing until evidence is collected).
- Photographs of bruises and injuries should be taken where the victim/survivor presents with bruises, injuries, or visible signs of trauma.
- Document the identity of anyone whom the victim/survivor may have told about the assault, or who may have useful information about the occurrence
- Assess any special needs of the victim/survivor
- Contact a local Sexual Assault Referral Centre/ refer victim /survivor to a health facility
- Where victim/survivor is a child, such a child and their family should be treated with compassion and support suitable to their age and circumstances.
- Responder must be non-judgmental and curious, but not invasive i.e. seek to understand what happened with an intent to alleviate distress.

Where victim/survivor is in situ:

- Apply the steps stated above
- Determine if victim/survivor is in physical danger, make best efforts to discontinue the danger and relocate him/ her to a safe place
- Determine if assailant is still present on the scene; if present, apprehend the offender.
- Determine assailant / suspects location
- Secure crime scene and collect/preserve any evidence. Avoid loss, alteration or contamination of all evidence
- Record particulars of suspect including name, address etc. if known
- Refer survivor to hospital or Sexual Assault Referral Centre for evidence collection / treatment

Where responding to a survivor/ victim at a health facility:

- Apply the steps stated above

- Interview attending doctor on evidence collected and status of patient on arrival at the hospital
- Secure medical certificate/ evidence for report at the station

Interviewing the Victim

The attitude and body language of the interviewing officer is key to gaining the victim/survivor's trust and cooperation as they will be assessing the officer's demeanour and language for reactions. The officer should therefore be objective and non – judgmental.

- Explain the process for the interview
- When the victim/survivor describes sex acts or parts of the body, use the victim/survivor's own vocabulary to ask questions which you need him/her to clarify.
- Repeat same words back to the victim survivor, when seeking clarity of language. (e.g. He stuck his _....._____ in your __....._____, then what did he do?)
- Clarify terms
- Elicit specific details of the assault which may be helpful to the case.
    - Information about the crime scene
    - Information about the offender's identity or discipline
    - Objects used during the assault
    - Threats made by the offender.

In summary here are the services that should be offered by law enforcement officers.

- Provide referral assistance to injured victim/survivor including seeking medical help
- Provide interpreter for non-English speakers and hearing impaired persons
- Accommodate victim/survivor's needs during those steps in the investigation process that require victim/survivor participation. For example, interviews, court hearings etc.
- Take appropriate steps to make victim/survivor comfortable with interviews.
- Contact victim/survivors' family/ friends as preferred by the victim/survivor
- Collect and catalogue any evidence at the scene(s), victim/survivor injuries, and all other items of evidentiary value.
- Conduct interview in a place where the victim/survivor feels safe and is able to speak freely
- Allow adequate time for the interview
- Answer the victim/survivor's questions as fully and accurately as possible
- Allow survivor to give statement in their own words
- Inquire about any threats the suspect may have made toward victim/survivors
- Adopt a non-judgmental and "seeking to understand" perspective in speaking with the victim/survivor
- Explain the legal process associated with the prosecution of a sexual assault, and the prosecutor's discovery obligations, including the accumulation of relevant materials and the disclosure and admissibility of sensitive and potentially privileged information concerning the victim/survivor. (example medical records)
- Respect and support victim/survivor's efforts to maintain their safety and privacy.
- Convey victim/survivor to designated medical facility when referred to medical services for further action including evidence collection, evaluation, treatment and psychosocial support
- Prosecute the crime

Communication

- Investigator/Officer in Charge should keep victim/survivor informed about the status of the investigation throughout the entire investigation process.
- Give survivor room to ask questions/ seek clarification
- Answer all victim/survivors' questions as fully and accurately as possible
- Conduct all meetings (for questioning /receiving a statement) in a place where the victim/survivor feels safe and is able to speak freely
- Allot adequate time for the interview
- Notify victim/survivor of services available, example: are; victim/survivors support programs, temporary shelters for survivors, etc.
- Transmit particulars of interview to referral institution to avoid victim/survivor interview fatigue arising from repetitious questioning
- The prosecutor is obliged to explain the process of prosecuting sexual assault, the prosecutor's discovery obligations, including the accumulation of relevant materials and the disclosure and admissibility of sensitive and potentially privileged information concerning the victim/survivor including medical records
- Inquire about any threats the suspect has made toward victim/survivors, and respecting and supporting the victim/survivor's efforts to maintain their safety
- Review the victim/survivor's rights and explain to the victim/survivor their role throughout the prosecution process
- Notify victim/survivor when suspect is taken into custody
- Generate and share incident report with referral institution
- Ensure a feedback mechanism is inserted in the case management form, in order to receive a comprehensive report from other responders.

Referrals

Sexual violence cases need referral to services not provided directly by the police. Examples of such services are medical services and psychosocial services

- Arrange for victim/survivor to be taken to a medical facility
- Ask victim/survivor to sign a medical release form at the medical facility
- Where victim/survivor is a child/minor, do not force him or her to undergo a medical exam. Their consent and that of their parents/guardian must be sought and received before proceeding with any medical or other procedure.
- Document transfer of custody from medical facility to police and vice versa; in addition collect completed rape kit from hospital.
- Determine if incidence occurred with either assailant or victim/survivor under the influence of alcohol or other intoxicant/drug including date rape medication
- Write a detailed /comprehensive incident report and transmit same to referral institution
- Determine whether victim/survivor is willing to cooperate with the investigation and prosecution of the offense.

