Police services provision, part of multi-sectoral response to GBV
Standard Operating Procedures
2015
## Contents

<table>
<thead>
<tr>
<th>Purpose and objectives</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Applicability</td>
<td>6</td>
</tr>
<tr>
<td>Guiding principles</td>
<td>7</td>
</tr>
<tr>
<td>Principles of multi-sectoral response to GBV</td>
<td>7</td>
</tr>
<tr>
<td>Principles of working with GBV victims/survivors</td>
<td>7</td>
</tr>
<tr>
<td>Conditions and behaviours that might indicate GBV</td>
<td>9</td>
</tr>
<tr>
<td>Conditions that might indicate GBV</td>
<td>9</td>
</tr>
<tr>
<td>Behaviours associated with GBV</td>
<td>10</td>
</tr>
<tr>
<td>How to interact with a GBV victim/survivor</td>
<td>11</td>
</tr>
<tr>
<td>Procedures</td>
<td>13</td>
</tr>
<tr>
<td>Identification</td>
<td>13</td>
</tr>
<tr>
<td>Evaluation</td>
<td>15</td>
</tr>
<tr>
<td>Service provision/Intervention</td>
<td>16</td>
</tr>
<tr>
<td>Investigation</td>
<td>16</td>
</tr>
<tr>
<td>Collecting evidence</td>
<td>18</td>
</tr>
<tr>
<td>Risk assessment and management</td>
<td>19</td>
</tr>
<tr>
<td>Documenting GBV</td>
<td>21</td>
</tr>
<tr>
<td>Referral</td>
<td>22</td>
</tr>
<tr>
<td>Plan for interview when conducting an investigation - model</td>
<td>23</td>
</tr>
<tr>
<td>Individual safety plan in case of violence by intimate partners or other family members - model</td>
<td>25</td>
</tr>
<tr>
<td>Glossary of terms</td>
<td>26</td>
</tr>
<tr>
<td>References/related documents</td>
<td>29</td>
</tr>
</tbody>
</table>
Police services provision, part of multi-sectoral response to GBV
Standard Operating Procedures
Purpose and objectives

As police are often the gatekeepers to the system, their response to a victim/survivor is often the basis upon which women decide whether or not to continue in the system. In other cases they may actually prevent women from even having the ability to make this decision.

The Standard Operating Procedures (SOPs) provide clear and detailed description of routine actions of police which provide assistance/services for GBV victims/survivors.

The objectives of SOPs for intervention on GBV cases of police are the following:

- assist for effective identification of GBV victims/survivors,
- ensure and/or increase the victim/survivor’s safety at all stages of the intervention;
- ensure quality and consistency of service provision;
- facilitate improved and coordinated GBV documentation and data collection;
- guaranty the confidentiality of the services provided to GBV victims/survivors;
- facilitate effective referral for GBV victims/survivors within and outside the law enforcement sector; and
- link the police with the other service provided to GBV victims/survivors.

While both men and boys can also suffer from the direct and indirect impacts of gender-based violence, this SOP’s primary focus is on women and girls as they are overwhelmingly targeted for violence and abuse; and the forms of violence they experience, the severity, frequency and consequences are very different from violence experienced by men.
Applicability

For justice services to be effective, they should ensure that a broad range of options are available to all GBV victims/survivors, from reporting or initial contact to ensuring appropriate remedies. Essential justice services are of universal relevance for all formal justice systems, including relevant legal domains (criminal, civil, administrative and family law) as well as common law, civil law traditions and religious based justice traditions. The essential services encompass:

- prevention measures
- initial contact
- investigation
- pre-trial/hearing process
- trial/hearing process
- perpetrator accountability and reparation
- post trial processes
- protection, support, communication and coordination

The police represent a part of the formal justice system, responsible to investigate and prosecute GBV cases that are disclosed to these institutions and constitute offences under the national laws. Also, it is one of the most important key-entry points for GBV victims/survivors, often the first stop for asking for legal aid by GBV victims/survivors. Because the other justice providers, except police, intervene later in the flow of GBV victim/survivor’s assistance and their procedures are very specific and regulated by specific laws, the present SOPs will refer only to the police response to GBV.

The SOPs describe clear procedures that regulate the step-by-step routine activity, the roles, and responsibilities to be followed by the staff of any police department/institution/agency. The SOPs will detail two essential services, initial contact and investigation.

For a better implementation of the SOPs, a minimal training of counsellors in using the present SOPs is indicated. Preferably, the training should be part of a comprehensive training programme/curriculum, which includes sections on multi-sectoral response to GBV, specific response to GBV of police and prevention and awareness.

The SOPs does not include any description of the specific duties of the police officers (internal flow of information and procedures, specific documentation of incidents, reporting). Any other specific procedures, regulated by country legislation, regulations and statues, may be added when the present SOPs are adapted to the country.
Guiding principles

Principles of multi-sectoral response to GBV

**Victim-centred approach.** All service providers engaged in multi-sectoral response to GBV prioritize the rights, needs and wishes of victim/survivor.

