



AKWA IBOM STATE GENDER-BASED VIOLENCE UNIFIED RESPONSE PROTOCOL AND REFERRAL PATHWAY

A Multi-Functional Centred Approach for
Responding to Gender Based Violence



An Akwa Ibom State Gender Based Violence
Management Committee Project

November, 2022



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Foreword

This Akwa Ibom State Gender Based Violence Unified Response Protocol and Referral Pathway (URPRP) is hereby adopted to outline an established procedure for response, investigation and prosecution of cases of Gender Based Violence. The aim of this Protocol shall be to ensure uniformity, coordination and cooperation between all the agencies involved in Gender Based Violence cases so as to secure a smooth, efficient and increased output by all agencies involved and to minimise the stress and trauma for a survivor by the investigating and prosecution process.

It is expected that all Gender Based Violence Advocates and/or Responders will ensure strict adherence to best practices as set out in this Gender Based Violence Unified Response Protocol and Referral Pathway Manual, 2022.

The Akwa Ibom State Gender Based Violence Committee shall be meeting periodically for case review, deliberations, and evaluation to ensure coordination and strengthen cooperation between all advocates and responders to Gender Based Violence in the State.

The State Gender Based Violence Committee shall also meet with relevant responders and stakeholders from time to time to review, update and evaluate the implementation of this document. This Unified Response Protocol and Referral Pathway is therefore adopted and remains effective until amended or revoked.



Acknowledgment

The development of the Akwa Ibom State Unified Response Protocol and Referral Pathway (URPRP) Resource Manual was borne out of the concerted efforts of several individuals and organisations through a highly consultative process with a wide range of stakeholders including relevant Government Ministries, Departments, Agencies, Parastatals, Non-Governmental and Civil Society Organisations.

We deeply appreciate His Excellency, the Governor of Akwa Ibom State for setting up the Gender Based Violence Management Committee and to Her Excellency, Dr. Martha Udom Emmanuel, Chairperson AKSGBVMC, for spearheading the development of this State-wide document and ensuring it becomes reality.

We acknowledge all the focal persons from relevant government agencies, NGOs and CSOs, who reviewed the core parts of the document on Guiding Principles in Response, Standard Practices, Primary Responders' Scope of Responsibilities, Protocols, Referral and service procedures. We thank them for their cooperation and inputs.

Also worthy of mention is the Hon. Attorney General and Commissioner for Justice, Akwa Ibom State, the Commissioner for Health, and that of the Ministry of Women Affairs and Social Welfare for their various support, input and collaboration, each time we knock on their doors.

Finally, we wish to express our gratitude to all members of the AKSGBVMC.

List of Abbreviations (Acronyms and Initialisms)

- ADR:** Alternative Dispute Resolution
- AIDS:** Acquired Immunodeficiency Syndrome
- AKSBS:** Akwa Ibom State Bureau of Statistics
- CBOs:** Community Based Organizations
- CPIMS:** Child Protection Information Management System
- CPU:** Child Protection Unit
- CSOs:** Civil Society Organizations
- DCSO:** Designated Child Protection/Safeguarding Officer
- DGBVCMs:** Domestic and Gender Based Violence Case Management System
- DNA:** Deoxyribonucleic Acid
- DPP:** Director of Public Prosecution
- FA:** Forensic Analysis
- FBOs:** Faith-Based Organizations
- FI:** Forensic Investigator
- FME:** Forensic Medical Examination
- FS:** Forensic Scientist
- FSS:** Family Social Service
- FSUs:** Family Support Units
- GBV:** Gender Based Violence
- GBVMC:** Gender Based Violence Management Committee
- HIV:** Human Immunodeficiency Virus
- MDAs:** Ministries, Departments and Agencies
- MOH:** Ministry of Health
- MWASW:** Ministry of Women Affairs & Social Welfare
- MYSO:** Ministry of Youth and Social Development
- NGOs:** Non-governmental Organizations
- PHCB:** Primary Healthcare Board
- PLWD:** People Living with Disability
- SAC:** Sexual Assault Centres
- SAFE:** Sexual Assault Forensic Examiner



SAMP: Sexual Assault Medical Personnel

SARCs: Sexual Assault Reference Centres

SARN: Sexual Assault Response Nurse

SGBV: Sexual and Gender Based Violence

SGBVC: Sexual and Gender Based Violence Committee

STDs: Sexually Transmitted Diseases

STIs: Sexually Transmitted Infections

SVM: Support Vector Machine

UNWOMEN: United Nations Entity for Gender Equality and the Empowerment of Women

URPRP: Unified Response Protocol and Referral Pathway.

VAPP: Violence Against Persons (Prohibition) Law, 2020

Part 1: Introduction

1.1 Background

Gender-based violence (GBV) is one of the most extreme expressions of unequal gender relations in society. It is a violation of fundamental human rights and a global health and developmental issue that cuts across economic wealth, culture, religion, age, and sexual orientation. GBV is a major obstacle for the achievement of justice and a critical barrier to sustainable development, economic growth and lasting peace. If women, girls, men and boys are not safe, they cannot fully participate in the development of their own society.

GBV is a global pandemic that affects one in three women. In Nigeria, the incidence of GBV is alarmingly at an all-time high with 31% of women having experienced physical violence and 9% sexual violence. In response to the alarming statistics of GBV, there has been renewed efforts and vigour in the fight against GBV internationally and nationally as reflected in various international agreements and concerted efforts by in-country stakeholders to address the scourge.

Efforts to end all forms of gender-based violence and ensuring the safety of women and children have become a priority for the Government of Akwa Ibom State. These laudable efforts have evolved into the domestication of the Violence Against Persons (Prohibition) (VAPP) Law, 2020 and most recently, the inauguration of the Akwa Ibom State Gender Based Violence Management Committee by His Excellency, the Governor of Akwa Ibom State on the 15th day of September, 2021. This legal and institutional intervention demonstrates the State Government's commitment to curbing the surge of domestic, sexual and gender-based violence.

This manual targets a holistic response to the needs of all survivors of Gender Based Violence including Persons with Disability (PWDs) and elderly persons regardless of their gender or that of the abuser. It will help in identifying and bridging the gaps existing in legislations, programs and policies in the effort to end GBV, overcome the challenges of implementation of existing laws and policies, provide for a state-level roadmap that aligns all stakeholders around strategic priorities and create an accountability mechanism for government's performance in addressing GBV. It will harness the political will of

government and legitimise the role and ownership of non-state actors in the campaign against GBV. This we believe will ensure continuity and sustainability of progress now and in the future.

1.2 Akwa Ibom State Gender Based Violence Management Committee

The Akwa Ibom State Gender Based Violence Management Committee is a Committee that was established on the 15th day of September, 2021 by virtue of the Violence against Persons (Prohibition) Law, 2020, by the Government of Akwa Ibom State to coordinate response to gender based violence in the State through awareness creation and increase in victim safety. It comprises a collection of professional service providers and officials that respond essentially to the various needs of gender based violence victims in Akwa Ibom State.

The Committee is also mandated to improve the level of cooperation and collaboration among professionals and other stakeholders working to bring an end to gender based violence.

1.2.1 The objectives of the Committee are to –

- (a) Work towards the total elimination of social and cultural practices that enable gender based violence;
- (b) Make recommendations for the state's plan of action against gender based violence;
- (c) Stimulate actions to improve the welfare of victims/survivors of gender based violence;
- (d) Support the work of non-governmental organizations, donor and multilateral agencies working to end gender based violence; and
- (e) Proffer a synchronized approach to address all forms of violence against all persons in the State.

1.2.2 The functions of the Committee are to –

- (a) Develop for adoption, a State Prevention of Sexual abuse/violence strategy;
- (b) Administer the operations of a Trust Fund for victims and survivors of gender based violence;
- (c) Ensure the provision and management of shelters for victims of gender based violence;
- (d) Provide and manage rape crisis centres for victims;
- (e) Review all existing laws and policy instruments touching on the offence of rape, child defilement and other gender based violence offences;
- (f) Liaise with the Sexual and Gender Based Violence Department of the Ministry of Justice to monitor and submit reports to the National Bureau of Statistics on the number of gender based violence cases reported and convictions secured; and
- (g) Perform such other functions or undertake such other activities as are necessary or expedient for giving full effect to the provisions of the Violence against Persons (Prohibition) Law, 2020.

1.3 Institutional Members of the Committee

- | | |
|---|--|
| (a) Office of the Wife of the Governor, Akwa Ibom State | (f) Directorate of Public Prosecutions |
| (b) Attorney General & Commissioner for Justice (Sexual and Gender-Based Violence Response Department) | (g) Ministry of Health |
| (c) Ministry of Women Affairs & Social Welfare | (h) Ministry of Education |
| (d) Nigeria Police Force | (i) Non-Governmental Organisations |
| (e) Akwa Ibom State Judiciary | (j) Sexual Assault Referral Centres |
| | (k) Ministry of Information |
| | (l) Office of the Accountant General |
| | (m) Department of Multilateral and Donor Agencies Coordination |

Part 2: Definitions, Legal Framework and Principles

2.1 Defining Gender Based Violence and Related Concepts

- (a) **Gender Based Violence (GBV):** This refers to harmful acts directed at an individual based on their gender. It is rooted in gender inequality, the abuse of power and harmful norms. It usually results in physical, sex psychological harm or suffering to persons, especially women and girls, and includes threats of such acts, coercion or arbitrary deprivation of liberty, all forms of domestic violence, abuse and sexual assault on a person, whether occurring in public or private life. It is a serious violation of human rights and a life-threatening health and protection issue and includes
- (b) **Sexual Assault:** This includes any act in which a person intentionally and sexually touches another person without that person's consent, or coerces or physically forces a person to engage in a sexual act against their will. It covers a wide range of unwanted sexual behaviours that are often used by offenders as a way to assert power and control over their victims. The operative ingredient as regards sexual assault is lack of consent.
- (c) **Sexual Violence:** Sexual violence is any violent act, physical or psychological, carried out through sexual means or by targeting sexuality. It includes sexual abuse, sexual assault, rape, incest, childhood sexual abuse (defilement) sexual harassment, stalking, indecent or sexualized exposure, degrading sexual imagery, voyeurism, cyber harassment, trafficking and sexual exploitation. It also includes any other attack of a sexual nature, physical or mental, perpetrated against women, girls, men or boys, people with disability or older persons.
- (d) **Violence:** This is defined as any act targeted at a person's gender that results in, or is likely to result in, physical, sexual, or mental harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life.

2.2 Other Terminologies Associated with Gender Based Violence

- (a) **Sexual Assault Medical Personnel (SAMP):** any licensed/registered medical professional (licensed medical doctor, practitioner, registered nurse) who has undergone additional training for responding to a sexual assault patient/victim.
- (b) **Survivor/Victim:** A person who has experienced domestic violence or been sexually assaulted. A victim/survivor can be male or female and old or young, including persons with disabilities. However, the term survivor is most often used when referring to victims in this manual.
- (c) **Survivor Advocate:** A trained Gender Based Violence victim advocate working with a certified and accredited Domestic or Sexual Violence Organisation or Agency.
- (d) **Victim/Survivor-Centred Approach:** An approach often used when working with survivors, that focuses on restoring control to the survivor, helping the survivor identify and explore options, and supporting the survivor's right to make decisions to guide their own recovery.
- (e) **Perpetrator:** Anyone who deliberately solicits, aids, or perpetrates any form of gender based violence against any other person.
- (f) **Service Provider:** Institutionally recognised agency/institution, professional bodies, non-governmental organisations, traditional and religious authorities who are periodically trained on Gender-Based Violence (GBV) and provide free service to survivors of gender-based violence.
- (g) **Designated Child Protection/Safeguarding Officer (DCSO):** A senior member of staff or management in each institution, who is trained and has the lead responsibility for child protection issues in that institution and provides child protection advice to front-line professionals and service providers and clinicians, e.g. Child Protection Lead in schools, designated medical/social workers, social or welfare officers, etc.