Emergency Services/Health Workers

Clinical care and management of sexual assault survivors should be available from the earliest presentation of an emergency. Health actors should be trained to be sensitive to the needs of survivors and their facilities should be well equipped to provide essential care for survivors and utilize the set protocol for the medical management of sexual violence. To that effect, support should be given to health actors by sensitising medical and non-medical personnel in health services on the different needs of survivors, and the promotion of considerate care. Coordination within the health sector and other sectors should also be encouraged to ensure survivors of sexual violence receive survivor-friendly service.

Health care providers should be trained to provide comprehensive care to all survivors, regardless of age, class, sexual orientation, ethnicity, religion and other features of identity. Health workers should be provided with sensitivity trainings. Psychosocial support trainings should also be integrated into health workers' training curriculum Incidences of rape, defilement and sodomy should be treated as emergency cases.

Training of culturally sensitive health workers who speak the local language should be given priority.

To ensure that proper health responses are given to victims/survivors of sexual violence, every stakeholder actor and health worker should be informed of the existing guidelines and protocol in sexual violence response.

Health care facilities should have the necessary equipment and supplies to enable them provide quality and basic health care services.

Below is a checklist to guide health workers:

CHECKLIST OF SUPPLIES.

1.	PROTOCOL	AVAILABLE
	Written Medical Protocol	
2.	PERSONNEL	AVAILABLE
	Trained Health Care Professional(Available 24hours)	
	A " same language" health worker or companion(should be same gender) in the room during examination	
3.	FURNITURE	AVAILABLE
	Room (private, quiet, accessible, with access to a toilet)	
	Examination Table	
	Light Source	
	Access to sterilized equipment	
	Sterilizing Machine	AVAILABLE
4.	SUPPLIES	
	"Rape Kit" for collection of forensic evidence. Including:	
	Speculum	
	Swabs, cotton wool, and gloves	
	Materials for blood samples	
	Tape Measure	
	Paper bags for evidence collection	
	Paper Tape for sealing and labelling	

	Documentation forms	
	Envelopes	
	Set of replacement clothes	
	Resuscitation equipment	
	Sterile medical instruments for repair of tears and suture materials	
	Needles, Syringes	
	Cover (gown, cloth, sheet) to cover survivor during examination	
	Sanitary Supplies	
5.	DRUGS	AVAILABLE
	For Treatment of STIs	
	Prophylaxis Drugs (HIV, Hepatitis, etc.)	
	Emergency Contraceptive pills	
	Analgesics for pain relief, Sedatives /Sleep Aids	
	Local Anaesthetic for suturing	
	Antibiotics for wound care	
6.	ADMINISTRATIVE SUPPLIES	AVAILABLE
	Medical Chart/ Pictogram	
	Consent Form	
	Information Pamphlets(for post-rape care)	
	Safe/ Locked filing space to keep confidential records	

Engaging the patient

- Introduce yourself and explain the basic procedures to be performed.
- Endeavour to calm the patient by explaining to them that they have control over the examination and they have a right to stop any aspect of the examination they are not comfortable with. It is also desirable that the patient has with them a trusted companion to support them through the process.
- Explain the side effects of medication given
- Explain the consequences of avoiding or not completing the recommended doses of prophylaxis, or medication given
- Avoid repeating questions that have been asked and answered by others involved in the case
- Explain that the test results are confidential. Informed written consent of the survivor, parent or guardian should be obtained before conducting tests.
- Note that in some cases, the offender might be the parent/guardian. In such cases, the written consent of a social welfare officer suffices.

Response

- Provide optimal, comprehensive/ holistic care for all patients.
- Prioritize patient wellbeing
- Assure patient/ of confidentiality through the examination process and beyond
- Provide patient - centred response
- Ensure patient fully understands legal/medical implications of consent to procedures at the medical facility

- All patients irrespective of their age, gender or sexual orientation must be treated with respect and compassion
- Provide a safe, comfortable space for treatment and care of patient
- Ask patient to confirm time/period of sexual assault.
- Determine nature of patient/ assault including psychological trauma/assault and possible causes.
- Obtain patient's consent to conduct tests for STI's, HIV, pregnancy, etc
- Where it is a case of rape or defilement, explain reporting options to parent/guardian of the child victim/survivor, save where there is a requirement for mandatory reporting, this might not be necessary where the perpetrator is the parent/guardian.
- Explain the need for prophylactic treatment to the patient's guardian/parents including possibility/need for the administration of post- coital contraception as well as retroviral and STI preventives
- Where patient is a child/minor, response must be specific to their physical, emotional and developmental needs

Service

- Provide a change of clothes if possible
- Conduct medical/forensic examination of patient. The patient/survivors consent must be sought and gotten in this regard. Where patient is a child/minor, the patient should not be compelled to undergo a medical exam. Such patient consent as well as that of their parents/guardians must be sought and received first.
- Medical forensic examination should be conducted in a private space, not prone to interruption
- Collect and preserve evidence immediately.
- Treat all injuries emanating from the assault
- Provide post-coital contraception if rape or other such sexual violation has occurred
- Provide/administer prophylaxis medication against HIV and hepatitis infection
- Provide preventives for other STI's
- Provide continuity of care to the patient/survivor from the inception to conclusion of the medical examination.