**Partnership.** The multi-sectoral response to GBV implies good cooperation and coordination of involved institutions/organizations.

**Participative management.** The rules regarding the multi-sectoral intervention and referral, the strategies and action plans, including planning, implementing, monitoring and evaluating programmes should be done in a participatory manner, including the input of beneficiaries (if applicable).

**Strategic planning.** The policies that address GBV phenomenon should be translated in inter-institutional common strategies, with specific objectives and activities.

**Integrated services.** The procedures for intervention and referral as well as the protection measures require a multi-disciplinary approach based on unified work methodology.

**Prevention.** An effective integrated approach sets as a priority also the prevention of GBV.

**Accountability.** All interventions/organizations have to ensure the accountability (and measures of it) for staff to implement and respect the agreed programs/rules and to follow these guiding principles in their work.

**Sustainability.** Despite the political changes or staff turnover/demotivation, once the multi-sectoral response to GBV is assumed, the institutions/organizations should ensure all conditions to implement and sustain this approach.

Principles of working with GBV victims/survivors

**Safety and security.** The safety of both the victim/survivor and the police officer should be a priority when investigating a GBV case. Evaluating the safety of the GBV victim/survivor needs to be done at the moment of identification and when the person reveals she/he has been victim of GBV. When starting the interaction with a GBV victim/survivor it is important to consider the possible threats (violent husbands, family members) to ensure that the investigation can be done without likely harm to one-self, the GBV victim/survivor or other colleagues.
Confidentiality. Respecting confidentiality is an important measure to ensure the safety of both the GBV victim/survivor and the police officer. All the time, the confidentiality of the victim/survivor shall be respected. This includes sharing only the necessary information, only in the situation that is necessary or requested, and only with the victim/survivor’s agreement. Privacy during the case investigation and confidentiality of data collection, record keeping, reporting and information sharing will decrease the exposure of both GBV victim/survivor and police officer. Maintaining confidentiality ensures that a GBV victim/survivor does not experience further threats and/or violence as a result of seeking assistance and also protects police officer from threats of violent perpetrators or family members. Shared confidentiality in the police profession means that GBV victim/survivor information may be shared with other police officers on a “need to know basis” only. Information may be shared with colleagues if there is a practical/administrative reason for it and the police officer is referring the GBV victim/survivor to another police officer. This must be explained to the GBV victim/survivor beforehand and she must understand what information and to whom this will be shared, and, if possible, consent must be obtained. If the confidentiality is limited by a regulation regarding mandatory reporting, the victim/survivor should be informed immediately.

Informed choice. Any action should be made only with the GBV victim/survivor’s permission and after obtaining of an informed consent.

Victim’s needs centred. During the intervention on GBV incidents/cases, respecting the GBV victim/survivor’s wishes, rights, and dignity is the best approach aimed to create an environment full of respect, which may facilitate the GBV victim/survivor’s ability to identify her needs and to make decisions about possible ways of action. Police should support victims/survivors in their decision-making, considering the victim/survivor risks and vulnerabilities.

Perpetrator accountability requires police services to effectively hold the perpetrators accountable while ensuring a fair investigation of the incident. Police need to make all efforts in identifying the perpetrator (when is the case), to inform the perpetrator on the legal consequences of its violent acts, and to take all legal steps for referring the case to justice.

Non-discrimination. Regardless of age, race, national origin, religion, sexual orientation, gender identity, disability, marital status, educational and socio-economic status, all victims/survivors are equal and shall be treated the same and have equal access to services.
Conditions and behaviours that might indicate GBV

In many cases, the GBV victim/survivor might change their mind after asking for help from law enforcement and does not want to make a formal complaint. Moreover, some of them try to deny the real reason for seeking help. Some of the barriers GBV victims/survivors face in official reporting GBV and leaving violent relations/situations are:

- diminished cognitive functioning and mental or physical disability;
- lack of awareness of what GBV means and the diversity of forms;
- fear of the perpetrator;
- shame, fear of social consequences, especially in traditional and religious communities;
- financial dependency on the perpetrator (often the victims/survivors have no job, money, place to leave);
- investments in partners, families, properties, common business to leave;
- a perceived limited awareness or actual lack of access to available services;
- lack of culturally appropriate services;
- fear that they will not be believed;
- perception that services will not be able to offer assistance.

However, it is possible to identify the GBV victim/survivor through signs of abuse if observed and shared by a relative, neighbour or other service provider, and even if a women doesn’t want or is scared to go through legal procedures, she still has a chance to receive help through other channels like offices of psychosocial services or women’s support groups.

