Integrated Platform for GBV Prevention and Response in Nepal

(NWC)

STANDARD OPERATING PROCEDURE
AND
ETHICAL GUIDELINE

National Women Commission

2020

ACRONYMS

CMS	Case Management System
CSO	Civil Society Organization
FIR	First Information Registration
GBV	Gender-based Violence
LACC	Legal Aid and Consultancy Centre Nepal
NWC	National Women Commission
PTSD	Post-Traumatic Stress Disorder
SOP	Standard Operating Procedure
TPO	Transcultural Psychosocial Organization Nepal
WCSD	Women, Children and Senior Citizen Service Directorate

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1. Introduction

This standard operating procedure (SOP) is for GBV helpline staff and associated services, including shelter, psychosocial counseling, child support, and legal services.

This SOP provides instructions to service providers on how to perform their job with integrity, follow ethical and survivor-centered practices, maintain timely documentation of routine activity, support data quality, maintain quality control and quality assurance processes, and ensure compliance with government regulations.

The SOP should be regularly reviewed and updated.

Definitions

Domestic violence: Violent or aggressive behavior within the home, typically involving intimate partner (spouse or partner). Survivors of domestic violence can face violent behavior or abuse from any immediate family members. Sometimes, dependents sharing the same house such as domestic helpers (and their dependents) may also face violent behavior. The *Domestic Violence Control and Punishment Act of Nepal* considers this domestic violence. Domestic violence includes physical or sexual abuse; economic abuse; emotional, verbal, or psychological abuse; or any kind of harassment that endangers the safety, health, and well-being of the individual.

Sexual abuse: An offense of a sexual nature that forcefully causes another person to engage in an unwanted sexual act by force or threat. Within the domestic sphere it could be intimate partner sexual violence, forced sex, marital rape, unnatural sex, or any form of sexual act that is not considered normal.

Child abuse: Child abuse or child maltreatment may be physical, sexual, and/or psychological maltreatment or neglect of a child or children, especially by a parent/guardian or caregiver within the domestic sphere or institutional care.

2. Guiding principles for working with GBV survivors[1]

A rights-based approach: The state respects, protects, and fulfills the rights of women and girls, calling for services to prioritize the safety and well-being of women and girls and treat them with dignity, respect, and sensitivity with highest attainable standards of health, social, justice, and policing services.

Advancing gender equality and women's empowerment: Services ensure that violence against women and girls are not condoned, tolerated, or perpetuated and promote women's agency where women and girls are entitled to make their own decisions to accept or refuse services.

[1] This component is extracted from UN Essential Service Package Module and modified to suit the Nepali context.

Culturally and age appropriate and sensitive: Respond to the individual circumstances and life experiences of women and girls considering their age, identity, culture, sexual orientation, gender identity, ethnicity, and language preferences.

Survivor-centered approach: Keep the rights, needs, and desires of women and girls as the center of focus of service delivery considering multiple needs of survivors and ensuring services are tailored to the requirements of each individual.

Safety: The safety of women and girls is paramount and must always be a priority.

Perpetrator accountability: Make perpetrators accountable for the crime committed.

3. Characteristics of quality services

Available: Essential health care, social services, justice, and policing services must be available in sufficient quantity and quality to all survivors of violence regardless of their place of residence, nationality, ethnicity, caste, class, migrant or refugee status, indigenous status, age, religion, language and level of literacy, sexual orientation, marital status, disabilities, or any other characteristic not mentioned here.

Accessible: Services must be accessible to all women and children (girls and boys) without discrimination. They must be physically accessible, affordable, and linguistically appropriate.

Adaptable: Services must use human rights and culturally sensitive principles considering the diverse groups and communities in Nepal.

Appropriate: Services must respect the survivors' dignity and confidentiality and be sensitive to their needs and perspectives. Secondary victimization must be minimized.

Safe: Services must assess risk to the survivors and assist them to make a safety plan based on this risk.

Effective communication and participation: Communication and information should be provided in a way to make the survivors feel they are being listened to and that their needs are being understood and addressed, promoting their dignity and respect.

Informed consent and confidentiality: Services should ensure that the survivors' confidentiality is maintained and information disclosed with their consent (preferably in writing) to avoid further threats and risk to their life.

Data collection and information management: Accurate data must be recorded and stored confidentially within the provided system.

Referral: Referral pathways must be created for coordination and link with other sectors and agencies with the informed consent of the survivor. Clear responsibilities of each service must be in place.

4. Ethical guidelines

Services for survivors at risk, including women and children who have faced domestic violence, sexual offence, and child abuse, must be comprehensive, coordinated, interdisciplinary, accessible, and sustained through set principles and defined characteristics and elements.

Staff and institutions must follow the agreed ethical guidelines. In the case of a breach of any ethical guidelines, the National Women Commission (NWC) will review the breach and take necessary action. Such action may include termination of agreement with alleged staff or institution. However, such staff or institution shall be provided the opportunity to defend the same.

Survivor-centered approach

All activities and programs shall be conducted using a survivor-centered approach. Staff will prioritize the survivors' rights, needs, and wishes and respect their integrity, dignity, and feelings.

Right to dignity and self-determination

Staff will respect the survivors' right to dignity and self-determination related to their physical integrity, freedom of choice about their life, and their decisions related to legal and other proceedings.

Staff will respect survivors to tell their personal story as per their will and consent.

Staff will respect the human rights of others, including co-workers, staff of other institutions, survivors' family member(s), or associates.

Non-discriminatory

Staff will provide services to survivors without discrimination on the basis of their sex, age, caste, race, ethnicity, sexual orientation, health or any other status, disability, geographical location, or any other form.

Confidential

The confidentiality of the survivor, family members, and associates shall be maintained in all situations.

- Staff will not share any information related to the survivor, the survivor's family members, or associates with any staff, individual, or institutions. The survivor will be requested to provide prior approval in writing before any information is shared.
- Relevant survivor information can be shared between service providers for counseling, medical treatment, support, or report writing, provided the consent of the survivor is obtained.

- The information related to the survivor shall be not made available to the media or through social networking or other electronic means without written consent of the survivor and prior approval from NWC. When providing such information, staff have to maintain a high level of confidentiality to protect identity-related information of the survivor or her family
- Every possible measure will be taken to ensure that outsiders do not have access to information.
- Specific violence-related documents and files would be kept safe and confidential.
- Any reports, statistics, or other type of information relating to violence will not include information about the identity of the survivor. NWC must authorize providing information to external bodies.