2.3 Gender Based Violence in the VAPP Law

2.3.1 The Violence Against Persons (Prohibition) Law, 2020 lists the acts that constitute gender based violence. These acts include, but are not limited to the following –

- (a) Rape;
- (b) Physical abuse;
- (c) Sexual abuse/exploitation including but not limited to rape, incest and sexual assault;
- (d) Female genital mutilation;
- (e) Starvation;
- (f) Emotional, verbal and psychological abuse;
- (g) Economic abuse and exploitation;
- (h) Harmful widowhood practices;
- (i) Spousal battery;
- (j) Harmful traditional practices;
- (k) Intimidation;
- (l) Harassment;
- (m) Stalking;
- (n) Hazardous attack including acid bath, offensive or poisonous substances;
- (o) Damage to property;
- (p) Entry into a person's residence without consent where the parties do not share the same residence;
- (q) Any other controlling or abusive behaviour towards a person, where such conduct harms or may cause imminent harm to the safety, health, or well being of the person; and
- (r) Deprivation.

2.3.2 The interpretation Section of the VAPP Law, 2020 is quite detailed as it defines some of the acts that are considered gender based violence. For instance, economic abuse includes –

- (a) the unreasonable deprivation of economic or financial resources to which the complainant is entitled under the law or which the complainant requires out of necessity, including household necessities for the complainant, and mortgage bond repayments or payment of rent in respect of a shared residence;

- (b) The unreasonable disposal or seizure of household effects or other property in which the complainant has an interest including any equitable or legal interest;
- (c) **Sexual Abuse** means any conduct, which violates, humiliates or degrades the sexual integrity of any person;
- (d) **Sexual Assault** means the intentional and unlawful touching, striking or causing of bodily harm to an individual in a sexual manner without his or her consent;
- (e) **Sexual Exploitation** occurs where a perpetrator, for financial or other reward, favour or compensation invites, persuades, engages or induces the services of a victim, or offers or performs such services to any other person;
- (f) **Sexual Harassment** means unwanted conduct of a sexual nature or other conduct based on sex or gender which is persistent or serious and demeans, humiliates or creates a hostile or intimidating environment and this may include physical, verbal or non-verbal conduct;
- (g) **Sexual Intimidation means –**
 - (i) Any action or circumstances, which amount to demand for sexual intercourse with either a male or a female under any guise, a condition for passing examination, securing employment, business patronage, obtaining any favour in any form, as defined in this Law or any other enactment;
 - (ii) the actual demand for sexual intercourse with either a male or female under any guise, as a condition for passing examination, securing employment, business patronage and or obtaining any favour in any form, as defined in this Law or any other enactment;
 - (iii) acts of deprivation, withholding, replacing or short-changing of entitlements, privileges, rights, benefits, examination or test marks or scores, and any other form of disposition capable of coercing any person to submit to sexual intercourse for the purpose of receiving a reprieve thereto; or
 - (iv) any other action or inaction construed as sexual intimidation or harassment under any other enactment in force in Nigeria.

2.3.3 The Ingredients of Gender Based Violence

- (a) Violence includes all acts of physical, sexual, psychological and economic violence that occur within the family, domestic unit, or between intimate partners. Domestic violence includes, any form of violent, abusive, controlling, or intimidating behaviour including, physical, sexual, psychological, emotional or financial abuse meted out by one person against a current or former partner in a close relationship, or against a current or former family member; multidirectional close relationship and all other cohabiting relationships that is husband and wife, boyfriend and girlfriend, domestic staff and employers, parents and children, etc.
- (b) Gender inclusiveness: Although the data available in Akwa Ibom State shows that perpetrators of gender based violence are predominantly male and the victim/survivor female, there are also cases of male victims/survivors abused by female perpetrators.

2.3.4 Legal Framework

Different International Conventions and National Legislations have culminated in the ratification of policies and programmes aimed at curbing gender based violence. Apart from the VAPP Law, the Akwa Ibom State Administration of Criminal Justice Law, 2022 also has detailed provisions on gender based violence and the attendant penalties. Additionally, gender-based violence is a violation of fundamental human rights, which is against the provisions of the Constitution of the Federal Republic of Nigeria, 1999 (as amended). A summary of some of the legal instruments on gender-based violence include –

- (a) The Constitution of the Federal Republic of Nigeria, 1999 (as amended);
- (b) Convention on the Rights of the Child, 1989
- (c) African Charter on the Rights and Welfare of the Child, 1999
- (e) Akwa Ibom State Child Rights Law, 2008
- (f) Akwa Ibom State Violence Against Persons (Prohibition) Law, 2020
- (g) Akwa Ibom State Administration of Criminal Justice Law, 2022.

2.3.5 Jurisdiction, Criminal Code, Judicial Powers/Orders

By the provisions of the VAPP Law, the Court is granted jurisdiction on matters of gender based violence and empowered to make any of the following orders –

- (a) An order to stop the Respondent from further committing any act of violence.
- (b) An order prohibiting the Respondent from enlisting the help of another person to commit such acts.
- (c) An order restraining the Respondent from entering the residence shared with the complainant.
- (d) An order restraining the Respondent from entering the Complainant's place of work.
- (e) An order compelling a police officer to accompany the Complainant to a specific place/home for the collection of personal properties.

The Court can also grant certain maintenance orders, which include but not limited to–

- (a) Payment of house rent or mortgage;
- (b) Feeding allowance and medical expenses;
- (c) School fees for the children; and
- (d) Monthly expense allowance.

2.4 The Concept of Consent in Gender Based Violence

2.4.1 What is Consent?

Consent within the context of a sexual relationship connotes the agreement between participants to engage in sexual activity or enter into marriage. It must be freely and actively given and cannot be provided by someone who is under the influence of drugs or alcohol or by someone underage. Consent is specific, meaning that consent to one act does not imply consent to any other act. Consent is reversible, meaning that it may be revoked at any time. Consent is when someone agrees, gives permission, or says “yes” to sexual activity with another person. Consent is always freely given and all persons in a sexual situation must feel that they are able to say “yes” or “no” or stop the sexual activity at any point.

Service providers must ensure that citizens understand the following guiding principles of consent –

- (a) Consenting and asking for consent entails respecting set personal boundaries and obtaining consent in clear and unambiguous terms. Silence is not consent.
- (b) Parties must consent to each sexual activity as consent cannot be transferred from one activity to another or given by proxy.
- (c) Without consent, sexual activity (including oral sex, genital touching, and (vaginal or anal penetration) is sexual assault or rape as the case maybe.
- (d) A person has the final say over what happens with his/her body. It does not matter if they have been together before or even if one said yes earlier and then changed his/her mind.
- (e) A person is allowed to say “stop” at any time, and the partner needs to respect that.
- (f) Consent cannot be implied by past behaviour, dressing or association.
- (g) Underage children and mentally impaired persons cannot give consent.
- (h) Couples who are cohabiting cannot rely on the presumption of marriage as consent in perpetuity.

2.4.2 Basics of Consent

Consent is –

- (a) **Freely given:** Consent must be freely given without any form of pressure, coercion or manipulation and must be given with a stable mental state. Consent cannot be given under the influence of drugs, alcohol or a impairment.
- (b) **Reversible:** Anyone can change his/her mind about what he/she feels like doing at any time before or during the act.
- (c) **Informed:** A person must have full understanding of the nature of the sexual activity before giving consent. For example, if a person says he will use a condom and then he does not, there is no full consent.
- (d) **Enthusiastic:** When it comes to sex, a person should only do things he/she wants to do, not things that another feels he/she is expected to do. Consent is never assumed or implied.
- (e) **Specific:** Saying yes to one thing (e.g. going to the bedroom to make out) does not mean you have said yes to others (e.g. having sex).

2.5 Detecting Violence

Violence often goes on undetected because the power relation between perpetrators and victims usually prevents the latter from speaking up. The fact that domestic and sexual violence take place commonly in family settings also make violence detection difficult. However, there could be indications that someone is experiencing violence when they give excuses for injuries, fail to show-up at work or social outings for no specific reason, or manifest personality changes like low self-esteem in an erstwhile confident person. Violence detection refers to the process of determining whether or not an act of violence has taken place. This can be through psychological, medical examination and criminal investigation.

2.6 General Principles in the Response and Protection of Survivors of Gender-Based Violence

In many cases, gender based violence survivors (especially females) hardly speak out. This could be hinged on the fact that these survivors feel they may be belittled, stigmatised, disbelieved, or denied support. Often, the perpetrators have a defence and can be easily believed over the survivor, who is shamed or even blamed for a behaviour perceived to have contributed to the violence. This fuels the need for principles and ethics that ought to guide service providers who respond to gender based violence. Accordingly, all responders who are involved in providing protection and support services for survivors of gender based violence must adopt a Survivor-Centred Approach and shall be guided in the discharge of their duties by these general principles–

- (a) **Autonomy/Client-Self Determination:** Service providers must adopt a survivor-centred approach in responding to gender based violence. The response must be centred on respect for a survivor’s autonomy, which is the survivor’s ability to make their own decisions. The service provider is required to recognise the right of the survivor to make independent choices, and take action based on their own personal values and beliefs. It is important for the service provider to always emphasise that the survivor is in control of the situation, helping the survivor identify and explore available options, and most importantly, supporting the survivor’s right to make decisions to guide his/her own recovery.
- (b) **Confidentiality:** Service providers have a duty to protect the information they gather on survivors. Confidentiality is the right of every survivor receiving services to have their identity kept private and unidentifiable. There is an implicit understanding and obligation on those providing services that any information disclosed by a survivor or beneficiary will not be shared with others, unless the person concerned gives explicit and informed consent to do so. This is part of the code of ethics for service providers. This is crucial to build and develop trust with clients, allowing for open disclosures. Trust between service providers and clients is essential to providing effective support, and typically depends on assurances of privacy. Disclosures are a function of confidence that the service provider will not share this information with others without consent. Information about survivors and other witnesses should be collated, used, shared, and stored confidentially. Depending on the context, confidentiality measures

can be put in place to cover, not only the identity of survivors and other witnesses, but also any information collated, referrals made, and protective measures taken, as well as existence of the process itself. Service providers should have both facilities and procedures in place that guarantee confidentiality.

- (c) **Do No Harm:** The key ethical principle at the heart of dealing with survivors is the obligation to, at a minimum, “Do No Harm”. This means service providers must be fully aware of the possible negative impacts of the events on the survivor and other witnesses, the wider community, and the investigators themselves; be prepared for the harm those impacts may inflict, and put in place measures to prevent or minimise the harm. Domestic violence, rape, sexual assault and other forms of gender based violence may cause grave physical, psychological and other harm to survivors and others. However, survivors and other witnesses can be harmed in ways that extend beyond the immediate violence they suffered at the hand of perpetrators. Additionally, serious harm can be caused by unresponsive or inadequate health, police or justice services and responses by family and community members that do not support survivors and may even ostracize, blame and punish them; and critically, by poorly trained, unprepared or poorly result-driven documentation efforts that do not place the survivor at the centre of their approach, do not adequately plan their interventions and do not put in place strategies to mitigate potential harm. Responders should therefore guard against these issues.
- (d) **Gender Sensitivity:** All interventions should take into account gender relations between the survivor and perpetrator, remembering that gender relations are relations of power and recognising that unequal power relations exist between the survivor and the perpetrator of gender-based violence.
- (e) **Non-Judgmental Attitude:** Responders must always be non-judgmental as survivors have the right to be listened to in a non-judgmental and caring way regardless of their status, class, religion, physical appearance, etc. without any form of discrimination. Hence, allow the survivors to speak in their own way, understanding, and time; do not pressure or confuse them with too many questions. The survivor’s emotional state should be of top priority and concern.
- (f) **Perpetrator Accountability:** The perpetrator shall be solely responsible for their violent behaviour. Service providers shall not inflict any harm by assuming the role of law enforcement agencies.