Conditions that might indicate GBV

- Multiple injuries, in multiple body zones that may not be fall result
- Unexplained injuries or with unclear/confusing explanations
- Symmetrical injuries
- Bruises, wounds, lacerations, bites, burns on different stages of recovery, especially on arms and face
- Injuries hidden by clothes
Police services provision, part of multi-sectoral response to GBV

Standard Operating Procedures

- Constant feeling of danger (always feeling on the alert)
- Fear of everything
- Headaches
- Substance abuse
- Physical reactions (trembling or fainting on remembering the traumatic event)

**Behaviours associated with GBV**

- Discomfort, inability to focus in the presence of partner
- Attempts to justify the behaviour of the abuser
- Entrenched belief that the abuser will change
- Partner refusing to leave the room where officer is talking to GBV victim/survivor
- Indecisiveness
- Changes in statements, story of incidents
- Denial of and minimizing the event and the consequences, and the belief that matters are under control
- Tendency to generalize (like saying “all people are abusive”)
- Lack of access to a phone where she/he can be contacted
- Moodiness and emotional instability
- Loss of emotional control
- Difficulty in making decisions
How to interact with a GBV victim/survivor

Asking about GBV might be challenging for any service provider. The following recommendations help provider to increase confidence in asking about GBV and also to avoid re-victimisation.

- If possible, leave anything (e.g. gun, cudgel) linked with the law enforcement status, and might intimidate the GBV victim/survivor, outside the room where the interaction with the GBV victim/survivor will take place. If not possible and it is mandatory to keep them with you, explain this to the victim/survivor and highlight that this has nothing to do with her/his situation.

- Take the initiative to ask about violence – do not wait for the woman to bring it up. This shows that you take a professional responsibility for her situation, and it helps to build trust.

- Avoid asking about GBV in the presence of family member, friend, children or any other person.

- Be patient with GBV victims/survivors, keeping in mind that in crisis they may have contradictory feelings. Don’t pressure the victim/survivor to disclose. If she/he does not disclose, tell her/him what made you think about violence.

- Avoid unnecessary interruptions and ask questions for clarification only after she has completed her account.

- Avoid passive listening and non-commenting. This may make her think that you do not believe her and that she is wrong, and the perpetrator is right. Carefully listen to her experience and assure her that her feelings are justified.

- Use the same language as the victim/survivor; if the victim/survivor speaks other language that the provider, ask for a provider who speaks the same language or for an interpreter to assist her/him.

- Adapt language and words at the understanding level of the victim/survivor. Do not use professional jargon and expression that might confuse the victim/survivor.

- Formulate questions and phrases in a supportive and non-judgmental manner, using a sympathetic voice. Use open-ended questions and avoid questions starting with “why”, which tends to imply blame of GBV victim/survivor.

- Don’t blame the woman. Avoid questions such as “Why do you stay with him?”, “Did you have an argument before violence happened?”, “What were you doing out alone?”, “What were you wearing?” Instead, reinforce that GBV cannot be tolerated.
Use supportive statements, such as “I am sorry that this happened to you” or “You really have been through a lot”, which may encourage the woman to disclose more information.

Emphasize that violence is not victim/survivor’s fault and only the perpetrator is responsible for.

Explain that the information will remain confidential and inform her about any limitations to confidentiality.

Use eye contact as culturally appropriate, and focus all attention on the victim/survivor. Avoid doing paper work at the same time.

Be aware of your body language. How you stand and hold your arms and head, the nature of your facial expression and tone of voice all convey a clear message to the woman about how you perceive the situation. Show a non-judgemental and supportive attitude and validate what she is saying. Avoid body language conveying the message of irritation, disbelief, dislike or anger toward the victim/survivor.

Do not judge a victim/survivor’s behaviour based on culture or religion.
Procedures

A positive initial contact experience with the justice system is crucial for GBV victims/survivors. The initial contact must demonstrate to the GBV victims/survivor that the justice system, in particular police officers, are committed to her safety, take her complaint seriously, and want to ensure that she is well supported during the justice assistance. In the same time, investigations of GBV are essential to be started in a timely and professional manner, and meet the quality requirements for evidence collection and investigation.

The step-by-step procedures are grouped by the type of action that can be done, organized in the following sections: identification, evaluation, legal assistance/investigation, collect evidence, documentation, and referral. If a person suffers a form of GBV, the law enforcement staff must make all efforts to ensure that the victim/survivor obtains all the support that may receive. In all stages of the assistance, the victim’s autonomy and confidentiality are subsequent to victim’s security.

Identification

First step in any GBV intervention is to identify the victim/survivor; this may be done in different ways: self-disclosure of the victim/survivor, reporting by other provider/person, and provider’s identification (police legal action ex officio). Also, the law enforcement staff may meet the GBV victim/survivor for the first time at institution premises or at the place where the violent incident happened, in emergency situations (after a telephone call from victim/survivor or other persons).

When police intervene after an emergency telephone call:

- Make contact with the victim/survivor as soon as possible to address safety concerns (for victim/survivor, children who are present).
- Immediately separate the victim/survivor from the perpetrator.
- Identify and secure any weapons that may be at hand, to protect all persons present.
- Refer for emergency medical assistance if needed.
- Evaluate the scene for people, vehicles, or objects involved as well as possible threats.
- Relay all vital information to other officers, including any possible language barriers.
In case of physical violence with life threatening outcomes or sexual violence, secure the crime scene to ensure that evidence is not lost, changed, or contaminated.

Request assistance from other specialists (e.g. field evidence technicians, crime laboratory personnel, and the prosecuting attorney) when appropriate.