Engagement

Staff will not make any kind of personal engagement with any survivor, especially financial.

They will not request any kind of favor from the survivor, perpetrator, family members, or associates.

Staff will not accept, except with written approval from NWC, any kind of cash, gift, or favor from the survivors, their family members, or associates or from any individual, institution, and media.

Staff will not perform any activities that directly or indirectly violate the laws of Nepal.

Safety and security

Service providers must do the following:

- **Assess whether the intervention may increase violence against women and children:** Examine preexisting gender vulnerabilities such as cultural norms, gender discrimination, gender-based exclusion, unequal gender norms, or institutional weakness. Assess how the interaction of these factors, in combination with the intervention, may contribute to increased violence. Identify and add elements to prevent or mitigate this risk.
- **Follow the principle of Do No Harm; minimize harm to women and children:** A survivor may suffer physical harm and other forms of violence if the perpetrator finds out that she has been talking to others about her relationship with him. As many violent perpetrators control the actions of their partners or wives, even the act of speaking to another person without their permission may trigger a violent reaction. Asking women about violence should be confidential and should take place in complete privacy, with the exception of children under 2 years of age. Informed consent for any data collection, even as part of a case file, should be offered and if anonymity can be guaranteed, it should also be provided. The project staff must be trained on how to preserve the safety of survivors while interviewing/collecting data on this topic.

- **Prevent re-victimization of survivors:** Staff should avoid re-victimization of the survivor by recording her statements to avoid (a) telling her story in front of an audience and (b) repeating her statement various times. Similarly, sensitivity needs to be maintained in cases of sexual offense and child abuse. Probing questions that are not relevant and re-victimizing the survivor should be avoided.
- **Be aware of the co-occurrence of child abuse:** Given that GBV may occur concurrently with child abuse, before a service provider (teacher, nurse, police officer, and so on) comes to know about the abuse, a protocol should be developed outlining how to act in 'the best interests of the child'. In the case of child abuse, the parent/guardian should be allowed to attend while any service is being provided if s/he is not the perpetrator herself/himself.
- **Minimize harm to staff working with survivors:** Given the high prevalence of GBV, it is likely that service providers themselves may have experienced some form of violence. In addition, for those service providers who have not experienced GBV, hearing about experiences of violence can induce trauma. NWC must ensure there is a supportive venue and structures in place and trained professional/s such as a psychologist for staff to debrief with and share their concerns at regular intervals.
- **Provide referrals for care and support:** At a minimum, professionals working with women and children in a situation of violence and abuse have an ethical obligation to provide them with information or services. Where specific services for survivors of violence are available, provide appropriate referrals and consider developing written resources to give to women and children or their guardians experiencing violence. Ensure that providers confirm that it is safe for the women, girls, and boys to receive these materials, as bringing this home may sometimes provoke further violence by the perpetrator.

5. Working with children

Special sensitivity and precautions must be observed while providing services to children. The following guidelines should be followed when dealing with survivors who are children under 18.

- Create a safe and child-friendly environment. Children should feel safe and cared for. All actions should ensure that the child's right to safety and ongoing development are never compromised. Ensure physical and emotional safety of the child during short- or long-term care and treatment.
- Ensure staff are trained to handle survivors who are minors, including helpline officers when they first receive a call. Ensure they have been trained to have a nonjudgmental and unbiased attitude.
- Follow child-friendly legal provisions and be aware of the requirement to protect and take care of the best interests of child survivors.
- Ensure that all children are given high-quality care and equitable treatment, irrespective of their age, sex, caste, ethnicity, socioeconomic status, education, sexual orientation and

family/cultural background, or unique abilities or disabilities. No child should be treated differently for any reason.

- Implement training programs for the development of skills and practices of child survivors.
- Maintain the confidentiality of the child survivor and follow the right to secrecy of the child.
- Coordinate with child protection agencies with appropriate expertise and skills.
- Ensure that trained service provider/s should handle a case of a child who is sexually abused to provide emotional support, encouragement, trust, and support.
- When required, act together with the family member, community, teacher, and colleagues/friends of the child survivor, by maintaining secrecy for rehabilitation.
- Monitor all procedures and any danger to the child survivor.
- Make special arrangements to examine children by using means such as photo/diagram if perpetrators are the family members.
- Ensure appropriate arrangements and protocols are followed if children are likely to be the targets of the family members or if there is the probability of sexual exploitation.
- Make all possible efforts to prevent further victimization.
- Ensure children are immediately rescued from the site of violence or abuse once violence and abuse is noticed.
- Ensure that child/children are separated from violent and abusive situation by providing residential facilities which must include age-appropriate amenities and provisions to engage them and help in healing.
- Provide child-centred rights-based counseling and psychosocial support.
- Ensure each child has an individualized care plan, including family tracing in case of an abandoned child.
- Provide services for children free of charge.
- Facilitate access to emergency and long-term alternative care, if required, with or without a parent/guardian, as appropriate.
- Facilitate access to representation for children where required for legal, medical, and counseling services if the child is unaccompanied.
- Ensure timely referrals and facilitated access to necessary services for protection of the child regarding guardianship, health care, and education.
- Ensure availability of financial aid and resource for the needs of individual children.
- Ensure timely information regarding options and available services is provided to child/children facing any kind of abuse.

Service providers need to be conscious of the following:

- Ensuring informed consent
- Ensuring access to information and the right to decision-making (parent/guardian)
- Developing trusting and helping relationship with a child survivor of sexual abuse
- Allowing child participation in terms of his or her right to express his or her views, maintaining appropriate confidentiality and involvement of the child in decision-making as per the evolving capacity of the child
- Understanding child development and child reactions in the context of sexual abuse
- Managing safety issues for children experiencing violence at home, schools, and/or in close community contexts
- Incorporating non-offending family members into care plans of the child
- Addressing families' and communities' negative reactions to child sexual abuse, including impact of parental history of victimization and strong social norms regarding virginity (in the case of girls) and homosexuality (in the case of boys) that can result in severe stigmatization, further abuse, and ostracism
- Identifying each child's capacity to heal; the service provider should build on the strength of the child and family's natural strength as a part of the recovery and healing process
- Identifying factors promoting children's resilience to build upon for the recovery and healing process. Supportive and loving family and community environment helps the child become strong and heal fast.