Communication

- Explain the reason for all medical procedures to the victim/survivor.
- Seek victim/survivors consent to collect evidence including swabs, blood samples,
- Inform victim/survivor when collecting samples, ask for and obtain victim/survivors consent
- Ask the victim/survivor if he or she would like to have evidence collected.
- Explain to patient/survivor the need for administering retroviral and post -coital medication
- Document /synthesize a comprehensive report on the presentation of patient/survivor, diagnosis, possible causes, treatment and recommended follow up if any
- Share/discuss findings/outcomes with the victim/survivor or victim/survivor and parents/guardian where child/minor is involved
- Share reports with law enforcement if reporting mandatorily or if patient/survivor was referred by law enforcement or other platform, or upon patient's request

Referral

- Mandatory reporting of all sexual and other forms of violence against infants, minors and mentally challenged persons to law enforcement and to relevant agency i.e. NAPTIP, police, is recommended as standard practice
- Refer patient/ to other medical facility for more specialised care, including psychosocial support
- Refer patient/ to victim/survivor support programs organised by CSOs/CBOs/FBOs/NGOs, and or government agencies.
- Refer patient for further medical care or follow up medical care based on medical findings or patient/survivor's request.
- Ensure that consent is given for each referral service
- Inter-agency referral form should be used when referring a victim/survivor to the relevant service provider.
- In urgent cases, referrals may be done by phone but should be followed by relevant documentation.
- Access by the victim/survivor/child to services should be monitored as part of the case follow up. (Find inter agency referral form in Annex).

Please find in the annex to this document, a form format for health workers in the sexual violence case management

Evaluations should be undertaken by each agency soliciting response from the victim/survivor/child to provide feedback on the services received

CBOs/NGOs/FBOs

Civil society organisations which provide outreach, advocacy and support to survivors of sexual violence have also chosen to abide by a recommended set of guidelines for sexual violence response.

These organisations typically listen to, affirm, support, accompany, counsel, offer information, and provide referrals to survivors of sexual violence. They also advocate against sexual violence and the various forms of oppression which it represents in order to end SGBV. The services they offer should be varied and flexible enough to adapt to peculiar situations of victims and survivors.

Crises happen around the clock. It is therefore highly desirable that these organisations have 24 – hour support hotlines or walk – in centres that persons seeking help can easily access.

In all types of interventions, they must adopt survivor – centred approaches which seek to empower victims/survivors of sexual violence.

RESPONSE

- Provide optimal, comprehensive/ holistic care for all patient/survivors
- provide a safe, comfortable space for care of survivor
- Ask patient/survivor to confirm time/ period of sexual assault.
- Determine nature of patient/survivors assault
- Explain what to expect in the processes of reporting and seeking medical intervention to the client
- Explain legal implications of reporting incident and report to law enforcement with survivors' consent
- Provide a forum for the survivor to seek help and relate their experience

- In instances of rape/defilement etc, explain to the victim/survivor or their guardian/parents the possibility/need for prophylactic treatment including the administration of post coital contraception as well as retroviral preventives.
- Refer/ accompany them to law enforcement and/or a healthcare facility.

Service

- Provide a change of clothes after healthcare provider may have administered a rape kit/ medical examination
- Encourage survivor not to eat/drink/use the toilet/clean genitalia or have a bath after the incident until a medical exam is conducted and all medical forensic evidence is collected.
- Obtain the survivor's consent to collect preserve/retain evidence such as the clothes worn during the incident, and to pass same on to law enforcement upon reporting.
- Provide psychosocial support
- Monitor the progress of investigation and possible prosecution of the incident by law enforcement
- Provide a safe house/accommodation for survivor until it is determined that the survivor is safe to return to their home
- Provide spiritual/financial/psychosocial/emotional support for the survivor until they have been stabilized and possibly reintegrated with family/society

Communication

- Explain all recommended procedures and their likely outcomes to the victim/survivor
- Explain reasons for all medical and legal procedures to the victim/survivor
- Seek victim/survivors consent to collect preserve and transmit all evidence to law enforcement / medical services
- Document /synthesize a comprehensive report on the presentation of survivor and recommended follow up. Share intake report with medical services and law enforcement. Where a child/minor is involved, share the report with child services// social service/NAPTIP/ NHRC

Referral

- It is recommended that you make a policy of reporting all sexual and other forms of violence against infants, minors and mentally challenged persons to law enforcement or to relevant agencies i.e. NAPTIP, National Human Rights Commission
- Refer patient/survivors to medical services for medical forensic examination and treatment
- Refer survivor to victim/survivor support programs including psychosocial support, rehabilitation, reintegration support etc.

PREVENTION MECHANISMS	**RESPONSE**
• Community sensitization campaigns and awareness raising campaigns • Distribution of IEC materials • Mainstream information about sexual violence into trainings and community capacity building programs	• Ensure the safety of the victim/survivor and their families. • Where the victim/survivor resides in an IDP camp, ensure their safety as well. • Promote the rights of, and access to information on available services for survivors and their support systems

• Support community based social support programs • Encourage women's participation in decision making bodies • Support girl child education • Strengthen men's capacity in sexual violence prevention and response activities • Create awareness on National and International laws • Initiate legal awareness and civic education campaigns on sexual violence and human rights.	• Ensure effective management and monitoring of the rehabilitation centres/safe shelters for survivors • Where possible, organise periodic inter-agency coordination meetings for review of SV cases • Create and support initiatives that promote the social re-integration of victims/survivors • Provide counselling services to survivors/their families • Ensure cooperation and collaboration with the police, NAPTIP, NHRC, Social Welfare board, and other relevant law enforcement bodies. • Focus on the rights of the victims/survivors and their family and seek ways to remedy violations.