Isolate, search and secure the perpetrator (if present) and remove him from the scene.

In cases when the victim/survivor is asking for assistance directly at police premises or in case of referral from other institutions/services:

- A victim/survivor reaching out for assistance may be in crisis. The victim/survivor’s behaviours may actually be symptomatic of this condition and can range from hysteria, crying and rage to laughter, calmness, and unresponsiveness. There is no one typical reaction, so it is important to refrain from judging or disregarding any victim/survivor.

- Greet the person in a welcoming manner.

- Introduce yourself and briefly explain the institution’s mandate/services.

- Kindly ask the person to introduce herself/himself.

- Addressing immediate health needs which may threaten the life or integrity of the victim/survivor and ensuring the safety of the victims/survivors and possible accompanying children must be priorities. Refer victims/survivors with severe, life-threatening conditions for emergency treatment immediately, prior any further step of investigation.

- Ask the person about the preference to be assisted by a police officer of the same sex (especially in cases of sexual violence).

- Give the person the chance to ask questions about everything may consider important.

- Gain victim/survivor’s trust to increase the quality and accuracy of the information you need for your investigation and prosecution.

- Remember the needs of different population groups (e.g. persons with physical or mental disabilities, religious persons, and ethnic minorities) and make efforts to address them.

- Create a confidential and compassionate environment, attentively listen to the person and give validating messages (please refer to section How to interact with a GBV victim/survivor).
- Limit the number of people a victim/survivor must deal with.

- Pay attention to asking questions about GBV in situation when a third person may hear the conversation.

- Do not leave the victim/survivor alone, especially when self-injuries are suspected or the risk for it is present.

A good police officer should be always aware of possible link of GBV with other crimes. For example, there might be a potential link between missing persons and honour killing. The missing person could be a victim/survivor of a domestic homicide. A child may have run away from home to escape domestic violence or other forms of abuse (child marriage) that are occurring in the home.

**Evaluation**

After identification of a GBV victim/survivor, the police staff should make a decision on the next steps (legal assistance/investigation, collection of evidence, documenting GBV, and referral) to be followed, according to the resources, skills and mandate to effectively address GBV. An assessment of victim/survivor’s needs and resources should be undertaken that would serve as basis for development of further steps of investigation.

- Obtain consent for services that will be provided. If the victim/survivor cannot read and write, the informed consent statement will be read up to the victim/survivor and a verbal consent will be obtained (this will be mentioned in the informed consent form or other records).

- Explain the right to provide limited consent where they can choose which information is released and which is kept confidential.

- Give adequate information for informed consent. Inform the victims/survivors about possible implications of sharing information about her/his case with other institutions/services.

- Ask the victim/survivor to tell in her own words what happened, to talk about the perpetrator, types of violence, current GBV incident and previous GBV experiences. Encourage the victim/survivor to be specific and to tell her personal story, not what she might consider being common with other GBV situations.

- Minimize the number of times a victim/survivors must relay her story.
Assure the victim/survivor that she/he is assisted in a non-judgemental, compassionate and understanding way, and all efforts will be made to help her/him.

Ask the victim/survivor to express her/his own expectations from the law enforcement assistance/intervention.

Think to the assistance/intervention that should be provided, tailored on the needs and expectations in order to protect the GBV victim/survivor.

Service provision/Intervention

Investigation and evidence collection is critical in GBV cases. Due to the fact that most of the GBV forms happen behind closed doors and are rarely reported, the victim/survivor’s testimony is sometimes the only evidence of the violent behaviour. A correct and complete investigation can provide additional evidence for prosecutors to support the victim/survivor’s testimony. In some countries, police or justice have the legal mandate to issue and enforce restraining or protection orders.

While prioritizing the safety of victims/survivors, police officers should also focus efforts on gathering evidence in order to charge a suspect and build a prosecution case upon victim/survivor’s willingness and her further decision to proceed with related legal procedures. The police cannot rely entirely on the victim/survivor’s statement. In all domestic violence cases, investigating officers should explore the history of domestic violence. This information should be used to support the prosecution file and to prove that the offence is part of a pattern of domestic abuse and is not an isolated or single incident.

Investigation

- Explain to the victim/survivor about her/his legal rights and ways to exercise them.

- Advise the victim/survivor on options and assistance available as well as all information that may be necessary or helpful to enable her/him to make a decision.

- Advise the victim/survivor on the right to make a complaint and follow court trial, in accordance with the offence/contravention.

- The victim/survivor should clearly understand that filling up the abuse report is not a criminal action.

- Record the victim/survivor’s complaint in the registration book and assign a registration number for future follow up.
After advising the victim/survivor on the available options, explain clearly the further process, including legal procedures and obtaining counselling and shelter.

When explaining the processes avoid legal terminology as much as possible as many victims/survivors may not understand legal terms and may be confused by them.

The following questions the victim/survivor may want answered: How long will I be here today? How many times will I have to come back? Will the perpetrator find out what I am saying? Can you keep me and my family safe? How long will the investigation take? Will there be a trial? Who will decide if there is going to be a trial? What will I have to do if there is a trial? How long does a trial take? What is a trial like?