Consent for case management with children

In general, permission to proceed with case management (and other case actions) should be obtained from the child, parent/guardian, or caregiver depending upon the situation and age of the child.

Depending on the cases, parent/guardian or caregivers' consent may not be appropriate if they are the perpetrators. In such cases, wherever possible the consent of another trusted adult should always be sought for children under 16. For children above 6, they should participate in identifying this person. Where such a person is not available, the case manager may have to provide consent to children under 16. Children and caregivers should be made aware of any relevant mandatory reporting requirements.

In case of infants and toddlers up to 5 years of age, consent may be sought from the child's caregiver or another trusted adult in the child's life, as very young children are not sufficiently capable of making decisions about care and treatment.

Children ages 6–11 years are neither legally able nor sufficiently mature to provide their informed consent for participating in services but are able to provide their informed assent or willingness to participate. Children in this age range should be asked for permission to proceed with services and actions, which affect them directly. This permission can be provided orally by

the child and documented as such on the informed consent form. For children in this age range, written parent/guardian or caregiver informed consent is required, along with children's informed assent.

Children in the age range of 12–14 have growing capacities and more advanced cognitive development and may be mature enough to make decisions and provide informed assent and/or consent in writing for continuing with services. However, if it is deemed unsafe and/or not in the child's best interest to involve the parent/guardian or caregiver another trusted adult in the child's life should provide informed consent, along with the child's written assent.

Older adolescents ages 15 years and above are considered mature enough to make decisions and can give their informed assent.

6. Effective responding

Responding to different kinds of emotional states of survivors for both face-to-face and telephone responding

All helpline officers need to be aware of the following specific responses to survivors who have particular emotional needs.

(1) Survivor who is very distressed

- Allow the survivor time to vent and settle down into a calmer state.
- Listen patiently and check for basic support systems—family, friends, acquaintances.
- Acknowledge her feelings of despair, hopelessness, and agitation and empathize on difficult circumstances that make her feel this.
- Show through expression and/or words that you are touched by her situation and her efforts to reach out for help.
- Do NOT reassure with statements like "Don't worry, everything will be ok," "Calm down, it is not as bad as you imagine," and similar statements that may seem to downplay the survivor's experience.
- Help the survivor calm down by guiding her to focus on breathing and relaxing her body (if the survivor is excessively agitated).
- Allow for silence while the survivor settles down, as she would be overwhelmed with distress and preoccupied with her thoughts and feelings.

(2) Survivor who is angry and agitated

- Acknowledge anger and frustration, for example, "I hear how angry you are."
- Use a calm and soothing tone of voice, greet and receive the survivor, and establish rapport.
- Listen patiently with empathy. Do not interrupt. Allow the survivor to express herself, even if she is repetitive, and tell you what is upsetting her.

- Paraphrase and help the survivor identify feelings and clarify. Use openings such as "Let me see if I've got it right ...;" "Sounds like ...;" "I think I hear you saying ...;" "So, in other words ..."
- If the survivor is finding it difficult to articulate due to anger and agitation, help her relax using breathing techniques.
- In case the survivor gets abusive, explain firmly and calmly that you are not willing to accept her verbally abusive behavior, for example, "When you yell and scream at me that way, I find it hard (impossible) to listen."
- Tell her she is violating the rules of the helpline (refer to handout on nuisance calls).

(3) Survivor who is fearful

- Welcome with firm, assertive, and simultaneously friendly attitude and mannerism.
- Help her take a pause, breathe, and calm down.
- Reassure her that she has done the right thing and is brave in reporting the matter.
- Reassure her that she is in no danger while at the session.
- Proceed slowly. Allow her to express the fear without any shame or hesitation about being judged. Allow time for her to collect her thoughts while responding. Clarify any gaps and misses in the narrative (considering that she might not be able to think coherently).
- Convey that she is no longer alone in this and she has help.
- Do not downplay circumstances that are making her fearful—irrespective of what you think about it.
- Ask/explore options that make her feel safe and do not push her to do or say things that feel potentially unsafe.

(4) Survivor who is crying, depressed, and maybe suicidal

- Listen patiently, acknowledging the sadness and showing empathy for her.
- Gentle pat/touch only if the survivor gives permission.
- Use verbal and non-verbal encouragers such as nods, saying "I see," "Uh-huh."
- Do not be in a hurry to stop the survivor from crying. Let her vent and express her sadness sufficiently.
- Allow her to lead the conversation while you simply nod or respond while asking questions that lead to answers.
- Check for basic routines of sleep, appetite, and physical activity/stimulation.
- Check for support system—family, friends, colleagues.
- Contract for small steps such as (a) not taking any drastic action without speaking to a counselor and (b) not taking any drastic action before a certain date/giving a chance for the counselor to help.

- Assess need for referral—psychiatrist, counselor, and shelter.

(5) Survivor who is silent

- Sit across, slightly bending forwards toward the person.
- Reassure by gentle touch only if she gives permission to do so.
- Give the survivor some time to speak after asking, “What brings you here? How may I help you?”
- Keep questions simple and in the here and now. Do not ask long, complicated questions.
- If the survivor answers in monosyllables, question her using the word she has used, for example, “What do you mean by _____?”
- Silence is okay; do not jump to fill the silence or feel compelled to keep talking to reassure her.
- If responses are not forthcoming, state what you have picked up and offer your inference and ask whether that is right: “Will it be right to say..? Feel free to correct me if that is incorrect,” “What I understand is… Would you agree?”

Do’s and Don’ts for questions to ask survivors[2]

All service providers need to receive training on the different ways of asking questions when responding by telephone.

OPEN-ENDED QUESTIONS
An open-ended question is broad in scope and does not limit the area of inquiry. • Open-ended questions encourage more information than closed questions. • Start interactions with open-ended questions and then, depending on the answers, move to focused and closed questions, that is, “Can you tell me about your visit to the doctor?” “How was his behavior and that of his family when you first got married?”

FOCUSED QUESTIONS
The listener defines the area of inquiry but allows considerable scope in answering.