- (g) **Prioritise the Survivor's Security and Safety Needs:** The emergency procedure should always be in accordance with the assessed danger of the situation and vulnerability of the survivor. Where a child is involved or has witnessed any form of gender based violence, it is important to ensure the safety and well-being of the child. This should apply to health, security and any other safety need of the survivor.
- (h) **Professional Competence:** Due attention must be paid to professionalism, raising professional accountability standards and relevant competencies through continuing education and affirmation of best practices.
- (i) **Respect:** Respect the needs, rights, dignity and worth of the survivor. Respecting the principle of "Do No Harm" should not automatically be interpreted as a reason not to pursue the process, rather, it can pave the way towards safely and ethically allowing survivors to speak out, while identifying potential support mechanisms for them. It should, first and foremost, mean respecting and supporting survivor autonomy.
- (j) **Survivor Empowerment:** This involves ensuring the safety and well-being of the child by ensuring safety and supporting the independence of the non-violent parent. The ethical obligations to "Do No Harm" can sometimes conflict with the obligation to respect survivor autonomy, when and if survivors make decisions that seem to be harmful and self-injurious. However, survivor autonomy must be respected above all. This is not always easy. Separating autonomous decision-making capacity from, for example, cultural or familial pressures that inform individual decision-making is not always possible, and practitioners may feel that survivors are not acting in their own best interests but rather in the interests of the group. For these reasons, it is critical that responders do their utmost to share information with survivors, discuss all risks and benefits of participation with survivors and other witnesses, respect confidentiality where possible, and support them in accessing the services and assistance they may need in order to make the best decision they can. When dealing with survivors some risks are unavoidable. Responders cannot offer a complete guarantee of protection and well-being to survivors, witnesses, or entire communities.

Part 3: Prevention Strategies For Gender Based Violence

3.1 Functional Strategies

best interests but rather in the interests of the group. For these reasons, it is critical that responders do their utmost to share information with survivors, discuss all risks and benefits of participation with survivors and other witnesses, respect confidentiality where possible, and support them in accessing the services and assistance they may need in order to make the best decision they can. When dealing with survivors some risks are unavoidable. Responders cannot offer a complete guarantee of protection and well-being to survivors, witnesses, or entire communities.

3.1.1 Media

- (a) The media shall be used to develop and popularise inclusive approaches to messaging including:

- | | | | |
|-------|--|--------|---|
| (i) | Radio messages, stickers on public means of transportation to disseminate information and campaigns; | (viii) | Calendars; |
| (ii) | Radio shows; | (ix) | New/Social media; |
| (iii) | Movie nights, street shows, community video shows, etc.; | (x) | Wrist bands |
| (iv) | Competitions; | (xi) | Drama |
| (v) | Engaging religious institutions; | (xii) | Partner with football viewing centres in the communities. |
| (vi) | Bus stops; | | |
| (vii) | T-shirts; | | |

- (b) Create awareness with a focus on impact, not just on what violence is, but in other extended areas. For example, violence impacts mental health.
- (c) Increase public awareness by campaigns and activism against GBV. This should include anti-rape campaigns, and Promos/jingles on the prevention of rape.

- (d) Develop anti-GBV songs, messages and dramas (dramatization on the prevention of rape shown on television and radio). MDAs, private and public companies in the State to make this an inclusive policy.
- (e) Participate in international campaigns aimed at creating awareness and curbing GBV.
- (f) Organise live interactive talk shows (vernacular and English) broadcasted through FM and community radio stations across the state. This could include radio talk shows, call in radio programs focused on GBV.
- (g) Support mini campaigns with materials as well as micro grants.
- (h) Establish inclusive communication guidelines with a focus on awareness of existing legal framework and on what steps communities should take to prevent GBV in their communities.
- (i) Produce GBV prevention reinforcement messages that are accessible through calendars, stickers, rubber bracelets, cups and audio messages for Persons with disabilities.
- (j) Establish community radios and listening club for greater coverage. Sensitization activities and strengthening of existing community based organisation to address sexual abuse and GBV issues through culturally appropriate means such as community dialogues, radio programming, campaigns, and participation in national and global awareness events, drama,

3.2 Engagement of Religious Bodies/Organizations:

Recognising that Akwa Ibom is a largely religious society with a predominant Christian population, religious bodies and organisations shall be integrated in the fight against GBV through the following means–

- (a) Institutionalise and engage all established networks with religious leaders, using strategic platforms, churches or mosques and large outreach that they have through their believers to campaign against GBV;
- (b) Meetings with religious leaders to include GBV in their theology;
- (c) Establishment of peer group watch teams in religious groups;
- (d) Inspirational/sermonic presentations on GBV prevention in Sunday school classes

or during worship services;

- (e) Incorporation of GBV modules into marriage classes and counselling for couples.

3.3 Engagement of Communities/Traditional Rulers

- (a) Consultations with traditional leaders as community gate keepers to transform communities and make them agents of change in addressing sexual abuses and harmful traditional practices.
- (b) Integration of community leadership through groups.
- (c) Control of resources: Women should have access to and control over resources and play an active role in the development of their communities and make girls and boys safer from sexual exploitation and abuse.
- (d) Development of fundraising strategies for the campaign against GBV.
- (e) Set up traditional groups of communicators to support “stand up against rape” in different Local Government Areas of the State.
- (f) Collaboration with traditional women networks to provide economic empowerment to female traditional leaders for alternative livelihood.
- (g) Strengthening community awareness and commitment by building the capacity of community groups to challenge gender imbalance and address protection issues from within.
- (h) Prevention and community empowerment through –
 - (i) Awareness raising
 - (ii) Training
 - (iii) Capacity building and prevention education workshops to identify, report and respond appropriately to sexual and other gender based violence.
 - (iv) Community welfare committees, traditional structures and leaders such as village and clan heads, men, women and youth groups.
 - (v) Creation and support of community rights committees to monitor, document and support domestic violence.

3.4 Activities in Schools

- (a) Support and institutionalize children networks/clubs in schools and promote safe spaces/safety strategies to prevent violence against children, and strengthen understanding in schools.

- (b) Prepare women, girls and boys (particularly primary and secondary school students, illiterate and semi-literate women) to take responsibility for the protection of their own rights.
- (c) Distribute abridged information on sexual violence to special needs school and include in school curriculum.
- (d) Training through a cycle.
- (e) Train teachers and youths on GBV consciousness (including special schools).
- (f) Teach and educate children on "Good Touch" and "Bad Touch", the Body system, girls wearing shorts under their clothes to make it harder for perpetrators and the power of shouting.
- (g) Provision of suggestion /information boxes in schools can be specially tagged "Speak to Aunty", etc.
- (h) Communication initiative: use comic books for children and young people, including braille and other accessible formats.
- (i) Create and support peer watch clubs in schools managed by female students to discuss, monitor and report sexual exploitation and abuse.

3.5 Creation of Men Role Models

- (a) Raise male role models/champions/advocates aimed at driving community response to GBV. They could carry out several campaigns and use slogans to support an end to violence against women, e.g. the 12th Man campaign: Men Giving their Voices to Women's Stories Campaign. In football, the 12th man are the fans that support the teams and for GBV, the 12th man are men who stand up to end all violence against women. This could also use slogans like - "she is my sister", "her story is my story" and "I am my sister's keeper".
- (b) Create a national role model of men network comprising of male leaders across all sectors targeting men at all levels in order to identify key challenges affecting men and boys and to speak out against GBV and sexual abuses.
- (c) Encourage men networks, which targets both male professionals and male community members and engage men in accountable practices.
- (d) Use men as ambassadors to end violence against women.
- (e) Transform men's negative behaviour towards women and girls into positive attitudes

and actions by organising men's forum to discuss the root causes of rape and possible solutions. Target groups to include, community boys, community leaders, religious leaders, men and boys from different backgrounds, students, women and girls.

3.6. Engagement of Government/MDAs

- a) Consult with other States, who are GBV Partners. This will serve as a forum to share experiences, skills and promising practices to address commonly encountered challenges.
- (b) Setting up an established task force on GBV and sexual abuses or setting up youth groups for several campaigns.
- (c) Create active synergies and collaborations for better and faster results in protecting women, men and children from sexual violence and rape.
- (d) Economic empowerment of women and girls, to equally contribute to and access the benefits of reconstruction in the state, free from sexual and physical violence.
- (e) Work with community-based child protection structures, strengthen their self-reliance and support their leadership and institutional capacity.
- (f) Empowerment of GBV survivors with skills training integrated with life skills, education, adults' literacy, Basic Business Management, STDs and HIV/AIDS prevention friendly sessions.
- (g) Facilitate the necessary legislative changes and review existing mechanisms to find gaps and challenges with a view to resolving same.
- (h) Economic empowerment of women to build up their confidence and decrease their vulnerability.
- (i) Promoting "one stop facilities" to prevent teenage pregnancy and infection as a consequence of rape.
- (j) Set-up Drop-in-Centres for girls aged 6-18 years that provides a safe space for vulnerable girls to learn life skills and acquire basic literacy and numeracy skills for a period of nine months.
- (k) Set up empowerment and rehabilitation homes to address vulnerability and prevent future violence.
- (l) Establish access to all referral hospitals in the state, awareness in the out-patient departments of each health facility.
- (m) Promote access to legal and protection services. This should impact prosecution of cases and deter future perpetrators. These could be available at the one stop facilities.

- (n) Bring community members and key institutions together to create solutions to social issues, reach vulnerable groups, with special focus on women, children and persons living with disability.
- (o) Direct prevention activities towards potential perpetrators, potential survivors and those who may assist them.
- (p) Target and raise awareness among administrators of the traditional and customary legal systems on laws and judgements in the direction of encouraging change.
- (q) Out of school training of Community leaders, men, boys, students to become partners in preventing GBV.
- (r) Negotiate with cell phone companies for selected supervisory personnel to participate in sexual abuse and GBV prevention trainings.
- (s) Focus on existing statistics, consequences, tell-tale signs of impending abuses/ danger in children and teenagers, reporting and dealing with abuses to avoid re-occurrences.

3.7 Activities by Non-Governmental Organizations & Civil Society Groups

- (a) Door to door sensitisation and periodic street parades against rape by NGOs.
- (b) Awareness raising at community levels and schools.
- (c) Speak to families through women groups to help them understand and address negative gender and social norms that lead to violence against women and girls.
- (d) Promote role model families who have survived GBV to speak about their experiences and encourage other families to report and take action against GBV.
- (e) Provision of support to survivors.

3.8 Others

- (a) Every citizen should take specific steps to prevent GBV in both private and public areas.
- (b) Development of positive replacement behaviour for individuals and community.
- (c) Social change (root cause)- action to influence changes in knowledge, attitude and behaviour in communities and families.
- (d) Problem solving (secondary causes): Action to address specific contexts, situations, and the environment.

It should be noted that men, women, children, youth wherever mentioned include persons with disabilities.

3.9 Execution Strategies

The implementation of the above listed strategies shall be done by segmentation which maybe on monthly or quarterly terms throughout a projected period. The Committee shall come up with an implementation plan targeting a specified period of time.