Reinsure the victim/survivor about the confidentiality of the information/evidence.

Ask the victim/survivor to tell in her own words what happened, to talk about the perpetrator, types of violence and severity. In case of reporting by other providers some information might be already available.

Evaluate the needs and resources, to understand the social, familial and individual context that affects the victim/survivor’s situation.

Inform the victim/survivor about institution’s mandate, the possible action/intervention that can be made by law enforcement institutions.

Specify the mandatory legal actions (e.g. for certain crimes, the submission of a case file to justice is mandatory, regardless of the victim/survivor’s complaint).

Offer procedural guidance/assistance and counselling, in the mandate limits, as may be necessary, to avoid wasting time and re-victimisation.

Offer psychological support (at basic level) to respond to the immediate psychological needs of GBV victim/survivor. If not possible, ask for assistance from a specialised service or refer the victim/survivor.

Mobilize social support, if needed or at the victim/survivor’s request.

Assist the victim/survivor in safety planning, to increase safety for herself and her children, where needed (please refer to section Safety plan).

Ensure the safety of the victim/survivor, if mandated to do so, during the period of investigation if/when necessary.

Open a case file and process all relevant documents to be sent to the judiciary if/when necessary.
Police services provision, part of multi-sectoral response to GBV
Standard Operating Procedures

- Note what victim/survivor discloses using her/his own words.
- Keep all record in a safe and confidential place.
- Inform the victims/survivors about the possible usage of the records.
- Plan any follow-up assistance/intervention, if and as required.
- Avoid the confrontation with the perpetrator.
- Apply penalties/fines to the perpetrators, according to the law.
- Retain in the police custody/arresting/propose for arresting the perpetrator, according to the police mandate.
- Continue the investigation for submitting the file to prosecution/court.
- Follow-up on the results of the Judicial Department.

Collecting evidence

Officers shall request assistance or direction from crime scene technicians and forensic scientists.

Depending on the country legal framework, documentation of physical injuries and psychological status of a GBV victims/survivors are on the mandate of forensic. Professional forensic examination increases the likelihood that injuries will be documented and evidence collected to aid in the investigation and prosecution of perpetrators. Officers, or any other person except the forensic staff, should not normally be present in the examining room. The medico-legal examination must be conducted and documented in a timely and gender sensitive manner that takes into account the needs and perspectives of the victim/survivor and respect her dignity and integrity.

Officers shall protect the integrity of the evidence and guard the chain of custody by properly marking, packaging, and labelling all evidence collected, including:

- Clothing worn at the time of the assault and immediately afterward, especially in case of sexual assault.
- Photographs and/or videotape of the victim/survivor’s injuries (if any), the suspect’s injuries (if any), and the crime scene prior to processing. When photographing a victim/survivor, the officer must be sensitive to the location of the body injuries and it is recommended to be of the same sex as the victim/survivor.
- Diagram of the crime scene.
DNA evidence plays a crucial role in the sexual assault investigation. In addition to the victim/survivor’s and suspect’s bodies and clothing, there are many other potential sources such as condoms, sheets, blankets, pillows, and bottles that may contain biological evidence such as blood, sweat, tissue, saliva, hair, and urine. To properly collect DNA evidence, officers shall follow internal standard operating procedures, if mandated, or to ask for officers in charge with DNA collection.

The officer should explain to the victim/survivor about collection of evidence process:

- Explain what should be done and what should avoid in order to preserve/not to destroy the evidence (e.g. not to wash, change clothes).
- Explain for what purpose the collected evidence might be important/useful.
- Ask the victim/survivor if she/he desires the evidence of violence to be collected (according to the state law).
- Refer the victim/survivor to the nearest facility that can collect forensic evidence. Provide victim/survivor with the exact information on the service that should assist in this matter.
- Accompany the victims/survivors to forensic service, if needed or requested.
- Recall the importance to collect evidence as soon as possible in a particular GBV situation (e.g. sexual violence).

**Risk assessment and management**

The safety plan is part of the case intervention that can prevent future violent incidents or avoid escalation or exposure to extreme situations. The safety plan is developed taking in consideration risk factors and resources available.

To develop an effective safety plan, understanding the risk factors for repeat and escalating violence is needed. The more risk factors are identified and associated with a GBV case, the higher the risk to which the GBV victims/survivors is exposed.

Risk factors that might be identified:

- Previous acts/incidents of GBV against the victim/survivor, the children or other family members. History of abuse, forms and patterns of violence used, former convictions or reports to police, weapons used are indicators to evaluate the danger.
- Violent behaviour outside the family.
- Separation and divorce are times of high risk.
- The coalition of other family members with the perpetrator.
- Legal or illegal possession and/or use of weapons or threaten to use weapons.
- Alcohol or drugs consumption may disinhibit behaviours and lead to escalation of violence.
- Threats, in particular, threats of murder must be taken seriously.
- Extreme jealousy and possessiveness.
- Extremely patriarchal concepts and attitudes.
- Persecution and psychological terror (stalking).
- Non-compliance with restraining orders by courts or police.
- Possible triggers that may lead to a sudden escalation of violence (changes in the relationship).