CLOSED QUESTIONS
These questions require a ‘yes’ or ‘no’ answer, that is, “How long have you been experiencing that trouble sleeping?” “How many times has this happened?”

[2] *Source:* Manual on Telephone Counseling.

The following types of questions should be avoided as they usually elicit insufficient or inaccurate information.

LEADING QUESTIONS
The listener leads the speaker into a particular acceptable answer, that is, • "You agree that getting some professional help is the only way you're going to start feeling better, don't you?" • "So you are sure that he and his family will never agree to a divorce?"

COMPOUND QUESTIONS
Two or more questions are asked without giving time to the speaker to respond to the previous question in the series. • "Tell me, have you decided on the model of care you want and whether you want to breastfeed?" • "So you have decided to leave your in-laws' home and what do you want to study when you enroll for university?"

7. Suicide, risk assessment, and responding to a survivor who is suicidal

Survivors of violence may be contemplating suicide as a desperate cry for help in the absence of any solution for their trauma and situation. It is important for helpline officers to be aware of the myths and facts about suicide, be able to assess the degree of suicide risks, and be able to support the development of a safety plan and referral.

Myths about suicide

Common misconceptions about suicide that can influence how a helpline officer could respond to a survivor

People often believe that suicide is a 'sin', a sign of weakness; the person must be 'crazy' and he or she just wants attention. These are common economic, religious, and social biases that further victimize those who are already experiencing severe distress or some form of mental illness.

Some of the most common myths and misconceptions people have about suicide include the following:

- *Talking to someone about suicide may give them idea.*

False. People who are experiencing an emotional crisis are already depressed and may already be having self-destructive thoughts or practicing life-threatening behavior. Talking to them about these thoughts and feelings creates an immediate connection that grounds them and provides them with an outlet for their fears and other emotions.

- *Anyone who tries to kill himself or herself is unstable or mentally ill.*

False. Most people have fairly understandable reasons and/or life circumstances that contribute to suicidal thoughts. They may be upset, grief-stricken, depressed or despairing, responding to a

trauma or overwhelming circumstances, and so on, which does not necessarily mean they are irrational or experiencing a mental illness.

- *The majority of people who commit suicide are uneducated and poor.*

False. Data show that men and women from all age groups and socioeconomic backgrounds attempt suicide.

- *People who talk about suicide do not usually do it; they just want attention.*

False. According to research, as many as 75 percent of the people who commit suicide do or say something to indicate their state of mind and intentions before they act. If a person has to go to the extreme of threatening to do himself or herself bodily harm or commit suicide, it is not that he or she wants attention, but he or she needs it!

- *If someone is determined to take his or her own life there is nothing you or I can do about it.*

False. Most people who attempt suicide do not want to die; they want their pain to stop and that can lead to self-destructive and life-threatening acts. The vast majority of people who call suicide hotlines, who have already taken a potentially lethal action, change their minds as their situation deteriorates, ultimately asking for help.

Warning signs

Some warning signs to assess suicide intent that can be noted during the conversation with callers:

- Feelings of sadness and crying
- Directly or indirectly threatening suicide
- Hopelessness
- Acting reckless or engaging in risky activities
- Withdrawing socially
- Dramatic mood changes
- Rage, anger, seeking revenge
- Feeling trapped
- Increased substance abuse
- Anxiety, agitation, sleeplessness.

Some important **don’ts** for helpline officers:

- Don’t overreact - stay calm.
- Don’t lecture or blame or debate the pros and cons of suicide.
- Don’t deny their suicidal ideas - listen to their feelings and thoughts.

- Don't try to challenge and tell them to "be strong and be positive."
- Don't diagnose or analyze behavior or confront with interpretations during the call.
- Don't get distracted by other issues - focus on their feelings.
- Don't say anything that may increase the person's sense of guilt.

Key responses to a survivor who expresses suicidal ideas:

- **Encourage them to keep talking -** staying connected and listening to both feelings and facts.
- **Be empathetic** and express that you are listening and concerned about them. Identify anything the survivor has said to show that he or she is suicidal. For example:
    - "I wish I were dead."
    - "I'm going to end it all."
    - "What's the point of living?"
    - "Who cares if I'm dead, anyway?"
- **Ask the question if they are suicidal** and if yes, do they have a plan on how to do this at a suitable time and suitable way:
    - "Do you feel that life is so difficult for you that you have reached a point that you want to end it all?
    - "Are you having thoughts about how you can put an end to your suffering?"
- **Be aware of their plan.** Ask them to tell you more about their suicide ideas and plan. "Does the idea of ending your life keep coming to you and you have started thinking about how you can do this?"
- **Encourage them to not be alone if possible.** Explore how you can help them remove dangerous objects and substances from the places they live and spend time if possible with a family member/friend who they trust. Provide telephone numbers of who they can call for help (counseling/police).
- **Get help.** Brief the psychosocial counselor immediately for further actions.

Follow-up for survivors who are at high suicide risk

The following actions need to be followed in case a caller is identified as high risk for suicidal ideation. This would include those who have voiced having a clear plan, taken steps for preparation, and expressed strong emotions of being unable to cope and not seeing any other way to continue.

- Keep survivors on the phone and encourage them to keep talking.
- Assess who else is around them and lives with them.
- Request if they would agree to share the name and contact number for follow-up to ensure their safety.

- Consult urgently with the psychosocial counselor and Transcultural Psychosocial Organization Nepal (TPO Nepal) on preparing a follow-up plan.
- Explain why it would be useful for them to speak to a mental health professional and inform them about the mental health services (TPO) contact number and connect them if possible.
- Seek permission and try to persuade them to allow follow-up calls every day for the next few days.
- Clarify that they can call the 1145 helpline 24/7 and a helpline officer will be there to respond and listen to them.
- Inform all helpline officials through case management system (CMS) so they are alerted to provide the required support.
- Keep psychosocial counselor updated about all calls received by these survivors.
- Ensure that the helpline officer receives support for his or her self-care while handling such callers.

8. Risk assessment and making a safety plan[3]

Many women who have been subjected to violence are in dangerous and unsafe situations and have fears about their and their children's immediate or general safety. It is important to assess whether survivors are at risk and to support them to make a safety plan if they are.