PSYCHO - SOCIAL SUPPORT

Psychosocial support interventions are essential elements of sexual violence response. Psychosocial responses are designed to protect and promote the social wellbeing of survivors. Psychosocial support may be defined as "a process of facilitating resilience within individuals, families and communities (enabling families to bounce back from the impact of crises and helping them to deal with such events in the future). By respecting the independence, dignity and coping mechanisms of individuals and communities, psychosocial support promotes the restoration of social cohesion and infrastructure[1].

Your psychosocial support to the client should commence from your first interaction with them, till they are able to independently handle control of their everyday life. In implementing psychosocial support intervention methods, it is important that community based programs are adopted, especially in communities which have been affected by conflict. Psychosocial support for survivors of sexual violence should be holistic, targeting individuals, families and communities.

Psychosocial interventions come in several forms. These interventions could be:

- Psychosocial support to assist with recovery and healing including psychological first aid, individual and group counselling
- Specialised mental health services: this will involve mental health specialists, psychiatric nurses, psychologists, psychiatrists.
- Support and assistance in social re-integration, including vocational training, women's empowerment, literacy training, school reintegration, child friendly spaces.
- Providing interventions for child survivors should be specially designed for children and personnel should be trained accordingly
- Creating safe spaces for those at risk of sexual violence and their dependents. In order to achieve this, it is recommended that in conflict situation interventions, the prioritization of access to sanitary supplies, water, food, shelter, protection, and healthcare services, should be considered for women and children.
- Creating safe spaces for healing, relaxation, problem solving, and teaching coping skills.
- Promoting self – help initiatives.

[1] 7 PS Centre (2011) Psychosocial interventions. A handbook

LEGAL RESPONSE

Legal responses would entail providing legal counselling, assistance and representation for the victim/survivor, their family, and community.

This can include:

- Providing the victim/survivor with information on existing procedures that can prevent further harm by the offender
- Providing the victim/survivor with information on the court procedures, existing laws, the estimated timeline for adjudication and execution of the case and the mechanisms of the courts
- Providing the victim/survivor of the support available to them when trial commences
- Legal representation before the courts, where the victim/survivor seeks redress
- Advising the victim/survivor on the existing legal options, listing the advantages and disadvantages of these options.

RESPONSE MATRICES

RESPONSE MATRIX

The response matrix aims to provide some guidance on what institutions should do when they receive a sexual and gender-based violence complaint and how they might do them through the entire process. It is important to note that we have included the minimum standards that institutions should strive to maintain. We expect that institutions will make the effort to improve on these standards and make them relevant in their specific contexts.

Function	Response	Responsibility
Report incidence of sexual violence	Report by victim/survivor, victim/survivor's relatives/friends, eye witness(es) or third party	• Victim/survivor • Witness • Third party • Law enforcement • Health services • Emergency response team/unit. • Civil Society Organisations • NHRC/NAPTIP
Receive report	• Assure victim/survivor of confidentiality • Make victim/survivor safe and comfortable • Reassure victim/survivor that the incident is not their fault	• Law enforcement • NHRC /NAPTIP • Health services • Emergency services • Ministry of Women's affair/ social welfare • SARC • NGO Crisis Centre
First Responder	• Ensure security/ safety of victim/survivor • Where possible, apprehend perpetrator if known and still on the scene/available then hand over to law enforcement. • Inform victim/survivor of their rights, and possible causes of action including: filing formal complaint, medical care etc. • Secure physical, forensic and witness evidence. These could be useful in later prosecutions. • Let the victim/survivor know what to expect through the response process. • Assess victim/survivor's needs and willingness to access emergency medical care	• Law enforcement • Health services • Emergency services • NHRC/NAPTIP • Social Welfare • SARC • CSO Crisis Centre

	• Effect seamless and non-invasive referral procedure. • Ascertain whether victim/survivor requires further assistance.	
Intake record	• Collect statement from victim/survivor • Document victim /survivor's physical condition • Assure victim/survivor of the confidentiality of the process • Seek and obtain victim/survivor's consent for the collection and use of the incident report/statement • Effect seamless and non-invasive referral procedure	• Law enforcement • Health services • Emergency services • NHRC/NAPTIP • SARC • NGO Crisis Centre
Examination (medical/forensic)	• Collect and preserve evidence • Utilize rape kit where available. • Minimize discomfort • Provide alternative clothing • Administer post-coital contraception • Administer HIV, hepatitis, and STD prophylaxis treatment (provided you have victim/survivor's consent for adults and the consent of parent/guardian for minors). Administer trauma treatment/ medication Effect seamless and non-invasive referral procedure	• Law enforcement • Medical services • SARC
Interview	• Determine if victim/survivor has, or wants to file a formal complaint • Design and administer questions to elicit responses/information to avoid repetitive questioning upon referral to other response institutions in the response process • Endeavour to provide interviewer of a gender/ culture acceptable to the victim/survivor • Make victim/survivor comfortable and assured of utmost confidentiality at all times • Make every effort not to re-victimize the survivor in the course of the interview. • Ensure privacy and dignity at all times	• First responder • Law enforcement • Legal services • SARC • Subsequent responders • Officials to whom referred