Part 4: Relevant Responder Services and Scope of Interventions

4.1 Primary Responder Services

The Primary Responder Services comes in various forms and include the under listed services –

- (a) Survivor Advocate and Advocacy
- (b) Law Enforcement
- (c) Medical/Health Care/Forensic Medical Examination (FME)
- (d) Judiciary/Prosecution
- (e) Welfare/Support Services
 - (i) Social Welfare
 - (ii) Shelter
 - (iii) Legal Support
 - (iv) Empowerment
 - (v) Counselling and Psychosocial support
- (f) Traditional Leaders
- (g) Religious leaders

4.2 Survivor Advocate and Advocacy

Survivor advocates play a crucial role in the response to GBV. They –

- (a) are trained professionals to support and assist survivors;
- (b) listen and empathize with the survivor's feelings;
- (c) reduce the isolation of the experience;
- (d) inform, explain and support;
- (e) ensure that the survivor's needs are met to the fullest extent possible;
- (f) explain the roles of other relevant responder agencies;
- (g) prepare the survivor for what they might expect;
- (h) empower the survivor with accurate knowledge about the criminal justice system;
- (i) provide appropriate referrals for immediate and ongoing services, which could be community-based, culturally specific and system based.
- (j) facilitate the victim's participation in the criminal justice system.

4.2.1 Standard Practices for Gender Based Survivor Advocates

- (a) Crisis Intervention
- (b) Trauma-Informed Response
- (c) Information and Referral
- (d) Confidentiality
- (e) Dealing with vicarious Trauma
- (f) Survivor Accompaniment
- (g) Survivor Advocates and Medical personnel.

4.3 Law Enforcement (Agencies/Officers/Agents)

- (a) They are to ensure the safety of the survivor and the community.
- (b) Ascertain if the report of domestic and sexual violence meets the elements of a crime under the existing laws of the State.
- (c) They investigate gender based violence crimes
- (d) The term law enforcement is not limited to police departments/units but includes others such as school campus' security, immigration and customs, military police and other Federal Law Enforcement Agencies.

4.3.1 Standard practices for Law Enforcement Officers/Agencies in incidents of Gender Based Violence

Work should be done in partnership with relevant systems, agencies, ministries, and community service providers.

- (a) Work in a collaborative and coordinated fashion with prosecution and other Responder Agencies, Law Enforcement Professionals, Survivors Advocates, Medical Professionals, etc.
- (b) Evidence must be collected, collated and preserved
- (c) Identify and interview the survivor and witnesses and also interrogate the suspect
- (d) Assist the prosecution to manage the case to a logical conclusion.
- (e) Develop rapport and trust with the survivor.
- (f) Maintain confidentiality of records, photographs, etc.
- (g) Follow the chain of custody when collecting, securing and turning over evidence.
- (h) Present case to the Attorney General's office (DPP).

4.4 Medical/Health Care/Forensic Medical Examination (FME)

Health Care providers –

- (a) are trained in meeting the specific health care needs of the patient; and
- (b) have the ability to provide expert testimony in Court.

4.4.1 The Primary Responsibilities of The Health Care Provider is to –

- (a) Assess patients for acute medical needs and provide stabilisation, treatment and/or consultation;
- (b) Gather information for forensic, medical history;
- (c) Collect and document forensic evidence, and document pertinent physical findings;
- (d) Offer information, treatment and referrals for sexually transmitted infections (STIs) and other non-acute transmitted concerns;
- (e) Assess pregnancy risk and discuss treatment options with the patient, including reproductive health services; and
- (f) Testify in court where necessary.

4.4.2 Standard Practices for Medical/Health care/Forensic Medical Examination (FME)

- (a) Working with Survivor Advocates
- (b) **Medical screening:** Patients who suffered fractures or strangulation will be given emergency medical attention, before any forensic examination.
- (c) Forensic medical history
- (d) Physical examination
- (e) **Rape kit/Sexual Assault Examination Kit:** Forensic evidence is not just the biological samples collected from the person's body but also any trace evidence found on the body e.g fibers, hairs, etc. The specimens collected would not be useful unless they are properly packaged and transferred. Even if there is a lot of evidence that sexual assault occurred, improper storage and transfer may lead to the evidence being rejected in court. There is need to provide rape kits to ensure the immediate collection and preservation of the evidence.
- (f) **Evidence collection time frame:** It must be done on time, else there is a possibility that it could be lost or compromised.

- (g) **Evidence Collection:** For proper specimen collection, all evidence must be air-dried, appropriately packaged, labelled and properly sealed. The chain of custody must be maintained on all items.
- (h) **Documentation:** This should be objective, include all information of the circumstances leading to the assault, include direct quotes from the patient, use simple descriptions rather than medical terminology and should avoid abbreviations as much as possible.

4.5 Judiciary

The Judiciary through the –

- (a) Judges play important roles in the legal system's response to sexual abuse and Gender Based Violence.
- (b) Judges are generally the final authority in all matters that goes to court, and therefore hold substantial power to sanction perpetrators, protect survivors of sexual abuse and violence, sentence sex offenders and send messages to the community, the victim and the perpetrator alike that gender based violence will not be tolerated.

4.5.1 Standard Practices for the Judiciary in Sexual and Gender-Based Violence

- (a) Inter- agency collaboration
- (b) Refresher courses for Judges, in the area of Gender Based Violence
- (c) Granting of interim orders
- (d) Enforcement of Laws, policies and procedures
- (e) Victim protection and perpetrator accountability.

4.5.2 Prosecution

- (a) Prosecutors must work in collaboration with law enforcement agencies/officers, survivor advocates, medical personnel, crime lab personnel and the survivor to ensure the protection of his/her rights, safety and well-being.
- (b) They hold the offenders of these crimes accountable through the prosecution of Gender Based Violence cases.

- (c) Prosecutors are responsible for reviewing case reports to determine if enough evidence exists or if additional investigation is needed.
- (d) Prosecutors should provide a victim centred, offender focused and trauma informed approach in handling gender based violence.

4.5.3 Standard practices for prosecution of Gender Based Violence cases

- (a) Survivor interview to assess the survivor's ability to participate in the criminal justice process
- (b) Collaboration with Law Enforcement Agencies/Officers/Agents
- (c) Collation of Evidence and Reports: Evidence must be accurate and properly dated.
- (d) Filing charges
- (e) Court procedure-
 - (i) Initial Court Appearance; and
 - (ii) Trial preparation: Court room orientation is important for survivors.

4.6 Welfare/Support Services

Some sexual abuse support services include –

- (a) Social welfare services
- (b) Accommodation/Shelter for at-risk survivors of sexual violence
- (c) Empowerment programs and strategies for survivors
- (d) Counselling and psychosocial support for survivors

4.6.1. The Ministry of Women Affairs as a Welfare and Support Service Agency of the Government has an important role to play, thus –

- (a) assessment of the client's understanding and needs;
- (b) provision of follow-up information including information to meet psychological needs, physical needs and health care, information and referral;
- (c) maintenance of confidentiality of records, photographs and communications; and
- (d) reference of the client to the relevant response unit as indicated in the protocol/referral pathway.

Part 5: Referrals and Procedures

5.1 Introduction

For the purposes of this Manual, the term Survivor shall refer to Gender Based Violence victims. In providing services to anyone the State Gender Based Violence Management Committee and law enforcement officers/agencies/agents shall be notified.

5.2 First Responder's Protocol for Responding to Domestic Violence

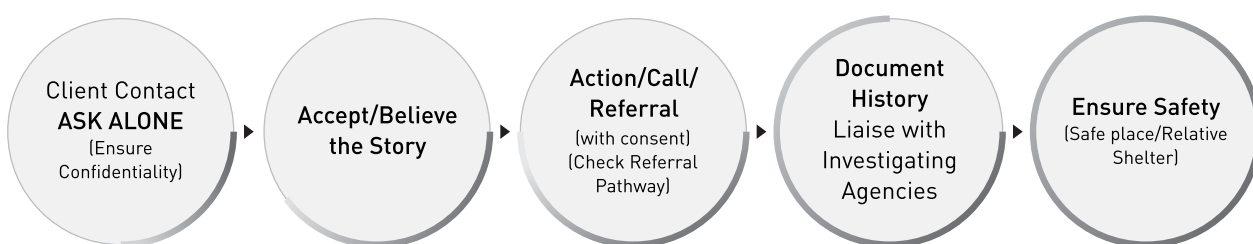


Figure 1: Diagram of the Domestic Violence Responder Referral systematic procedure, indicating the various Processes involved while responding to Incidents of Domestic Violence.

5.2.1 Client Contact/Ask Alone

It is important to build trust and unambiguously indicate that violence is an unacceptable behaviour and that the responsibility for it lies always on the perpetrators, and not on the survivor. The client should be mandatorily interviewed in private, and never in front of the alleged offender. The interview must conform to the following principles-

- (a) respect for the client's right to privacy and confidentiality;
- (b) ensure the client's safety; and
- (d) enable the client to speak and disclose their experiences without fear of reprisal.

5.2.2 Accept/Believe the Story

- (a) fear of not being believed;
- (b) the shame associated with violence being committed by someone you love;

- (c) judgemental attitudes displayed by family members'/law enforcement agents;
- (d) threats from the alleged offender to the woman and/or children; and
- (e) concern for the future, especially for pregnant women and children.

It is important to indicate to the survivor that you believe the story. Survivor Advocates and Responder Agents should adopt a non-judgemental attitude and provide empathy and support. Do not blame the victim or absolve the perpetrator from responsibility.

5.2.3 Action/Call/Refer or Referral

It is necessary to ensure that a survivor of violence receives all the necessary support so that he/she would be encouraged to accept assistance and take steps to ensure his/her safety.

- (a) At this stage, necessary action is taken as regards the case, which is solely determined by the peculiarity of the case and the survivor's choice.
- (b) Responders in relevant institutions must have a full grasp of the dynamics of gender based violence as well as accurate and concrete information as to where and how the survivor can be referred to other service providers in the State.
- (c) It is necessary to provide complete information about the actions, procedures, and their outcomes, as well as about the available resources for help and support to the survivor and other vulnerable family members.
- (d) In all cases, it is necessary to give the survivor detailed information about all the relevant agencies, resources, and services in the community providing assistance and security.
- (e) The responder proffers available resources and services for the client to decide. These include the resources and services of the responder/agency (when and where required), and appropriate referral to support services. Referral is an important component of care, but the client's consent must be obtained first. In agreement with the survivor, one of the following referral options/decisions can be utilised to ensure adequate assistance and develop a safety plan which includes-
 - (i) Provide or assist the client to receive medical treatment if required.
 - (ii) Refer to GBVMC/MWASW for the client to access holistic support and care
 - (iii) Refer to NGO for empowerment/psychosocial support and shelter

- (iv) Refer to SGBV Department, Ministry of Justice and any other relevant government and NGOs for legal support where necessary.
- (v) Refer to the Designated Health Care Facility or Sexual Assault Referral Centres if sexual assault is suspected/reported.
- (vi) Refer to Police as appropriate. Explain that gender based violence is a crime and advise the client of his/her legal rights, namely to charge the offender with assault or to obtain an appropriate Order (e.g restraining, protection, maintenance, and others as stipulated in the VAPP Law, 2020).
- (vii) When children are subject to, or at risk of physical violence, it is mandatory to notify the Child Protection Unit even while with other child protection agencies.
- (viii) Refer to appropriate psycho-social support/counselling services where necessary. Even if not directly abused, children can be traumatised by witnessing abuse.
- (ix) All responders providing services and support to survivors of gender based violence shall carefully inform the survivors about the steps and measures taken, as well as the rights of the victim in each stage of the procedure and the intervention.
- (x) It is important to note that throughout the process, responders/ survivors advocate, who come in contact with the survivor, shall offer him/her assistance and support they are authorised to offer and shall ensure adequate repeated contact and monitoring.
- (xi) For planning of services and protection measures for women victims of violence and other family members exposed to violence, a case conference shall be summoned. The case conference shall be scheduled by the case worker unless agreed differently.