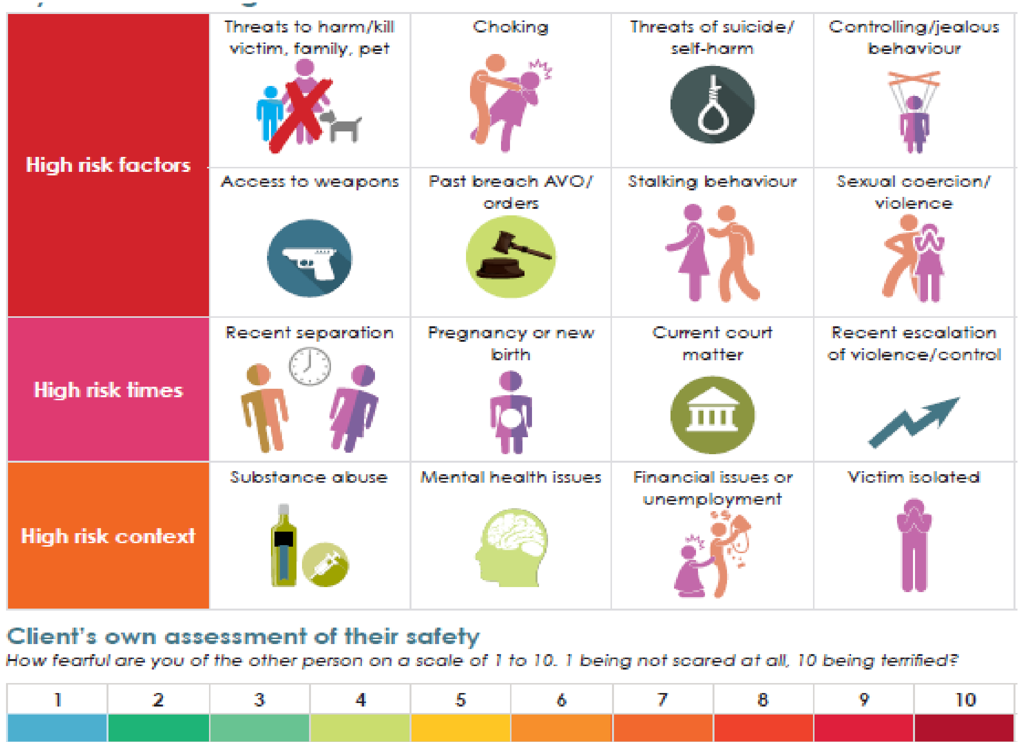
Assessing risk

Questions to assess immediate risk of violence

Women who answer **'YES'** to at least three of the following questions may be at immediate (high) risk of violence:

- Has the physical violence happened more often or gotten worse over the past 6 months?
- Has he ever used a weapon or threatened you with a weapon?
- Has he ever tried to strangle you?
- Do you believe he could kill you?
- Has he ever beaten you when you were pregnant?
- Is he violently and constantly jealous of you?

[3] Source: Adapted from Snider, C., et al. 2009. "Intimate Partner Violence: Development of a Brief Risk Assessment for the Emergency Department." *Acad Emerg Med* 16 (11): 1208–1216; and the WHO Clinical Handbook 2014.



Safety planning

Some survivors may not think they need a safety plan because they do not expect that the violence will happen again. Assessing and planning for safety is an ongoing process—it is not just a one-time conversation. Helpline officers need to do the following:

1. Carry out a risk assessment by asking the given questions:
   - Who can you call in case of any emergency?
   - Memorize the person's telephone number or write it down in a safe place, so you may access the number even if you do not have your phone.
   - Is there a neighbor you can tell about the violence who can call the police or come with assistance for you if s/he hears sounds of violence coming from your home?
   - If you need to leave your home in a hurry, where could you go?
   - How will you get there?
   - Would you go alone or take your children with you?
   - Can you put together items in a safe place or leave them with someone, just in case?
   - Do you need to take any documents, keys, money, clothes, or other things with you when you leave? What is essential? For example, phone, ID card, marriage certificate, children's birth certificate, property documents.
   - Do you have a charged phone with you?

- Do you have access to money if you need to leave? Where is it kept? Can you get it in an emergency?
- Do you have a code word you can use in a phone call with your trusted confidant to ask for help without your partner knowing?

2. Help the survivor to prepare herself: Helpline operators/staff also should be able to provide these tips to callers to plan their safety. Some of the guidance that may be provided includes the following.

- Important numbers
    - Local police station number
    - Domestic violence hotline
    - Key agencies that can help: hospital, shelter, counseling center
    - Any other trusted confidant's numbers.
- Build independence
    - Start saving money and store in a safe place.
    - Try to be economically independent if not already. Acquire job skills through short courses.
    - Get help from counselor, police, or legal services.
    - Keep in touch with a relative or friend who you can trust.
- Advise her to be conscious of her surroundings to identify her allies and foes.
- Advise her to be conscious of physical, emotional, and health needs.
- Consider security of children and other dependents.
- Secure legal documents such as citizenship paper that can portray her identity when required.
- Secure at least one legal document (citizenship paper, driving license, passport copy) of her spouse, partner, or senior male member of the family for establishing her relationship with the perpetrator.
- Secure marriage registration certificate, children's birth certificate and birth registration paper, and legal documents related to property that establish her relationship with the perpetrator.
- In case of fatal accidents and death, register death and secure certificate to establish relationship and to proceed legally.
- Secure medical reports and pack medicines that are required on a daily basis.
- If violence is a regular occurrence, she must keep a 'go bag' ready and secure in a place from where it can be easily picked up. The 'go bag' must contain a change of clothes, medicines, identity papers, and contact numbers of those who may be contacted during emergencies.

- If violence is a regular occurrence, advise the survivor or at risk person to make a conscious effort to be near the exit while argument takes place so she can easily exit.
- Ask her to identify some contacts who may provide emergency shelter and security during crisis and maintain confidentiality too.
- Write down such numbers in several places and inform children and other dependents too.
- However, keep all these relevant documents and 'go bag' safely to not let the perpetrator suspect her intentions and escalate further violence.

Risk assessment and safety planning for reintegration

After survivors seek shelter services, the risk of re-victimization cannot be totally negated. When they leave the residential facilities temporarily or permanently, the risk and threat of violence and abuse still exists. To prepare survivors to be rehabilitated or reintegrated socially, staff at the residential facilities must help them assess risk and plan their safety.