Investigation	• Determine facts of crime • Collect evidence from victim/survivor, witnesses, and from the crime scene: • Apprehend and interrogate suspect(s), if known • Keep an open mind during investigations as shocking facts might emerge.	• Law enforcement • NHRC/ NAPTIP
Prosecution	• Prosecutor to file appropriate charge(s) against the accused person/suspect • Provide adequate feed back to the victim/survivor(s) and their representatives on state of prosecution. • Prepare victim/survivor for testimony during prosecutions. • Be circumspect about using information beyond the court-room except with the permission of the victim/survivors and the court	• Law enforcement; Police • Ministry of justice – department of public prosecutions
Conviction/sentencing	• Arraign suspect before a qualified court • Ensure evidence are properly preserved and presented • Ensure witness/ expert witnesses are educated on what to expect • Ensure dignity and protection of all witnesses	• Legal services • Judiciary
Remand/incarceration		• Prison Services • Police
Coordination	• Determine and maintain focal partners periodically revise/review standard operating systems/protocols	• Police • SARCs • Ministries of health; women development, youth; justice • Women's/Children's rights focused NGOs • Law enforcement institutions • NAPTIP, NHRC, etc
Monitoring	• Monitor and evaluate incidences, responses and indeed all activities surrounding incidences of SGBV • Establish and maintain credible database • Engage stakeholders with findings from evaluation of existing systems.	Joint Monitoring Task Force Secretariat at Gender Unit of Police Force with NHRC Liaison

Education	• Include SGBV training for teachers and students across different levels of education • Provide information to the general public, on existing reporting mechanisms (emphasizing the vulnerable groups; girls/women, children) • Challenge the general public to take action on behalf of vulnerable populations	• Health Services • Education Authority • Law enforcement • NHRC/ NAPTIP • Community and community members • Religious/traditional leaders • Youth organizations
Public Health and community support services	• Provide routine services for SGBV at little or no cost. • Provide psycho-social support at community level for survivors • Provide easy access to health services by victim/survivors regardless of gender • Establish victim/survivors support groups	• Health services • NAPTIP

RESPONSE MATRIX FOR JUVENILE VICTIMS/SURVIVORS

As the name suggests, the matrix below provides a protocol for responding to juvenile victims and survivors of sexual and gender-based violence. It takes recognizes the vulnerability of this class of victims or survivors and provides safeguards to protect them.

Function	Response	Responsibility
Report incidence of sexual violence	• Report by victim/survivor, victim/survivor's relatives/friends, eye witness(es) or third party, • Law enforcement, health services and emergency services. • Reporting by government agencies/ officials mandated to report all cases of SGBV involving minors • In some states, reporting is mandatory for emergency services, education, health services and law enforcement[2].	• Victim/survivor • Witness • Third party • Law enforcement • Health services/health care workers • Emergency response team/unit • Schools • Educators – teachers, assistants, support staff, bus drivers, custodians • Health Care Workers • Mental Health Professionals • Childcare workers • Other human service professionals
Receive report	• Remove victim/survivor from immediate danger and make comfortable • Re-assure victim/survivor of confidentiality • Report must be received in a confidential space • Best efforts must be made to conceal/preserve victim/survivor's identity • Make victim/survivor comfortable • Reassure victim/survivor that the incident is not their fault •	• Law enforcement • Emergency services • Health services • SARC • NHRC/NAPTIP NGO Crisis Centre
First Response	• Secure victim/survivor • Where possible, apprehend perpetrator if known and still on the scene/available then hand over to law enforcement. • Inform victim/survivor/survivor's parents or guardian on their rights and possible causes of action including:	• Family and local community • Law enforcement • SARC • Emergency services • Witness • Health services

[2] *Mandated reporting means that any person who works with children or families is required, to report suspected child abuse, sexual violation etc.*

	filing formal complaint, medical care etc. • Secure physical, forensic and witness evidence. These could be useful in later prosecution. • In some states, reporting is mandatory where case is of rape or defilement of a minor. To that effect the consent of parent/guardian is not necessary because the parent/guardian/caregiver might be the perpetrator of the violent assault. • Let the victim/survivor/ primary caregiver know what to expect through the response process • Effect seamless and non-invasive referral procedure. • Ascertain whether victim/survivor requires further assistance and ensure all such further assistance is enjoyed by the victim/survivor. • Contact and refer case to social welfare	
Intake record	• Collect statement from victim/survivor/primary caregiver/ reporting person • Document victim /survivor's physical condition • Assure victim/survivor/caregiver of the confidentiality of the process • Protect victim/survivor's identity. • Seek and obtain victim/survivor's parents/guardians consent for the collection and use of the incident report/statement, this will be unnecessary in states where reporting is mandatory	• Law enforcement • Health services • SARC • Emergency services • NAPTIP/NHRC
Examination (medical/forensic)	• Collect and preserve evidence • Including use of rape kit, where applicable. • Minimize discomfort • Provide alternative clothing • Administer HIV, pregnancy and STD tests (provided you have victim/survivor's consent for adults and the consent of parent/guardian for minors). • Prophylaxis treatment for STIs including HIV and Hepatitis • Administer post-colitis contraception where applicable	• Law enforcement • Medical services