A first safety plan needs to be developed and if necessary referral needs to be proposed and organized in a safe non-stigmatizing way.

- List the persons (friends, neighbours) that might be called in an emergency situation or who could give shelter for few days.
- Identify one or more neighbours you can tell about the violence, and ask them to help if they hear a disturbance in your house.
- Practice how to get out of your home safely.
- Pack a safety bag and put it in a place from where can be taken easily in an emergency situation.
- Use your instincts and judgment. If the situation is dangerous, consider giving the abuser what he wants to calm him down. You have the right to protect yourself and your children.
- Think about the possibility to address for future help to other service providers.
- Remember, you do not deserve to be hit or threatened.
Documenting GBV

The documentation of GBV incidents is done in several phases during the service provision by the police: the very first interaction of the GBV victim/survivor with the police system (emergency call system, police registration desk), when interviewing the victim/survivor and perpetrator, during investigation, and at the final step when the police summarizes the whole case.

Any GBV incident should be documented using a specific structured incident form. Using a specific form may maximize the quality of data collected, facilitate track record and follow-up of GBV incidents, and offer useful information for improving intervention and policy making process. If not possible to have a specific form, a set of indicators regarding GBV incidents may be added to the existing forms.

Documenting GBV incidents may include the following information:

- Administrative information on collection of evidence (e.g. type of samples, professional/provider who collect the evidence, place of evidence collection, etc).
- Observations of the crime scene, including the behaviour of the victim/survivor and of the perpetrator.
- Full details of the current incident including evidence to support the alleged offence.
- Type of violence.
- Use of weapons or other tools (how and what type).
- Whether the suspect planned the incident.
- Nature and seriousness of the victim/survivor’s injuries (physical and emotional).
- Reference to previous incidents including those with previous partners.
- Details of any threats made before or since the incident.
- The relations between the victim/survivor and perpetrators.
- Details of witnesses present during the incident, especially if children were present.
- Details of family members, especially the dependents ones.
- Safety planning measures.
- Future plans and actions measures taken.

Any officer who interviews a victim/survivor or a perpetrator, identifies evidence, or processes a crime scene shall write a report detailing the actions and findings.
Referral

- Assist the victim/survivor, including giving assistance or advice in obtaining shelter.
- Where signs of physical or sexual violence are evident, ensure that the victim/survivor undergoes medical examination and receives medical attention.
- Keep up to date a directory of institutions/organisations which provide services for GBV victims/survivors. The directory must include institution’s name, contact person, address, other contact details, list of services provided.
- Evaluate what referral may be useful for the GBV victim/survivor, according to the assessed needs and wishes.
- Inform the victim/survivor about the possibility to be referred to other service providers, as requested and/or needed.
- Obtain the consent of the victim/survivor to make the referral, prior any further step.
- Clarify with the victim/survivor what information will be shared to other service providers and what information will be kept confidential (specify if there are any legal regulation/limitation).
- Give to the victim/survivor complete and correct information about service providers, following the 3W scheme described below:
  - **WHO** – which institution/organization provide services to GBV victims/survivors, adding contact information of a person (name, telephone number) that can be reached as an entry point to that service
  - **WHAT** – what sort of assistance they can expect to receive from a specific service provider, adding cost information related to that service
  - **WHERE** – where exactly is the place (the exact address) of the indicated services
- Make the referral according to the victim/survivor’s choice.
- Accompany the referral by a short written report and a telephone discussion with the other service provider, as a method for avoiding the situation when the victim/survivor has to repeat the story and answering the same questions during multiple interviews, passing again through the psychological trauma caused by the GBV incident.
- Encourage the victim/survivor’s autonomy by empowering her/him to do the referral by itself.
- Accompany the victim/survivor to the referred service provider, if needed and possible.

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Police services provision, part of multi-sectoral response to GBV

Standard Operating Procedures

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Referral

- Assist the victim/survivor, including giving assistance or advice in obtaining shelter.
- Where signs of physical or sexual violence are evident, ensure that the victim/survivor undergoes medical examination and receives medical attention.
- Keep up to date a directory of institutions/organisations which provide services for GBV victims/survivors. The directory must include institution’s name, contact person, address, other contact details, list of services provided.
- Evaluate what referral may be useful for the GBV victim/survivor, according to the assessed needs and wishes.
- Inform the victim/survivor about the possibility to be referred to other service providers, as requested and/or needed.
- Obtain the consent of the victim/survivor to make the referral, prior any further step.
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- Accompany the victim/survivor to the referred service provider, if needed and possible.
## Plan for interview when conducting an investigation - model