9. Harassment from perpetrators

When perpetrators of violence realize that the survivor has taken action by seeking support, this might infuriate them more. To threaten the survivor and the service providers, they may call or personally visit the institution/organization to harass the service provider. They may do the following:

- Use abusive language and show violent behavior.
- Threaten the service providers of dire consequences.
- Use political and other influences.
- Use children as a bargaining tool.
- Try to negotiate or bribe the service provider.

In case of harassment, the service provider should

- Inform the management
- Ask the caller the purpose of the call
- Tell the caller that it is a breach of ethics to reveal information
- Tell him that this is an important line and should not be kept occupied for long. Politely ask him not to use abusive language
- If the abusive language continues, politely tell the caller that this call is being recorded and may be used as evidence of his abusive behavior for legal action.

In case of visit

- Alert the security guard.
- Meet the visitor outside in the meeting hall/room and ask him how you can help him.

- Explain to the visitor that the service provider cannot give information on residents.
- In case of violent behavior, inform the guard.
- Tell the perpetrator that his behavior is being documented by a camera and may be used against him for legal action.
- Ask the perpetrator if he wants to participate in any therapy and counseling.
- Politely ask the visitor to leave.

For service provider

Notify the management and prepare a report to inform and for use by other service providers.

10. Protocol to handle Nuisance callers

Definition of nuisance call

Nuisance calls are calls made deliberately to annoy or harass helpline staff where there is no evidence of any form of violence. This includes abusive behavior. Officers have the right not to be abused by callers. If an officer feels at any time that s/he is being abused s/he should tell the caller to stop this behavior. If the caller does not stop, the operator must escalate the call to the helpline manager.

Rational of this protocol

Although the exact number of nuisance calls to the helpline cannot currently be measured, they appear to constitute a significant number. These nuisance callers have a number of negative effects:

(a) They create stress for officers and affect their morale. Some callers are abusive.

(b) They take up officers' time.

(c) They hold up the line and stop other callers reaching the helpline.

(d) They inflate the number of missed calls, which makes it difficult to measure the performance of the helpline.

(e) A number of these callers are also transferred to the police helpline and may cause similar difficulties for police staff.

Therefore**,** we need to develop strategies to reduce the number of these calls.

Procedure

First time

After receiving a nuisance call, the officers will use the following steps:

Step 1: Remind him or her briefly about the importance of the helpline operation and its usage and that his or her nuisance call is depriving someone else with an actual need the service provided by the helpline.

Step 2: Inform the caller that s/he will be blocked immediately the **second** time and that would temporarily deprive him or her of the helpline service.

Step 3: Put the number in 'nuisance call category' in the system.

Second time

Step 1: Inform the caller that because s/he continued with the nuisance call, s/he will be blocked immediately and will be temporarily blocked for the service for a month.

Step 2: Inform the caller that if s/he continues with this call again from other numbers, his or her record will be submitted to the Nepal Police Cyber Crime Branch. Also, inform that the record of the call can be used as evidence, if required.

Step 3: Terminate and block the caller temporarily for a month.

Step 4: Record the details in the printed nuisance calls register.

Step 5: Put the number in 'nuisance call category' in the CMS.

Ways to identify and address abusive calls
Some early signs of abusive calls: • Trying to connect and asking for personal details such as the counselor's gender or age are some of the early signs to identify abusive callers. • Giving explicit sexual details and keeping the focus only on that rather than the concern they say that they have called for. • Breathing and the tone during the call: If it is heavy breathing or if there are other sounds heard along with sexual material, then it could be an abusive call. • Extra sympathy seeking language presented with the material having details, which describe their body or a sexual act in a relationship. • Overtly complimenting the counselor for his or her voice or style of talking.
Balance between being empathetic and direct and assertive
Do not take on the burden of a counselor; if not trained to deal with this mental illness, state it to the caller.
'Self-care' is important; be ready to learn and unlearn; open discussions and regular supervision helps the counselor gain strength to sustain.

Scripts

For children making nuisance calls

If the nuisance caller is a child misusing the access of mobile phone:

"Can you please pass the phone to your parent/s or any elder member of your family so we can discuss about your problem?"

Conversation with parents

"The number your child has called is the NWC helpline. Your child has been calling us without any specific problem/issues and also using abusive language. If your child continues calling at this number, people in need may not be able reach us, so please tell your child not to call if s/he does not have a problem. We will be blocking calls from this number temporarily for one month if your child calls back again."

For adults

"The number you called is NWC helpline service; if you continue calling this number without any problem, people in need may not be able to reach us, so please call back only when you need our help. We have to end this call now because we have to keep the line open for other callers. We will be blocking calls from this number temporarily for one month if you call back again."

OR

"You have reached the Khabar Garaun Helpline. How may I help you?" The caller starts and the operator suspects that this is an abusive call. The counselor interrupts and says, *"What you are presenting to me cannot be dealt with here. This is a counseling helpline. You are misusing the helpline and hence I am disconnecting the phone line."* And the operator disconnects the telephone line. This script is followed unanimously by all the helpline officers.

If the caller continues to call, confront the caller and say assertively, *"Our system has recognized your number and we have already said that we cannot deal with your problem."* And the counselor disconnects the call.

Experience of handling a nuisance call by a helpline officer

"The caller spoke about relationship breakup and addiction to porn. There were multiple missedcalls from his number before the call could connect. My colleague had informed me his numberregarding repeatedly being descriptive about porn and that she had suggested face-to-facecounseling. The caller denied these facts and mentioned that the line had disconnected. Iconfronted him saying that our system had recognized his number and he was advised face-to-face counseling by the previous counselor, which I would second. He insisted on continuing anddescribing; hence, I disconnected the call."

Note: Helpline officers must be trained before they start taking calls. The training involves basic listening skills, levels of reflection, and regular supervision and group work.

Roles and responsibilities

Day-to-day monitoring and supervision of nuisance calls are to be done by the helpline manager.

Officers can escalate a call to the helpline manager at any time or tell the caller that the manager will call him or her back.

There should also be regular discussions about how staff deal with nuisance and abusive calls.