Interview	• Determine if Parent/Guardian has filed or wants to file a formal complaint • Design and administer questions to elicit responses/information to avoid repetitive questioning upon referral to other response institutions in the response process • Provide interviewer of a gender / cultural orientation acceptable to the victim/survivor • Make victim/survivor comfortable and assured of utmost confidentiality at all times • Make every effort not to re-victimize the survivor in the course of questioning. • Ask enough questions to elicit as much information about incident: Who? What? Where? When did it happen? How long has this situation been in place or going on?	• First responder • Subsequent responders • Officials to whom referred • Law enforcement • Legal services
Investigation	• Determine facts of the case • Collect evidence from victim/survivor (with guardian/parental consent) and the crime scene: • Apprehend and interrogate suspect (s), if known • Keep an open mind during investigations as shocking facts might emerge.	• Law enforcement • NAPTIP/ NHRC • NEMA/ SEMA
Prosecution	• Prosecutor to file appropriate charge (s) against the accused person/suspect • Provide adequate feed back to the victim/survivor/ caregiver and their representatives on state of prosecution. • Prepare victim/survivor/ witnesses for testimony during prosecutions. Such testimony should be heard in camera to protect/conceal the victim/survivor's identity. • Be circumspect about using information beyond the court-room except with the permission of the victim/survivors and the court	Law enforcement; Police Ministry of justice – department of public prosecutions
Conviction/sentencing		• Legal services • Judiciary
Remand/incarceration		• Prison Services • Police
Coordination	• Determine and maintain focal partners	• Police

	• Periodically revise/review standard operating systems/protocols	• SARCs • Ministries of health; women development, youth; justice • Women's/Children's rights focused NGOs • Law enforcement institutions • NAPTIP, NHRC, etc.
Monitoring	• Monitor and evaluate incidences, responses and indeed all activities surrounding incidences of SGBV • Establish and maintain credible database • Engage stakeholders with findings from evaluation of existing systems.	Joint Monitoring Task Force Secretariat at Gender Unit of Police Force with NHRC Liaison
Education	• Include SGBV training for teachers and students across different levels of education • Provide information to the general public, on existing reporting mechanisms (emphasizing the vulnerable groups; girls/women, children) • Emphasize the importance of mandatory reporting of all cases and anonymity of reporting person • Challenge the general public to take action on behalf of vulnerable populations including breaking the usual code of silence	• Health Services • Ministry of Education Authority • Law enforcement • NAPTIP • Community and community members • Religious/traditional leaders • Youth organizations
Health and community services	• Provide routine services for juvenile victim/survivors of SGBV at little or no cost. • Provide psycho-social support at community level for survivors • Provide easy access to health services by victim/survivors regardless of gender and social status of their parents/guardian • Establish victim/survivors support groups for the victim/survivors and their families	• Health services • NAPTIP • NGOs • Community and faith based organisations; CAN , PFN, FOMWAN, etc

SGBV RESPONSE IN CONFLICT

Sexual and gender-based violence in the context of a conflict is somewhat different from other contexts. For one, there may be limited access to conventional law enforcement, health and emergency services. This matrix therefore provides some guidance on how to respond to SGBV given the peculiarities of the identified context.

Function	Response	Responsibility
Report incidence of sexual violence in a conflict context (for instance the insurgency in the North East of Nigeria).	• Victim/survivor(s), victim/survivors' families or relatives; eye-witnesses; interest groups, etc. should report to the relevant response institutions.	• Law enforcement • Humanitarian groups • Health services, e.g. • Primary and secondary institutions. • Emergency services, e.g. • NEMA/SEMA • Faith based organisations (FOMWAN/SCIA/ CAN/PFN)
Acknowledge report	• Use pseudo-names, where necessary to protect identity of reporter. • Be empathetic and non-judgmental. • Re-assure victim/survivor of • confidentiality • Make victim/survivor comfortable • Inform victim/survivor or • representative of next steps. • Where possible, get consent before proceeding.	• Law enforcement • Emergency services • Health services • NGO Crisis Centre • Humanitarian groups • Faith based organisations (FOMWAN/ SCIA/CAN/PFN)
First Responder	• Assess victim/survivor's needs and willingness to access emergency medical care including psychosocial support • Secure or relocate victim/survivor as appropriate (to the extent possible). • Ensure privacy • Engage the services of experts where appropriate. • Provide useful information to appropriate authorities to ensure effective investigation and prosecution, where appropriate. • Apprehend perpetrator(s) if investigation establishes strong link to the crime. • Inform victim/survivor or representative of steps taken or contemplated.	• Law enforcement • Emergency services • Witness • Civilian JTF • Joint task force • Health services • Humanitarian services • Community-based Organizations • Faith based organisations (FOMWAN/SCIA/ CAN/PFN)

	• Secure physical, forensic and witness evidence. These could be useful in later prosecution. • Effect seamless and non-invasive referral procedures. • Coordinate with other institutions in the referral chain.	
Intake record	• Where possible, collect • statement from victim/survivor • Document victim/survivor's physical condition • Get an assessment of victim/survivor's psychological state. • Where necessary, reflect only information victim/survivor feels comfortable releasing to the public. • Indicate steps taken to address question of security for the victim/survivor. • Specify the manner in which • Consent was sought and received.	• Law enforcement • Health services • emergency services • NAPTIP • NHRC
Examination (medical/forensic)	• Collect and preserve medical • evidence, including through • Use of rape kit, where available. • Provide first aid treatment • Minimize discomfort • Conduct relevant diagnostic • Examination (with consent, where necessary). • Provide guidance and counselling, where appropriate	Medical services, including within the military services.
Interview	• Ascertain if victim/survivor wants to file a formal complaint. • Advise of implication(s) of any decision they might take. • Administer questions to elicit appropriate information. • Ask clarifying questions, where necessary. Be careful not to re-victimize the survivor in the process. • Provide interviewer of a gender acceptable to the victim/survivor.	• First responder • Subsequent responders • Officials to whom referred • Law enforcement • Legal services • Faith based organisations (FOMWAN/ CAN/PFN)