<table>
<thead>
<tr>
<th>Category</th>
<th>Sample questions</th>
</tr>
</thead>
</table>
| **Who**  | was the complainant/victim/survivor?  
made the report?  
discovered the offence?  
saw or heard something of importance?  
had a motive for committing the offence?  
committed the offence?  
helped the offender?  
was interviewed?  
worked on the case?  
marked the evidence?  
received the evidence? |
| **What**  | type of offence was committed?  
actions were taken by the suspect and using what methods?  
do the witnesses know about it?  
evidence was obtained?  
was done with the evidence?  
tools or weapons were used?  
actions did you take?  
further action is needed?  
other agencies were notified? |
| **Where** | was the offence committed?  
were the tools or weapons found?  
was the suspect seen?  
were the witnesses?  
was the offence discovered?  
does the offender live or frequently go?  
is the offender?  
would the offender be most likely to go?  
was the offender located/apprehended?  
was the evidence marked?  
was the evidence stored? |
### Police services provision, part of multi-sectoral response to GBV

#### Standard Operating Procedures

<table>
<thead>
<tr>
<th>When</th>
<th>was the offence committed?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>was the offence reported?</td>
</tr>
<tr>
<td></td>
<td>did you arrive?</td>
</tr>
<tr>
<td></td>
<td>did you contact witnesses?</td>
</tr>
<tr>
<td></td>
<td>was the offender located/apprehended?</td>
</tr>
<tr>
<td></td>
<td>did help arrive?</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>How</th>
<th>was the offence committed?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>did the offender get to and from the scene?</td>
</tr>
<tr>
<td></td>
<td>did the offender obtain information needed to commit the offence?</td>
</tr>
<tr>
<td></td>
<td>were the tools or weapons obtained?</td>
</tr>
<tr>
<td></td>
<td>did you get your information regarding the offence?</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Why</th>
<th>was the offence committed?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>were particular tools or weapons used?</td>
</tr>
<tr>
<td></td>
<td>was the offence reported?</td>
</tr>
<tr>
<td></td>
<td>were witnesses reluctant to talk?</td>
</tr>
<tr>
<td></td>
<td>was the witness eager to point out the offender?</td>
</tr>
<tr>
<td></td>
<td>was there a delay in reporting the offence?</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>With whom</th>
<th>does the offender associate?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>are the witnesses connected?</td>
</tr>
<tr>
<td></td>
<td>do you expect to locate the suspect?</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>How much</th>
<th>knowledge was necessary to commit the offence?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>damage was done?</td>
</tr>
<tr>
<td></td>
<td>property was taken, if any?</td>
</tr>
<tr>
<td></td>
<td>trouble was it to carry the property away?</td>
</tr>
<tr>
<td></td>
<td>information are the witnesses withholding?</td>
</tr>
<tr>
<td></td>
<td>is the complainant/victim/survivor withholding?</td>
</tr>
<tr>
<td></td>
<td>additional information do you need to help clear the offence?</td>
</tr>
</tbody>
</table>
## Individual safety plan for women who experienced violence by intimate partners or other family members - model

<table>
<thead>
<tr>
<th>Client ____________________</th>
<th>Police officer ______________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date ____________________</td>
<td>Re-evaluation (dates) ____________________</td>
</tr>
</tbody>
</table>

1. If my own or my children’s safety is in danger at home, I can go to ____________________ or ____________________ (decide this although you would not expect another violent act).

2. In a violent or threatening situation a safe way out is ____________________ (e.g. which doors, windows, elevator, stairs or emergency exit I could use).

3. If an argument seems unavoidable, I will try to have it in a room or an area that I can leave easily. I will try to avoid any room where weapons may be available.

4. I can talk about violence with the following persons and ask them to call the police if they hear suspicious noises in my house: ____________________________________________________.

5. I can use (e.g. a sign, a word) ________________________________________ as a code with my children or friends so that they can call for help.

6. If my partner does not live with me anymore, I can ensure my safety at home (locks, keys, alarm system etc.) ______________________________________________________________.

7. I need the following things in case of a quick departure from home (content of the safety bag):
   - money/cash
   - extra pair of home and car keys
   - extra clothes
   - personal hygiene items
   - mobile phone, important phone numbers, phone card
   - medical prescriptions
   - important documents/cards (passport/identity card, health insurance card etc.)
   - children’s favourite toys
   - other, ______________________________________________________________

8. The police officer has told me that:
   - I am not responsible for the violent behaviour of my partner but I can decide how to improve my and my children’s safety.
   - I deserve better than this: me and my children have the right to lead a safe life.
   - Violence is a crime and I can report it to the police.
   - There are restriction/barring orders and I know how I can apply for them.
   - There are places where to get support ______________________________________

9. The police officer has suggested/we have agreed that I can continue dealing with the problem at the following help providers: ____________________________________________.

10. I can keep this safety plan without endangering my own or my children’s safety at: __________.
Glossary of terms

Different terms can define a person who have had experienced the violence at least once in the life time. The proper term should be used according to the moment when the professionals meet with the person. A person harmed, injured, or killed as a result of a violent action or a person who has come to feel helpless and passive in the face of misfortune or ill-treatment can be called victim. The term is technically accurate but in the same time it contributes to a feeling of powerlessness for those who have suffered some form of GBV. The term survivor defines the person who seeks help, which has or works to develop an ability to cope with trauma, which learns how to protect self, a person which struggles to take back their life. But, ultimate, the survivor is both a victim of GBV and a survivor of GBV. Sometimes, but rarely, the term client is used to identify a person by the services they receive instead of by the violence they have survived. Considering the objectives of this document, the term victim/survivor will be used to cover both situations, before and after they disclose/report the GBV to a professional.