11. Responding to survivors

Checklist for key steps

1. Once on duty, make sure all essentials are in place:
    - For you as the helpline officer: water, notepad, pen, and referral list, any briefing on urgent issues.
    - For a survivor: clean reception area, available water arrangements, clean toilet, ready counseling room.
2. Welcome the survivor warmly whether on the phone or face to face.
3. Invite the survivor to the appropriate room where privacy can be assured.
4. Ensure that your safety and the survivor's safety are taken care of:
    - Have colleagues around; if at night, make sure about security before any action.
    - Check with the survivor about her circumstances and anything that might be a risk factor (angry spouse/community pressure/any other?)
5. Always maintain eye contact and be aware of your body language/tone of voice.
6. Listen carefully to what the survivor is troubled about and focus on being empathetic.
7. Try to see the issue from her point of view without necessarily agreeing or disagreeing.
8. Silence can be powerful and help the survivor reflect. Allow for purposeful silences.
9. At the appropriate time, share your observations and perceptions of her situation and express your concerns directly and honestly in an objective and constructive manner.
10. Do not ignore strange and inappropriate behavior. The survivor can be informed that such behavior is distracting and inappropriate. (See Section 10 on nuisance calls.)
11. Do not be pressured or in a hurry to offer options on solutions till you have sufficient information—till the survivor has vented enough and is ready to explore and work through solutions for herself.
12. Do not minimize a survivor's struggles, however trivial they may seem to you.
13. Be aware of your own biases and how you relate to the survivor's story and any strong emotion/reaction that gets triggered within you. Be sure to discuss this with the case manager and to attend to your own known needs. This is an important part of self-care.

12. Helpline officers

- Helpline officers will maintain a high degree of confidentiality of the survivor.
- Helpline officers will use polite and decent language while talking or interacting with survivors or affected person. Helpline staff should never use rude, straight, or dominating language that may frighten, humiliate, or loss their temper during the conversation.
- Helpline officers will use the CMS, that is, allocate code/decode or unique number for each case, check recording system before starting conversation, enter information in the designated software program, and write down key information and issues of each caller, if required.
- Helpline officers will not discriminate or show unequal behavior to any caller on the basis of race, caste, orientation, tribe, nationality, ethnicity, or geography.
- Helpline officers will patiently listen to the survivor while managing the demands of other callers.
- Helpline officers will refer cases if required.
- Helpline officers will make all possible efforts to prevent further victimization.

What should helpline officers do during communication with the survivor

- Introduce himself or herself and name of organization and ask the name of the caller.
- Ask about the issues or grievance of the caller in a polite manner.
- Facilitate her to tell her story. Should not dictate or force her to be convinced about the officer's statement, judgment, and so on.
- Analyze the caller or survivor's physical and emotional condition from her words and behaviour. List out her issues on a priority basis.
- Connect with concerned civil society organizations (CSOs), that is, if she needs (a) medical treatment, (b) legal counseling, (c) psychosocial counseling, (d) shelter facilities, or (e) security protection.
- Write down her personal details including name, surname, address, phone number; perpetrator's name, surname, and contact details; and place of incident (if any).
- Immediately after the call, forward information to Program Implementing Unit as well as, if required, the relevant costs, that is, law, psychosocial, shelter, or children with suggested action.
- Call the line agencies if it is deemed necessary to take immediate action on the phone call.
- Make entry in the software system introducing new code/decode or unique number for each caller or survivor.

Helpline officers need to be aware of the following advantages and limitations of telephone counseling.

Advantages and limitations of telephone counseling[4]

ADVANTAGES
It is anonymous. This is especially important when dealing with a sensitive subject such as GBV.
It is accessible. Telephone counseling does not require transportation or money (except to pay for the phone call).
It is safe. The caller can terminate the conversation if s/he becomes uncomfortable.
It can be less expensive than face-to-face counseling.
It often takes less courage to call a telephone hotline than to visit a counselor in person.

DISADVANTAGES
Because the counselor and the caller cannot see each other, some types of non-verbal communication, which are important in face-to-face counseling, are less important in telephone counseling (that is, body posture, eye contact, facial expressions).
1. Other types of non-verbal communication are more important
For example, **the counselor's voice and speaking patterns are very important in telephone counseling.** This includes the following: • The tone of the voice • Use of words • Breathing patterns • Pauses • Pace of speaking and hesitation.
2. Phone connection
If the phone line is bad, then the counselor and the caller will not be able to communicate clearly. This can result in misinformation, frustration, and termination of the call by the caller.
3. Immediate circumstances of the caller are unknown
The counselor does not know from what type of environment the client is calling. The client could possibly be in danger, or at the very least, could be in a situation where s/he is not able to talk freely for fear of being overheard by others.
4. Trust building is harder
It is more difficult for a client to build trust with the counselor when s/he cannot see the counselor.
5. Callers may place 'hoax' calls
Hoax calls are meant to be a joke or are not sincere. Face-to-face counselors rarely have to deal with this because most people who make the effort to visit a counselor in person are honestly seeking help.

Helpline: New incident reports workflow

The helpline will be operated 24 hours with backup of required shift system and human resource.

The helpline manager is responsible for monitoring this workflow and operator workload and ensuring the quality of data entry.

- Officer signs in.
- *New incident reports* screen automatically opens.
- Officer receives the call.

[4] *Source:* Stratten, K., and R. Ainslie. 2003. "Field Guide: Setting Up a Hotline." Johns Hopkins Bloomberg School of Public Health Center for Communication Programs.

- Officer notes relevant details about the call in his or her book.
- Officer hangs up and call appears on the *new incident reports* screen.
- If the call is a nuisance, fake, or empty call, the officer changes the status immediately.
- If the call is an information or linked referral call,[5] the officer changes the status and adds relevant information when there is time.
- Officer collects the following details for an information or linked referral call and enters it into the CMS:
    - Name (not mandatory)
    - Phone
    - Location
    - Gender
    - Age
    - Caste/ethnicity
    - Education level
    - Type of matter/violence
    - How did you find out about the hotline? for example, friend, legal, police
    - Where referred to
- Officer checks to see if it is safe to contact the survivor by phone and makes a note in the CMS if there are any concerns.
- If there is not enough time to add details of the call in the CMS, the officer changes the status of the incident report and adds information when there are no calls or at the end of the day at the latest.
- Once the status of an incident report has been changed, it will disappear from the *new incident reports* screen.