	• Provide interviewer of acceptable religious leaning • Make victim/survivor comfortable and assured of utmost confidentiality at all times	
Investigation	• Determine and secure crime scene • Collect evidence from victim/survivor and the crime scene • Apprehend and interrogate • Suspect (s), if known • Elicit collaborative information from possible witnesses • Keep an open mind during • investigations as shocking facts might emerge.	• Law enforcement • NAPTIP • Emergency services • MIYETIALAH
Prosecution	• Once clear connection to the crime is established, file the appropriate charges before the appropriate judicial institution. • Provide adequate feedback to the victim/survivor and their representatives on state of prosecution. • Prepare victim/survivor and witnesses for testimony during prosecution. • Think about witness protection • Be circumspect about using information beyond the courtroom except with the permission of the victim/survivors and the court • Protect witness identity as well as identity of attending medical personnel and law enforcement officers	• Law enforcement; Police • Ministry of justice – department of public prosecutions, judiciary, NAPTIP, FEMA,
Coordination	• Identify relevant institutions • Agree appropriate platform for exchange of information • Develop a case strategy involving all institutions • Think safety and security of victim/survivor. • Respect the confidences of the victim/survivor and only go public with his/her consent. • Keep open channels of communication with the	• SARCs • Ministries of Health; Women Development, Youth; Justice • Women's/Children's rights focused NGOs • Law enforcement institutions • NAPTIP, NHRC, etc

	victim/survivor and other institutions. • Minimize turf wars.	
Monitoring	Monitor and evaluate incidences, responses and all activities surrounding incidences of SGBV Establish and maintain credible Database of this information. Engage stakeholders with findings from evaluation of existing systems.	Joint monitoring task team
Education	• Include SGBV training for teachers and students across different levels of education provide information to the general public, on existing reporting mechanisms (emphasizing the vulnerable groups; girls/women, children) • Challenge the general public to take action on behalf of vulnerable populations • Providers to be trained to treat victim/survivors with respect, ensure they are safe and guarantee the confidentiality of the entire process (from reporting to prosecution)	• Health Services • Education Authority • Law enforcement • NAPTIP • Community and community members • Religious/traditional leaders • Youth organizations • CBO's/NGO's/FBO's
Health and community services	• Provide routine services for SGBV at little or no cost. • Provide psycho-social support at community level for survivors • Provide easy access to health services by victim/survivors regardless of gender • Establish victim/survivors support groups.	• Health services • NAPTIP • Faith based organisations (FOMWAN/ CAN/PFN)

Appendix

FORMS

CONFIDENTIAL

Incident ID Survivor Code

Psychosocial Intake & Assessment Form

Before beginning the interview, please be sure to remind the survivor that all information given will be kept confidential, and that they may choose to decline to answer any of the following questions.

Staff Code …….. Incident Date ……. Report Date ……..

Report by Survivor ? Yes No

Administrative Information

Date of Birth ……..

Survivor's state of Origin ? …… Local Government ……

Sex of Survivor Female Male

Current Civil / Marital Status*:

Single
Married / Cohabitating
Divorced / Separated
Widowed xd

Survivor Information

Is the survivor a person with disabilities? Yes No

Mental disability
Physical disability
Both

Details of the Incident

Incident location / Where the incident took place……..

IDP Camp
Insurgent Camp
Survivor's home
Survivor's neighbourhood
Health Center / Hospital
Market / Shopping Center
Perpetrator's home
Police / Prison
Religious Center (Mosque, Church)
School/Education institution
Security institution
Shelter / Safe House

Camp site ……..

Street
Bus stop
Transportation
WASH facilities
Work place (factory, office)

Other _____

Type of incident/violence*

(Select only ONE of the below)

Rape
(includes any penetration)

Sexual assault
(includes attempted rape and all sexual violence/abuse without penetration, and female genital mutilation)

Physical assault
(includes hitting, slapping, kicking, shoving, etc. that is not sexual in nature)

Forced marriage
(includes early marriage)

Denial of resources, opportunities or services
(includes denial of inheritance, earnings, access to school or contraceptives, etc)

Psychological / Emotional abuse
(includes threats violence, forced isolation, harassment /intimidation, gestures, etc)

Non-GBV

Penetration Involved

Mark all applicable

	No	Vagina	Anus	Other orifice
Penis				
Finger/other body parts				
Other objects				

Was the survivor abducted as at the time of the incidence? **No** **Yes**
Forced Conscription Trafficked Other Abduction / Kidnapping

Number of alleged perpetrator(s)
1
2
3
More than 3
Unknown

Gender of perpetrator (s)
Female
Male
Both

Age Adult Minor Adult & Minor

Alleged perpetrator relationship with survivor

Intimate partner / Former partner
Primary caregiver
Family other than spouse or caregiver

Supervisor / Employer
Teacher / School official
Service Provider
Co-tenant / Housemate
Schoolmate
Family Friend / Neighbour
Other refugee / IDP / returnee
Other resident community member

Other _____
No relationship
Unknown

Main occupation of alleged perpetrator

Police	UN Staff	Civil Servant
Emergency Worker	NGO Staff	CBO Staff
Armed Forces	Community Leader	Unemployed
Insurgent Group	Armed robbers	Religious Leader
Teacher	Unknown	Other

_____

Has the survivor had any previous incidents of GBV perpetrated against them? **No** **Yes**
If yes, include a brief description

Has the survivor reported this incident anywhere else?* (If yes, select the type of service provider and write the name of the provider where the survivor reported).
No
Yes, specify
_____
Unknown