5.2.4 Documentation of History

Accurate, detailed records from the initial contact through the decisions and referrals are essential whether or not the client intends to take legal action. Be aware that the documentation of injuries may provide medico-legal evidence in Court. Details of the following should inform documentations-

- (a) Relevant locations including place of occurrence and place of residence.
- (b) Time of arrival.
- (c) Spoken language and dialect, and need for an interpreter.

- (d) Physical and emotional behavioural manifestations.
- (e) The history provided by the client regarding the assault or abuse.
- (f) Own observations and whether this is consistent with the history given by the client.
- (g) Any partner behaviour, which may indicate domestic violence, such as threats or always being present.
- (h) Any involvement by Police or any other Responder Agency, and the name of the contact officer.
- (i) The name and involvement of family and any other persons in attendance.

5.2.5 Ensure Safety

- (a) The safety of the client is crucial. The responder should ask the client if they fear for their safety or the safety of their children. Take all threats seriously. Respect any requests by the client not to see the abusive partner. If the woman or her children are in danger or feel unsafe, contact relevant State and non-state emergency accommodation services as well as explore other safe place options (including survivors' family, relatives and friends) to ensure that they have a safe place to stay. Contact the Police if appropriate.
- (b) Responders should also consider their safety. Internal security or police may be called to assist if necessary.
- (c) Responders should avoid attempts to mediate or explain the violence. In domestic violence, the power between the parties is not equal and cannot be negotiated.

5.3 First Responder's Protocol for Responding to Gender Based Violence

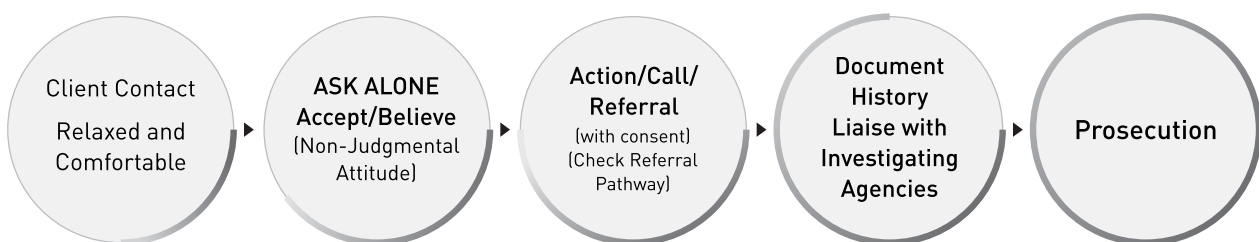


Figure 2: Diagram of the Gender-Based Violence Responder Protocol, indicating the various Processes involved while responding to Incidents of Gender-Based Violence.

5.3.1 Relaxed and Comfortable

Ensure the complainant/client is relaxed and comfortable to gain the confidence to speak/share his/her information and experiences with you. It is important to build trust and unambiguously indicate that gender based violence is an unacceptable behaviour and that the responsibility for it lies always on the perpetrator, and not on the survivor. It is also important that the environment is conducive enough to ensure confidentiality.

5.3.2 Ask Alone

Listen to the story. Be considerate and ready to believe the story without blaming the complainant/client. In the case of a child, record the child using a recording device with the consent of the parent/guardian as at when practicable. Use illustrative aids and a child-friendly environment to make document statements in the language of the child.

5.3.3 Action/Call/Referral

- (a) Medical care and examination is the first service in line. If the responder is not a healthcare provider, immediately refer the Survivor to the closest Health Facility (comprehensive Primary Health Care Centres, General Hospitals, Sexual Assault Referral Centres and other designated private health/medical facilities) for medical attention.
- (b) Other referrals can be made concurrently or subsequently for the client's psycho-social welfare, safety, and protection, legal assistance, empowerment, etc. It is necessary to provide complete information about the actions, procedures and their outcomes, as well as about the available resources for help and support to the survivor and other vulnerable family members.

Other referral options and decisions include –

- (a) Refer appropriately to a designated Health Care Facility when sexual assault is suspected/reported.
- (b) Refer to GBVMC for the client to access holistic support and care.
- (c) Refer to Police as appropriate. Explain that sexual violence is a crime and advise the client of his/her legal rights, namely to charge the offender with sexual assault.
- (d) Contact relevant emergency accommodation/shelter services to ensure that the

survivor has a safe place to stay in case they are in danger or feel unsafe.

- (e) Notify the Child Protection Unit mandatorily, when children are subject to, or at risk of sexual violence.
- (f) Refer to appropriate psychosocial support/counselling services if this may be the case. Even if not directly abused, children can be traumatised by witnessing abuse.
- (g) In all cases, it is necessary to give the survivor detailed information about all the participants and services in the community providing assistance and security.

5.3.4 Liaise with Investigating Agencies

Work closely with the Police/SGBVMC/OPD and other relevant non-governmental organisations to ensure a thorough investigation, the suspect is arrested and case charged to Court.

5.3.5 Prosecution

This is the stage where the perpetrator is held accountable and justice is served appropriately.

5.4 Responders' Processes and Guidelines

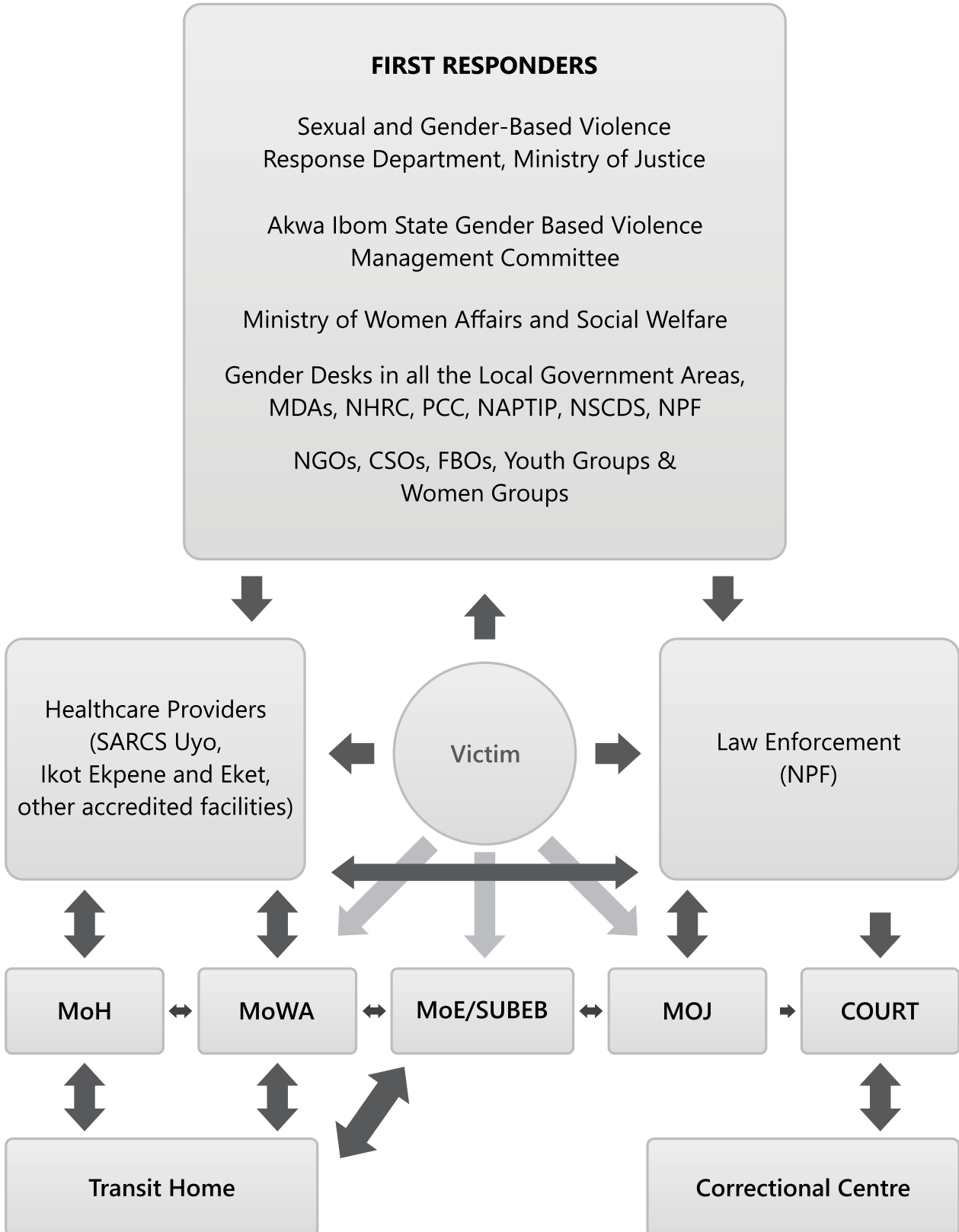
The Responder processes and guidelines include –

5.4.1 First Responder and Advocacy

Advocacy refers to services provided by Survivor Advocates as described in this resource manual. Regardless of the service being provided by an individual, institution/ organisation, or agency, when the responder is the first in contact/initiation with the Survivor/Client, the responder becomes the "First Responder" and assumes the responsibilities of Advocacy as regards a particular case.

Advocates will operate under the established guidelines and will adhere to standard practices and procedures as outlined in the scope of intervention above. The support provided by the Survivor Advocate also benefits the criminal justice process, because supported and well-informed survivors are more likely to continue through the process.

Figure 3: Sexual and Gender-Based Violence Referral Pathway



5.4.2 Responsibilities of the Survivor Advocate in cases of Gender Based Violence shall include–

- (a) Provide services to the survivors of Gender Based Violence regardless of whether or not the survivor chooses to participate in the criminal justice process.
- (b) Provide a response that keeps the survivor central in the process, allowing the investigation and prosecution to be offender focused.
- (c) Promoting the healing process for the survivor.
- (d) Provide crisis intervention, support, family advocacy, information and referral, and other ancillary services to assist the victim through the criminal justice process.
- (e) Being available to survivors and families via a 24-hour crisis line staffed by trained personnel.
- (f) In cases of Domestic Violence, providing Alternative Dispute Resolution (ADR)/Mediation services. This responsibility is exclusively ascribed to cultural-specific advocate or system-based advocate.
- (g) Providing services to survivors and families that are sensitive to the unique barriers and special considerations that diverse survivors encounter in reporting Gender Based Violence crimes.
- (h) Providing options to survivors so that they may make informed decisions.
- (i) Supporting survivors who choose to report to law enforcement officers by providing a link to eliminate barriers hindering the survivor's participation in the criminal justice process.
- (j) Maintain survivor confidentiality.
- (k) Offering services to non-reporting survivors and assisting if and when the survivor decides to report.
- (l) Carry out any other relevant obligation within its scope of responsibilities.
- (m) Survivors may also work with system-based advocates if the case progresses through the criminal justice system to the point of prosecution.

5.4.3 Police, Law Enforcement and Safety

This refers to the services provided by law enforcement agencies (especially the FSU's). The role of the investigating Police Officer at the designated Family Support Unit (FSU) is to ensure the safety of the survivor and the community and to ascertain if the report of domestic and sexual violence meets the elements of a crime under the existing Akwa Ibom State Laws and other relevant Laws. Within their jurisdictions, law enforcement

agents/officers through the Gender Unit/Family Support Unit of the Police will investigate domestic and sexual violence crimes.