Domestic violence/Intimate partner violence

All acts of physical, sexual, psychological or economic violence that may be committed at home or in a public place by a person who is a family member or a person that has been an intimate partner or spouse or ex-partner, irrespective of whether they lived together (Council of Europe, Convention on preventing and combating violence against women and domestic violence, CETS No. 210).

Child marriage

Formal marriage or informal union under the age of legal consent is a reality for both boys and girls, although girls are disproportionately the most affected (UNICEF, Child marriage, 2012).

Essential services

A core set of services required, at an absolute minimum, to secure the rights, safety and well-being of any woman, girl, or child who experience violence against women. Whilst the essential services may not be provided in the same way in every country or setting, they include a combination of universal services such as health, care and social welfare and well-being, statutory services such as policing and justice responses, and specialist social services.

Gender-based violence

A form of discrimination that seriously inhibits women’s ability to enjoy rights and freedoms on a basis of equality with men (UN Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), General Recommendation No. 19 on VAW, Art. 1).
Justice service providers

Include state/government officials, judges, prosecutors, police, legal aid, court administration, lawyers, paralegals, and victim/survivor support/social services staff.

Mandatory reporting

Refers to legislation passed by some countries or states that requires professionals and/or individuals to report (usually to the police or legal system) any incident of actual or suspected domestic violence or intimate partner violence. In many countries, mandatory reporting applies primarily to child abuse and maltreatment of minors, but in others it has been extended to the reporting of intimate partner violence.

Perpetrator

Person, group, or institution that directly inflicts or otherwise supports violence or other abuse inflicted on another against her/his will (IASC, 2005, Guidelines for gender-based violence interventions in humanitarian settings: Focusing on prevention of and response to sexual violence in emergencies).

Rape/rape attempt

Physically forced or otherwise coerced penetration – even if slight – of the vulva or anus, using a penis, other body parts or an object. The attempt to do so is known as attempted rape (WHO, World report on violence and health).

Referral

The process of how a woman gets in touch with an individual professional or institution about her case and how professionals and institutions communicate and work together to provide her with comprehensive support. Partners in a referral network usually include different government departments, women’s organizations, community organizations, medical institutions and others (UNFPA 2010).

Referral system

A comprehensive institutional framework that connects various entities with well-defined and delineated (albeit in some cases overlapping) mandates, responsibilities and powers into a network of cooperation, with the overall aim of ensuring the protection and assistance of victims/survivors, to aid in their full recovery and empowerment, the prevention of GBV and the prosecution of perpetrators (the so-called 3 p’s). Referral mechanisms work on the basis of efficient lines of communication and establish clearly outlined referral pathways and procedures, with clear and simple sequential steps (UNFPA 2010).
Reporting GBV case

Disclosure of a GBV incident/case by a service provider to another service provider; sharing information about a GBV case to other institution/organization during the process of referral. The reporting could be made only with and within the limits of victim/survivor’s consent, with few exceptions.

Sexual abuse/violence

Any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances, or acts to traffic, or otherwise directed, against a person’s sexuality using coercion, by any person regardless of their relationship to the victim and survivor, in any setting, including but not limited to home and work (WHO, World report on violence and health).

Sexual exploitation

Any actual or attempted abuse of a position of vulnerability, differential power, or trust, for sexual purposes, including, but not limited to, profiting monetarily, socially or politically from the sexual exploitation of another (UN Secretary-General’s Bulletin on protection from sexual exploitation and abuse (PSEA) (ST/SGB/2003/13).

Traffic of human beings

The recruitment, transportation, transfer, harbouring or receipt of persons, by means of the threat or use of force or other forms of coercion, of abduction, of fraud, of deception, of the abuse of power or of a position of vulnerability or of the giving or receiving of payments or benefits to achieve the consent of a person having control over another person, for the purpose of exploitation. Exploitation shall include, at a minimum, the exploitation of the prostitution of others or other forms of sexual exploitation, forced labour or services, slavery or practices similar to slavery, servitude or the removal of organs (Protocol to Prevent, Suppress and Punish Trafficking in Persons contributing to United Nations Convention against Transnational Organized Crime).

Violence against women

Any act of gender-based violence 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 (UN Declaration on the elimination of violence against women. New York, United Nations, 1993). It includes many different forms of violence against women and girls, such as intimate partner violence, non-partner sexual violence, trafficking, and harmful practices such as female genital mutilation.
References/related documents


UNFPA, WAVE (2014), Strengthening Health System Responses to Gender-based Violence in Eastern Europe and Central Asia, A Resource Package.


WHO (2013), Responding to intimate partner violence and sexual violence against women: WHO clinical and policy guidelines.

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Standard Operating Procedures
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