Planned Action/Action Taken: Any action/activity regarding this report

Self-Referred	Health/Medical Services
Community or Camp Leader	Legal Services
Police/Other Security Actor	Psychosocial/Counselling Services
Teacher/School Official	Safe House/Shelter
Livelihood Program	Other Humanitarian / Development Actor
Other Government Service	Other (specify): _____

Was survivor referred to a safe house/ shelter? Yes No - Service provided by your agency No - Service already received from another agency No - Service not applicable No - Referral declined by survivor No - Service unavailable	Referral Details:
Was survivor referred to medical services? Yes No - Service provided by your agency	Referral Details

No - Service already received from another No - Service not applicable No - Referral declined by survivor No - Service unavailable	
Was survivor referred to psychosocial services? Yes No - Service provided by your agency No - Service already received from another agency No - Service not applicable No - Referral declined by survivor No - Service unavailable	Referral Details

Does the survivor want to pursue legal action? Yes No Undecided at time of report

Did you refer the survivor to legal assistance services Yes No - Service provided by your agency No - Service already received from another agency No - Service not applicable No - Referral declined by survivor No - Service unavailable	Referral Details
Was survivor referred to the police or a security agency? * Yes No - Service provided by your agency No - Service already received from another agency No - Service not applicable No - Referral declined by survivor No - Service unavailable	Referral Details

Assessment Points

Describe the survivor's emotional state at the beginning of the interview:

Scared / Fearful
Sad / Depressed
Angry
Calm
Anxious / Nervous
Assessment Points

Describe the survivor's emotional state at the end of the interview:

Calmer than at the start of interview
Similar to that at the start of interview
More upset than at the start of interview
Other:

_____

Will the survivor be safe when she or he leaves?

Yes No If no, why not: What actions were taken to ensure survivor's safety?

Safety Plan created

Referral to community-based support ☐
Referral to Safe House ☐
Service provider to follow-up ☐
Other action taken:
_____

If raped, have you explained possible consequences of rape to the survivor (and/or to guardian, based on assessment capacity and best interest of survivor if under 18?
Yes ☐ No ☐

Did the survivor give their consent to share her/his non-identifiable data in your reports?
Yes ☐ No ☐

VICTIM/SURVIVOR REFERRAL FORM ***(Triplicate)***

Name:

Date of incident:

Referring institution:

Referring officer:

Institution(s) to which referred:

Reason for referral:

Attachments (please list any documentation including report, forensic evidence, photographs and any other materials attached to the referral)

1. ----------
2. ----------
3. ----------
4. ----------
5. ----------

Signature/name of referring officer----------

Signature/name of supervising officer----------

Signature/name of receiving officer of receiving institution----------

Incident report

Incident type

Area in which incident occurred:

Date and time of intake:

Record of any previous incident:

Victim/survivor/survivor name:

Address (community identification for emergency/conflict situations):

Marital status:

No of children:

If victim/survivor is a child, name of parent/guardian:

Incident location:

Date/time of incident:

Details of incident:

Assailant/perpetrators Name:

Age:

Address:

Relationship to victim/survivor:

Where perpetrator/assailant is unknown, give detailed description of features observed including tribal/facial marks:

If perpetrator is a child/minor, give name of child

Name of perpetrator's parents/guardian

Name of witness present

Contact details of witness:

Where witness(es) includes children, give name /address of parent/guardian

Action taken:

Person responsible for the action including law enforcement, NAPTIP, FERMA, NSCDC, HRC, Military JTF, Civilian JTF,

Recommended next steps

Record of any counselling victim/survivor may have had

Has victim/survivor made formal report to the police? If yes, when? Where?

Additional actions required

Date/Signature & Designation of person filling this report

CONSENT FORM

Name of victim/survivor

Date of birth

I agree to provide information concerning the sexual assault incident involving me as the victim and reported on ……(date) by…… (time)

I further consent to having this information shared with relevant agencies in the cause of investigating and prosecuting this case.

Date and Signature of Victim/survivor

Medical report

Name

Age

Sex

Presenting Complaint (how the patient/survivor says it happened and associated problems)

Significant past medical history

Detailed physical examination and findings

Working/confirmed diagnosis

Investigations and results

Specific treatment

Referrals

Victim/survivor feedback Form

As we strive to provide the most survivor sensitive/centered responses to sexual and gender based violence, we would appreciate your feedback as a survivor who has experienced the workings of this process.

For any additional questions/clarifications, kindly send your questions via email to; email: xxxxxxxxxxxxx

Name (optional)

Date

1. Please indicate which institutions you dealt with
   a) Law enforcement
   b) Medical Services
   c) Emergency Services
   d) CBO/NGO/FBO

2. What was your assessment of service received?
   a) Prompt
   b) Sensitive
   c) Insensitive
   d) Very slow
   e) Highly professional
   f) unprofessional

3. Did you receive adequate feedback?

4. Do you feel that the best efforts were made to preserve your dignity?

5. Did the caregiver treat you with respect? If not, how not?
6. Did the caregiver seek your consent before examining you?
7. Did you feel that your information was treated with utmost confidentiality?
8. Did you get sufficient post examination medical support?
9. Did you get additional post medical examination psychosocial support?
10. Do you feel fully reintegrated in your family/community?
11. On a scale of 1 to 10 what is your assessment of the efficiency of the SGBV response process?
12. What additional service/action would make the entire response process more beneficial in your opinion?
13. Do you wish anything was done differently?
14. If your response was “yes” in 13, please indicate what it is. If no, move to 15
15. Please provide any additional comments that would assist all response institutions respond better in the future.

Thank you for your feedback. It would help us improve our services to future survivors/victim/survivors