5.4.4 Investigative responsibilities include –

- (a) Identification, apprehension and interrogation of the suspect(s)
- (b) Interview of the survivor with an offender-focused and trauma-informed approach, which includes allowing advocates to be present
- (c) Interview of witnesses
- (d) Collection and preservation of evidence
- (e) Maintenance of chain of custody
- (f) In cases of Domestic Violence, providing Alternative Dispute Resolution (ADR)/ mediation services, as per system-based advocates
- (g) Accompanying survivors to shared residences to remove their personal belongings
- (h) Obtaining Protection Order for the survivor
- (i) In cases of sexual assault, timely submitting sexual assault evidence collection kits to the relevant authority
- (j) Review of FC lab reports as soon as possible after they are released to investigating agency
- (k) Determination of probable cause of arrest
- (l) Preparation of case reports with investigative summaries
- (m) Assistance to the Attorney General's office in the prosecution of the case
- (n) Testimony and presentation of evidence in Court
- (o) Appropriate referral to other responder resources/services including shelter/safe place were necessary
- (p) And other relevant obligation within its scope of responsibilities

5.4.5 Survivor-Centred Response

Investigating officers will work with Survivor Advocates to ensure a survivor-centred response to the investigation and proper notification of case updates to survivors. Additionally, law enforcement officers will operate under the established guidelines and will adhere to standard practices and procedures as outlined in this Resource Manual.

5.4.6 Security and Safety

These are key when the situation indicates that the life and security of the survivor or other family members are in grave and immediate danger, it is necessary to initiate activities by official duty. The knowledge of grave and immediate danger can be acquired based on the statement or behaviour of the survivor or other individuals, statements and behaviour of perpetrators, traces of violence, and insight on the spot.

5.4.7 Acting on Information

The FSU/Police officer, who in line of duty learns about the grave and immediate danger from gender based violence, shall act in accordance with extant Laws and take and initiate actions to protect the survivor against violence.

5.4.8 Indications of a grave and immediate danger from gender based violence include one of the following or more often a combination of several, in particular –

- (a) The threat of murder or suicide by the perpetrator;
- (b) Possession of weapons;
- (c) Divorce or departure, that is, separation from the violent partner;
- (d) Suicidal thoughts or behaviour of the victim
- (e) Previous incidence of violence;
- (f) Existing mental illnesses, abuse of psychoactive substances;
- (g) Escalation of stalking or harassment of the survivor, her family or friends;
- (h) Jealousy;
- (i) Conflicts around custody of the child or the ways of maintaining personal relations between the child and the parent perpetrating violence in the family;
- (j) A criminal history of the perpetrator, regardless of whether it is connected to the violence;
- (k) Existing Court Protection Orders and a history of failure to comply with them;
- (l) Experience of fear with the survivor and risk assessment of the violence occurrence or recurrence.

5.5 Emergency Medical Services

The emergency medical services provider's primary responsibilities for Gender-Based Violence survivors will be focused on stabilising physical injuries while acting with regard for the potential psychological trauma.

5.5.1 Forensic Medical Examination Procedures

The role of the Sexual Assault Forensic Examiner (SAFE) is to provide a timely, high- quality Forensic Medical Examination (FME) that can potentially validate and address sexual assault patients' concerns, minimise the trauma they may experience and promote their hearing. At the same time, it can increase the likelihood that evidence collected will aid in criminal cases investigation, resulting in perpetrators being held accountable and further sexual violence prevented.

Medical forensic examinations shall be performed at designated Medical/Healthcare facilities including but not limited to all comprehensive Primary Healthcare Centres, and other approved Government Hospitals and SARCs. Forensic medical exams should be available if the patient chooses to report, chooses not to report, or chooses to report anonymously. Forensic medical examinations shall be performed by a professionals trained in performing such examinations.

5.5.2 Medical forensic responsibilities shall include but not limited to –

- (a) Obtaining informed consent from the patient for forensic medical examination, documentation, and evidence collection.
- (b) Gathering and documenting the medical forensic history.
- (c) Conducting a thorough head to toe physical examination
- (d) Coordinating treatment of injuries
- (e) Documentation of biological and physical findings
- (f) Collection of evidence from the patient
- (g) Documentation of findings
- (h) Providing information, treatment and management for STIs, pregnancy, including provision of post-exposure prophylaxis for HIV
- (i) Provide psychological support
- (j) Refer to other appropriate resources

- (k) Follow-up as needed for additional treatment and/or collection of evidence.
- (l) Present evidence in Court

5.5.3 In responding to sexual assault of a child the designated health/medical facility, the medical practitioner should –

- (a) Possess the required expertise to know when to suspect and how to recognize cases of sexual abuse.
- (b) Recognise cases of sexual abuse and act appropriately
- (c) Recognise urgent/life-threatening complications of sexual abuse and treat appropriately.
- (d) Collect required information and where necessary refer the child appropriately for a one-time forensic interview (at the core of the approach is reducing further exposure to series of interview sessions, which could be traumatic for the child)
- (e) Offer post-exposure prophylaxis against HIV (antiretroviral) starter pack and other emergency contraceptives.
- (f) Carry out other relevant obligations within its scope of responsibilities (especially notifying CPU for child protection and shelter).

5.5.4 Requests for Forensic Medical Examination

With the consent of the patient, forensic medical examination can be performed at the request of –

- (a) A Law Enforcement Agency;
- (b) The office of the Attorney-General;
- (c) The Ministry of Women Affairs and Social Welfare
- (d) Office of the Director, Sexual and Gender Based Violence Response Department;
- (e) The medical examiner or coroner's office;
- (f) A hospital;
- (g) Other relevant Government Ministry or Agency; or
- (h) Pursuant to a Court Order, or at the patient's request.

Medical forensic examinations may be requested 24 hours a day by using the laid down procedures. The health facility/SAMP conducts an FME and subsequently forwards the report to the requesting body. This action is specifically for prosecution. Hence, only the

above agencies can “request” FME. However, all other responder agencies can refer to a designated health facility for FME.

5.5.5 Costs of the Forensic Medical Examinations

The Akwa Ibom State Ministry of Justice through the Director of Public Prosecutions (DPP) shall bear the cost of Forensic and DNA analysis as well as the logistic cost for expert witnesses required to testify in court, while the Ministry of Health (MOH) and/or the Primary Healthcare Board (PHCB) will bear the cost of all treatment of Domestic and Sexual Violence survivors that present at their respective facility. The survivors shall not be responsible for any payment for forensic medical examination.

5.5.6 Conduct of the Forensic Medical Examination/Biological Evidence Collection

A trained and certified Sexual Assault Forensic Examiner (SAFE)/Sexual Assault Medical Personnel (SAMP) will perform the examination, assessment, and biological evidence collection.

Pursuant to the Akwa Ibom State Sexual Assault Standing Order, while there may or may not be physical injuries associated with sexual assault, the emotional and psychological impact can be devastating. The Sexual Assault Standing Order recognises and addresses this while attempting to preserve and protect evidence for possible use in the prosecution of the perpetrator. SAFE/SAMP responding to sexual assault patients will adhere to the established steps outlined in the Akwa Ibom State Sexual Assault Standing Order indicated in the diagram below.

Furthermore, in the collection of biological evidence for Sexual Assault cases, the medical practitioner will collect biological samples at the request of a patient, in accordance with currently accepted protocol response (as stipulated in the Akwa Ibom State Sexual Assault Standing Order), to obtain timely biological reference samples for possible analysis at the FA Lab. After the sexual assault medical forensic examination, any evidence collected will be packaged and protected in a manner to ensure the integrity of specimens and the appropriate chain of custody of the evidence.

All biological samples, fluids, hairs and other evidence requiring FC Laboratory analysis will be given directly to the case investigator for processing.

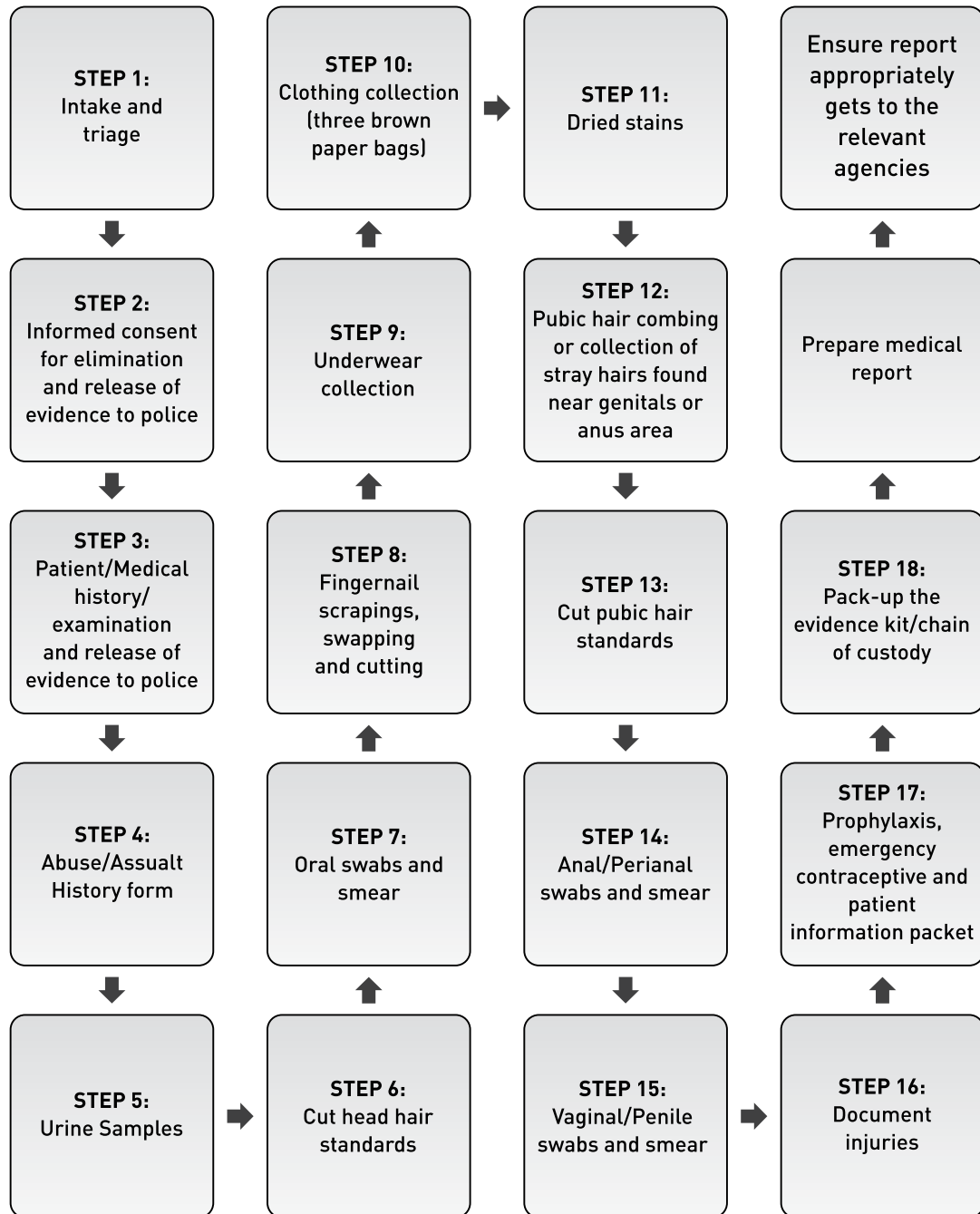


Figure 4: Summary Steps in conducting Forensic Medical Examinations (FME) and Biological Evidence Collection in Cases of Sexual Assault

All biological evidence collected at the request of a patient, who chooses not to initiate and participate in and/or cooperate with a law enforcement agent/officer/agency investigation shall be preserved.

FME and biological evidence collection should be completed as quickly as possible after a report is received.

FME and biological evidence collection shall be conducted in accordance with the LSD&FC Laboratory procedures using the Akwa Ibom State Sexual Assault/Rape Kit. It is also recommended that medical forensic exams be conducted in accordance with the existing Akwa Ibom State Sexual Assault Standing Order.

A trained Survivor Advocate will be available to accompany the survivor/patient and offer emotional support during the examination. The advocate will at no time ask the survivor/patient questions related to the details of the assault.

The Sexual Assault Medical Practitioner (SAMP) will maintain and document the chain of custody of any evidence collected during the examination and assessment. The Sexual Assault Medical Practitioner (SAMP) will adhere to the standard practices as outlined in this Resource Manual and other guidelines contained in the extant Akwa Ibom State Sexual Assault Standing Order.

5.6 Hospitals receiving walk-in Reports of Sexual Assaults

Hospitals receiving patients reporting incidents of domestic and sexual assault shall immediately contact law enforcement agencies/agents/officers.

Survivor/patients will retain the right not to initiate, participate in and/or cooperate with any law enforcement investigation of such assault. However, it is mandatory for minors.

Hospitals emergency personnel shall timely notify GBVMC of the incident including, which law enforcement agency is responding.

5.7 Prosecution

Prosecutors will operate under the guidelines established by the Akwa Ibom State Investigators and Prosecutor's Manual (if any). A survivor must be accompanied by a

Survivor Advocate at any court proceeding. Prosecutors and prosecution based advocates will adhere to standard practices as outlined in this Manual.

5.8 GBVMC Multi-sectoral Coordinated Response/DSV Management System

All responder agencies working in the thematic areas will adhere strictly to best practices as outlined in this manual.

Members of the GBVMC and other Responder agencies shall meet occasionally for case review, discussion, and evaluation to ensure the coordination and cooperation between all agencies responding to gender based violence cases in Akwa Ibom State.

There shall be a Case Management System that synchronizes gender based violence information inputted from the various accredited responder agencies.

The case management system shall be managed by the Akwa Ibom State GBVMC, geared towards better gender based violence case coordination and accountability.

5.9 Adult Accommodation/Shelter Services and Child Protection

When, based on the interview or contact with survivors of gender based violence, it is obvious that the survivor, the children or other vulnerable family members are exposed to gender based violence or at-risk, responders shall refer to any of the outlined resources below for shelter and accommodation –

- (a) Ministry of Women Affairs
- (b) Designated Domestic Violence Shelters (Government and Private)
- (c) Child Protection Unit (CPU) in cases of child abuse.

5.10 Empowerment

When, based on contact with survivors of domestic violence, it is obvious that the survivor is in dire need of empowerment, they shall be referred to Relevant Governmental Agencies including –

- (a) Ministry of Women Affairs
- (b) Gender-Based Violence Management Committee
- (c) Other relevant NGOs/CSOs/FBOs.

However, the empowerment interventions for domestic violence survivors should address various levels of interventions including individual, organisational, and social.

Regarding the individual, the responder agency should have in mind specific and complex needs of domestic violence survivors taking into consideration an increase of the survivor's knowledge, coping strategies, and self-management as well as how to achieve wellness and social inclusion in everyday life.

Furthermore, to be effective, empowerment training should be tailor-made and should contain modules on self-esteem, assertiveness, relaxation and personal wellness plan.

Tailor-made empowerment intervention usually equips the individual with an instrument of self-determination, provides competency awareness, and strengthens self-esteem. Sometimes it triggers the decision of disclosure, which might be a starting point to abandon abusive relationships.

5.11 Legal Assistance

The services of a legal practitioner will be needed when, based on contact with survivors of gender based violence, it is obvious that the survivor is in need of any of the legal assistance hereinafter listed. Hence the survivor shall be referred appropriately.

If the client is indigent, or economically disadvantaged (as most often economic avenues are cut off), this service shall be provided by the Sexual and Gender Based Violence Response Department or other legal practitioners and non-governmental organizations that offer pro-bono services; hence, referrals should be made. Some legal services often associated with gender based violence cases include but not limited to –

- (a) Filing of Petition to obtain and enforce the Court Orders applicable as stipulated in the VAPP Law, 2020 and other relevant laws.
- (b) Filing of Custody and Child Maintenance
- (c) Civil Compensation
- (d) Court Representation
- (e) Petitions
- (f) Filing of Judicial Separation/Divorce

5.12 Family Welfare Support

The various units of the Ministry of Women Affairs and Social Welfare are charged with the responsibility of responding to issues that border on paternity disputes and denial, child maintenance and access, social enquiry/ assessment, child beyond parental control, a child in conflict with the law, and other related matters.

The services of the Ministry of Women Affairs and Social Welfare will be required when, after all engagements with survivors of gender based violence, it is obvious that the welfare of the child(ren) or other vulnerable family members are at risk and that they are in need of social support including welfare, child maintenance, and access. Hence, the survivor shall be referred appropriately.

However, the units will ensure that –

- (a) In all considerations, the best interest of the child(ren) is paramount as stipulated in Section 1 (1) of the Akwa Ibom State Child’s Right Law, 2008.
- (b) The dispute or unresolved differences between both parents do not obstruct the well-being of the child(ren), including upkeep, education, accommodation, maintenance, health, etc.
- (c) The position of maintenance and access to the child(ren) is attended to and dealt with appropriately as may be agreed by both parties or the court.
- (d) Necessary follow-ups are activated, to ensure compliance.
- (e) All structures and plans initiated are sustainable and adequate.

5.13 Forensic Investigation and Analyses Procedures

The role of the Forensic Investigator (FI) and Forensic Scientist (FS) is to provide timely, high-quality Forensic Investigation and Analysis support that can potentially lead to the resolution of sexual assault and domestic violence cases.

The FI from FS will respond to Police or other authorised stakeholder requests for assistance in crime scene investigation and processing to ensure that the crime scene is processed professionally, and evidence is collected appropriately and transferred to FC under chain-custody for analysis by the FS.

FC shall be responsible for all Forensic analyses. All Forensic Analyses shall be performed at FC or at an alternate crime laboratory that is ISO 17025 accredited. The alternate laboratory shall be designated by FC when indicated.

Forensic Investigations and Analyses shall be performed by investigators and scientists that are qualified and certified in relevant disciplines.

5.13.1 Responsibility and conduct of forensic investigations

When invited, a well-trained FC Crime Scene Investigator (CSI) will assist the Nigeria Police to perform crime scene investigations and collect evidentiary items concerning domestic violence and sexual assault. The CSI shall maintain the Chain-of-Custody until all items are handed over to the crime laboratory for analysis.

5.13.2 The Forensic Investigator's responsibilities shall include but not limited to –

- (a) Respond to calls for help with crime scene investigation.
- (b) Provide personal protective equipment and crime scene investigation tools and consumables.
- (c) Process and document the crime scene within 24 hours of receiving a call for assistance.
- (d) Collect and package evidentiary items
- (e) Transport the evidentiary items under a chain of custody to FC
- (f) Secure storage of the evidentiary items until transferred to a Forensic Case Manager
- (g) Collection of reference DNA samples from suspects
- (h) Testify as an expert witness in Court

5.13.3 Responsibilities and Conduct of Forensic

A well-trained and qualified FC Forensic Scientist will perform all forensic evidence examinations, forensic serology, and forensic DNA analyses to support domestic violence and sexual assault investigations.

5.13.4 The Forensic Scientist's Responsibilities Shall Include But are Not Limited to –

- (a) Assessment of Sexual Assault Kits and all evidentiary items received from the Nigeria Police, Medical Forensic Examiner and Forensic Investigator.
- (b) Examine evidentiary items using standard forensic evidence examination procedures.
- (c) Perform forensic serology and forensic DNA analyses as appropriate on probative samples.
- (d) Prepare forensic serology and/or forensic DNA reports
- (e) Submit a report to the Investigating Police Officer and Attorney General of Akwa Ibom State Ministry of Justice.
- (f) Testify as an expert witness in Court

5.13.5 Requests for Crime Scene Investigation

Crime scene investigation will be performed if required by the following –

- (a) A Law Enforcement Agency;
- (b) The office of the Attorney General; and
- (c) Pursuant to a Court Order.

5.13.6 Requests for Forensic Analysis

Forensic Analysis of evidentiary items will be performed if requested by the following–

- (a) A Law Enforcement Agency;
- (b) The office of the Attorney-General;
- (c) The Ministry of Women Affairs and Social Welfare;
- (d) Office of the State Chairperson, AKGBVMC;
- (e) The medical examiner or coroner's office;
- (f) A hospital;
- (g) Relevant Akwa Ibom State Government Ministries or Agencies; and
- (h) Pursuant to a Court Order.

5.13.7 Procedure for Requesting Forensic Analysis

- (a) Collect and package all physical evidentiary items using the protocol recommended by FC.
- (b) Complete the FC Forensic Case Submission form (FC Form For 002).
- (c) Call 08032713332 or email aksgbvmc@gmail.com to notify FC that evidentiary items will be submitted. The call should indicate the submission date and approximate time of submission.

5.13.8 Costs of the Forensic Investigation and Analysis

Survivors shall not be responsible for payment for crime scene investigation and forensic analysis. The Akwa State Government through the Ministry of Justice shall be responsible for all costs associated with crime scene investigations and forensic analysis.

5.14 Counselling/Psychotherapy

When, based on the interview or contact with survivors of domestic and sexual violence, it is obvious that a survivor, his/her children, and/or other vulnerable family members are exposed to domestic violence, it will be necessary to refer them for counselling or psychotherapy as the case may be. Counselling and therapeutic sessions help facilitate quick recovery and healing for survivors from traumatic experiences, unveiling better ways and strategies to deal with the crisis.

This service will be made available to –

- (a) Survivors of Gender Based Violence
- (b) Perpetrators who are open to receiving counselling
- (c) Children who have experienced or are exposed to Gender Based Violence
- (d) Significant other and witnesses directly or indirectly exposed to Gender Based Violence

5.15 Processes and Procedures for Response in Primary and Secondary Schools

5.15.1 The Legal Standard for Reporting Child Abuse Concerns

The Akwa Ibom State Government mandates all staff, teachers, and counsellors at any school to file a report when they have reasonable cause to suspect abuse or neglect. This is an extremely low level threshold. Mandated Reporters do not have to wait until they become very suspicious or they have conclusive evidence.

However, all staff, teachers and counsellors in schools must keep in mind that they are not required to determine whether abuse or neglect has actually occurred. The police, medical/healthcare practitioners, and welfare officers are responsible for investigating reports of abuse and neglect and for determining how each case will progress. School staff, teachers and counsellors must however make a report whenever they suspect that abuse or neglect may have occurred.

It is also important to note that every staff, teacher, and counsellor in schools is considered a mandated reporter. However, all schools must have a Designated Child Safeguarding/Protection Officer (DCSO) who has lead responsibility for child protection issues in the school and regularly provides child protection advice to all staff, teachers and counsellor in the school.

5.15.2 Liability for Failure to Report

If school responders fail to file a report of suspected abuse or neglect, it shall be regarded as gross misconduct and subjected to disciplinary action.

Pursuant to the Executive Order on Sex Offenders Register and Mandated Reporting Programme,....and Section.....of the Akwa Ibom State Administration of Criminal Justice, 2022, responders may also be subjected to both civil and criminal liability. In a civil action, they may be held liable for all damages that any person suffers due to failure to file a report. In a criminal action, the individual may be found guilty of a misdemeanour punishable by confinement for up to two years.

Also liable are school responders, notifying supervisors, or other agency administrators who DO NOT satisfy their legal obligation to file a report with the Child Protection Unit (CPU) or other relevant.

5.15.3 There are NO Excuses for Failing to Report

School responders may believe that filing a report will not lead to any benefit to the child involved; filing a report may actually place the child at an increased risk of abuse or neglect; or feel uncertain that abuse or neglect has actually occurred. Such concerns of any nature DO NOT discharge school responder's legal obligation to file a report. Such concerns WILL NOT protect school responders from liability for failing to report.

5.15.4 School Responders Cannot be "Punished" for filing a report

When school responders file a report in good faith, they cannot be held liable to any person for any damages they may suffer. The school responders are also immuned from any criminal liability that could otherwise result. When a school responder files a report, he/she is presumed to have acted in good faith. An aggrieved person would have the burden of proving that the school responder made a report for some reason unrelated to the well-being of the child who was the subject of the report. An aggrieved person cannot meet this burden if the filing is motivated by the school responder's concern for a child's well-being.

Furthermore, school responders cannot be dismissed or otherwise penalised within their organization for making a report required by the Law or for cooperating in an investigation.

5.15.5 School Responder's Identity will be kept Confidential

When a school responder files a report with the CPU or other relevant agency, his/her identity will not be shared with any person unless the school responder agrees in writing to that disclosure or a Judge orders such disclosure. The school responder's identity may be disclosed to a Child Protection Agency or a law enforcement agency that is investigating the alleged abuse. Any concerns that a parent may discern the responder's identity DOES NOT discharge the responder's obligation to file a report.

5.15.6 Reporting Procedures

When school responders have concerns about a child's welfare, see a child being abused, observe signs of abuse in a child or a child reports being abused, it is important that prompt attention and response be accorded such child.

The school must respond to the child's needs by –

- (a) Listening to the child;
- (b) Ensuring the child is safe from immediate harm;
- (c) Taking their disclosure seriously;
- (d) Reassuring that they will take action to keep them safe;
- (e) Promising confidentiality;
- (f) Informing them of what they are going to do next;
- (g) Questioning further or approach/inform the alleged abuser;
- (h) Attending to any physical or emotional distress in the child;
- (i) Taking the child to an approved Medical/Health Facility as appropriate; and
- (j) Calling the Police if the child is in immediate danger.

5.15.7 Immediately discuss your concerns with the Designated Child Protection/ Safeguarding Officer (DCSO) or Line Manager

- (a) Who will consider further actions required.
- (b) Have consultations with appropriate agencies.

Concerns, discussions and reasons for discussions should be recorded in writing by receiving responder agency or organisation.

5.16 Procedures for Post-Secondary and Tertiary Institutions

5.16.1 When Gender Based Violence occurs within the jurisdiction and confines of any school facility (including school premises, in and off-campus hotels) survivors, mandated reporters and other witnesses must report to the Students' Affairs Unit or any other similar unit set up in educational institutions to monitor and interact with the affairs and operations of students. This is regarded as the initial contact with the survivor and as such a very important stage in determining the outcome of the entire process. It is expedient that institutions through the Dean of Students' Affairs (DSA) set up a specialised response unit to

oversee cases of Sexual Violence within its jurisdiction.

5.16.2 Practitioners at this point should have a stream of referral options to fetch from in the course of responding to Gender Based Violence cases. It is very important at this point to consider the application of principles and standards; the most important being individuation – having in mind that every situation is different from the other and as such should not be treated as the same.

5.16.3 Immediate reporting is strongly advised for the purpose of evidential materials. However, survivors may disclose an incident of Gender Based Violence at any time. This disclosure may come right after the incident or days, weeks or even months later. The team will need to be prepared to respond to both immediate and delayed disclosures and incidents perpetrated by acquaintances or strangers.

5.16.4 The first task for the unit members is to ensure that the survivor is safe and receives the necessary medical attention and crisis support. In cases of a recent assault, the survivor should be informed that medical evidence must be collected within 72 hours after a sexual assault. If a survivor is unsure of involving the Police, evidence can be collected and stored at a sexual assault/domestic violence treatment centre for up to six months. Survivors should be informed that there is a short time frame within which to conduct drug testing in the case of a suspected drug-facilitated sexual assault.

5.16.5 Primary Functions for The Unit also Include –

- (a) Helping the survivor decide to formally report the incident. This should include an explanation of the criminal justice system proceedings or the institution's disciplinary process.
- (b) Helping the victim develop a safety plan.
- (c) Providing referrals to counselling, peer groups, and other campus and community services.
- (d) Supporting a requested change in residence or campus housing.
- (e) Facilitating academic considerations, such as extensions and assignments, a request to drop a class, or continue studies from home.

5.16.6 If requested, the team members may also assist the survivor in contacting family members or friends.

5.16.7 Safeguarding the confidentiality of the survivor is critical throughout this process. Referrals to services or requests for accommodations should not be dependent on the survivor's disclosure of the details of the incident.

5.16.8 This is also considered as the stage of initiating referrals. Hence, after interviewing the survivor, following a sequential manner, the survivor should be referred –

- (a) For medical assistance at the School Health Facility/Designated Health Facility.
- (b) To the School Security for Security and Protection as well as to investigate and apprehend the alleged perpetrator.
- (c) For counselling and psychological support at the school Counselling Unit.
- (d) To AKGBVMC for further response and prosecution.

Part 6: General Considerations

6.1 Rights of Survivor/Clients using Support Service

Persons experiencing Gender Based Violence that approach an organisation to access services have a right to –

- (a) Have control over their lives and always have the choice of accepting information.
- (b) Be acknowledged as being in the best position to understand and express, to the support service worker(s), their need for assistance.
- (c) Privacy and confidentiality with regards to client information
- (d) Be treated by all support service workers with compassion and courtesy and with due respect for their rights, dignity and well being
- (e) Expect reliable assistance, of high quality, which is legally and in some instances culturally appropriate.

6.2 Accreditation of NGOs/CSOs and their Services

6.2.1 All Non-Governmental Organisations and Civil Society Organisations providing direct or indirect services for survivors of Gender-Based Violence must be duly verified and registered with the Ministry of Justice. Their details would be included in the existing GBV directory of relevant service providers at no cost. This process is to ensure the authenticity of the responder agency and its services regarding Domestic and Sexual Violence in the State.

6.2.2 Requirements for an organisation to be listed in Akwa Ibom State Directory of Service Providers include –

- (a) The organisation must be registered with the Corporate Affairs Commission, the State(s) and Local Government as the case may be. They must also have a certificate from the Special Control Unit on Money Laundering (SCUML) as may be applicable.
- (b) The management and staff of the organization directly interfacing with children must have signed up to a Child Protection Policy as provided for in the Executive

Order on Akwa Ibom State Safeguarding and Child Protection Programme.

- (c) Evidence of all staff of the organizations having signed the recommended non-disclosure agreement on joining the organization as staff and volunteers.
- (d) The organization should provide at least one service in one or more sectors having direct relevance to the protection of the rights of persons/individuals. Such sectors include health, education, human rights, justice, psycho-social welfare, shelter, legal aid, and economic well-being.
- (e) The organisation should be able to demonstrate its capacity to provide its specified relevant service(s) as regards Gender Based Violence.
- (f) The Organisation must show evidence of service provision
- (g) The Organisation should have strong communication channels; this include a known verifiable physical address, website, emails, at least one social media handle, and a hotline.
- (h) The Organisation should have qualified professionals/staff in the area of service delivery.

6.3 Trainings and Orientation for Gender Based Violence Responder Groups

6.3.1 Regular training and professional development help build knowledge and expertise to respond to Gender Based Violence.

6.3.2 Training for responder groups/units members should cover –

- (a) Best practices for supporting survivors and responding to incidents of Gender Based Violence;
- (b) Emerging issues in Gender Based Violence;
- (c) Innovations in Gender Based Violence; and
- (d) Promising practices in the development of Gender Based Violence policies and protocols.

6.3.3 Furthermore, trainings should facilitate knowledge sharing among groups/units members and between the responder agencies and community services.

6.3.4 Involving grassroots stakeholders in trainings offers the opportunity to discuss community specific issues and community concerns about the effects of Gender Based Violence in communities. Creating opportunities for sharing information between institutions will further build group/unit/teams' expertise.

6.4 Media Interaction

6.4.1 When engaging survivors and responding to an alleged case of Gender Based Violence, responder agencies are obliged to avoid every form of publication on any media platform not in conformity with the Code of Ethics for NGOs/CSOs or until the suspected case has been established.

6.4.2 A case is established when the suspect has been convicted by a Court of competent jurisdiction.

6.4.3 Responders who must engage the media regarding Incidents of Gender Based Violence should be appropriately trained on the dynamics of Gender Based Violence and media interactions prior to any media engagement.

6.5 Records of Data/Information on Cases of Gender-Based Violence

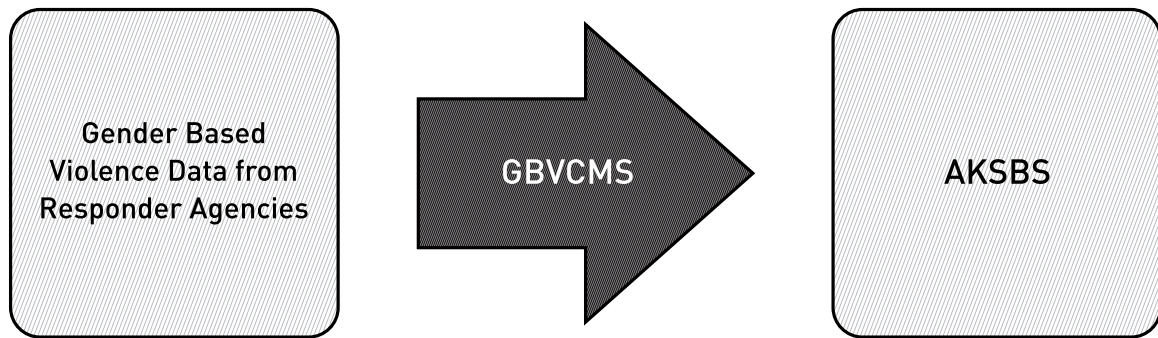
6.5.1 All responder agencies shall accurately keep records of cases of Gender Based Violence in accordance with extant laws.

6.5.2 All responder agencies shall accurately input data/records of cases of Gender Based Violence into Gender Based Violence Case Management System (GBVCMS), which will be collated and forwarded to the Akwa Ibom State Bureau of Statistics.

6.5.3 Additionally, the GBVCMS will be a Case Information/Data Management System that synchronises Gender Based Violence Information inputted from the various accredited responder agencies.

6.5.4 For Sexual Violence cases involving victims under 18 years, SGBV and CPU of the Ministry of Women Affairs and Social Welfare shall both have access to and share clients' data/records through an agreed upon integrated system. To avoid duplication of data there would be a synchronization of records/data between the GBVCMS and the Child Protection Information Management System (CPIMS) as it concerns child sexual abuse.

6.5.5 The GBVMC shall oversee the effects of procedures in cases of Gender Based Violence and ensure data processing as well as their availability to the public.



All Gender based Violence Data must be appropriately documented and inputted into the GBVCMS

DSVCMS collates, and forward to Akwa Ibom manages State Bureau of Statistics. Gender Based Violence Case Information/ Data Management System.

Figure 5: Framework of Gender Based Violence Case Information/Data Management Systems.

Part 7: Conclusion

This manual has given an insight into the issue of Gender Based Violence as well as established a unified, consistent response to cases of sexual abuse and other forms of gender based violence from survivor support service providers, medical services, law enforcement agencies, prosecutors and the courts. It provides a strong and more proactive response and support for all gender based violence issues as well as strengthening advocacy against this menace.

This manual will also foster and create synergy between and within Responder Agencies as well as access to interventions and justice for survivors of all forms of gender based violence, ensuring that survivors are safe and perpetrators are held accountable for their crimes. It is the hope of the Akwa Ibom State Gender Based Violence Management Committee that all responders and key players will cooperate in carrying out their respective duties and functions in order to realise the primary objective of this manual.



Akwa Ibom State
Gender Based Violence
Management Committee