SMS and web incidents, callbacks, and voice messages

- An officer is assigned each morning to respond to SMSs, web requests, callbacks, and voice messages.
- If the client is not available, the officer will make a file note and try again at another time. After three unsuccessful attempts, the officer will make a note of the attempts to contact the caller and convert the new incident report to an empty call.

Follow-up calls

- Notes about a follow-up call should be added to the source case.

[5] See Annex 1 for definitions of information, linked referral, follow up, and so on.

- Case number should be added as a file note for the follow-up call.

Priority clients

Actions to be taken to convert the status of a client to a priority case:

- If a caller requires ongoing assistance such as legal assistance, psychosocial counseling, shelter or rescue, convert the incident into a case.
- Providing a linked referral without any other case services is not a case.
- If officers are not sure if a case should be created, they should consult the case manager.
- Collect additional data using the case form and add this information to the CMS.

13. Referral protocol

Helpline officer role

- Record case.
- Identify nature and extent of the case to categorize service demand of the affected person. This will give a picture as well as an idea of service that may be needed for such survivor or affected person.
- Review whether a referral is needed. For example, security, medical treatment, legal advice, or rescue from the survivor's location.
- Discuss the referral options and need with the survivor and obtain her consent in case she agrees for referral and her information being shared.
- Consult with relevant CSOs.
- Take immediate action for referral if required.
- Hand over case to concerned CSOs with all details including unique case number for regular follow-up on the case through real-time update on IT system.
- Contact with relevant service provider and inform the same.
- Take approval from concerned authority if required and initiate the same and do accordingly.
- Fill up referral details as per the CMS before making referral.

Referral checklist

- Clarify what kind of services the survivor needs.
- Decide if a referral is necessary.
- Refer the caller to a CSO service if available. Check with the CSO to make sure it can provide the service.
- Check with the survivor that she gives permission for the details of her case to be made available to another agency. Make a note on her file in the CMS.
- Refer the survivor to the CSO using the CMS.
- Identify most convenient method to take the survivor to the location of relevant service provider as well as the required assistance to reach the location.
- Generate a referral letter by responsible official in NWC.
- Convert the file to a case.
- If no CSO service is available, use the GBV Service Directory to check other services that are appropriate for the survivor (survivor's condition, specialization, distance, cost, and so on).
- Call the service, if necessary, to check on service availability.
- Enter the service as an information service or, if the organization has been contacted, a linked referral.
- Ensure that the confidentiality and security of the survivor is maintained at all times.

14. CMS business rules and workflows

Access to cases and services

- All NWC staff, including officers, can view all cases but must sign and be trained in the code of conduct rules around confidentiality.
- Sensitive documents should **not** be added to the CMS as there is no ability to limit the viewing of individual documents. They should be kept as part of a paper file, which is kept in a secure place.
- CSOs will only see cases for which they are providing services.
- CSOs will see all services for these cases.
- Only the organization creating a service can edit that service.
- CSOs can create cases. An email will be automatically sent to the case manager when a case is created.
- CSOs will not be able to assign cases to an individual staff member.
- CSOs will be able to edit client/incident data for a case for which they are providing services, but they will not be able to edit the client name. If they require changes to the client name, they should contact the case manager.
- The date the first service is added to a case is the case registered date. This can be changed manually.
- Cases will be automatically closed once all services have been closed. A case cannot be closed if there is an open service.

Referring cases to a partner CSO

- Any NWC staff member can refer a case to a partner CSO.
- Referrals to partner CSOs should be recorded in the CMS by the helpline officer/counselor.
- NWC will prepare referral letters only when the client shows up at the referred organization.
- A partner CSO can refer a case to another partner CSO or organization. If a partner CSO refers a case, it needs to prepare referral letters, unless it is referring to police, courts, and government agencies that require a letter endorsed by NWC.
- CSOs will inform the organization they are referring to that it is an NWC helpline referral.
- An email will automatically be sent to the NWC case manager once a partner referral is made.
- Once it is referred, the organization the case is referred to will track whether the client has attended a service and the client will be contacted if necessary. File notes can be added to show follow-ups with the client.
- The CSO partner or NWC will close the case if the client does not show up within three weeks and there are no other open services. They will select 'referral not successful' in the CMS and add a file note.
- See Section 13 for more information on making referrals.

Linked referrals

- All referrals to non-CSO partners are linked referrals.
- The type and name of organization being referred to for linked referrals should be added.

Closing cases

- Cases will be automatically closed once all services have been closed.
- An email will be sent to the case manager to indicate that a case has been closed.
- After a case or service has been closed, changes can still be made to the service, for example, results or a file note can be added. The service will remain closed.
- If a client returns for additional assistance more than a month after a case has been closed, a new case should be created. The officer may in some cases use his or her discretion to add a new service to the case instead of opening a new one.

Service Directory

- All helpline staff and CSOs will be able to view the Service Directory in the CMS.

- Only officers and case management staff will be able to edit service mapping.
- Changes to the Service Directory, including adding new organizations, must be approved by the helpline manager.

Nuisance calls

- Actions on nuisance calls will be recorded in a nuisance calls register as per the nuisance calls procedure.

Other

- Services can be provided by phone, for example, psychosocial services.
- Guidelines for when a priority note should be added are in the 'Helpline officers' section.

15. Case management

Case management for a survivor of violence or an at-risk person is focused primarily on meeting her needs for residential accommodation, health, safety, psychosocial, and legal counseling following the incident(s).

1. Introduction and engagement

- Welcome the survivor and slowly provide information on the situation of crisis, available services, and action for way forward.
- Gather full information about the individual including name, occurrence of incident, person to contact, and assessment of her physical and mental status.
- Assessment and service evaluation: Assess the nature and severity of case, possibilities, and barriers that could disrupt services. Evaluate the nature of required service—residential, counseling, health/medical, legal, police, or justice system—and whether the service required should be short, medium, or long term. Assess the need for associated skills for rehabilitation and reintegration.
- If the survivor has contacted the helpline by phone, review the case history before contacting her.

2. Safety

If the survivor needs security protection, coordinate with the concerned police station/force.

- For immediate intervention or rescue of the survivor
- For protection from perpetrator or others
- For travel of the survivor during case proceeding
- For implementation of decision of court/quasi-judicial bodies for realization of survivor's rights.

3. Identify the need for 'referral for support' for the following services:

- Psychological
- Medical
- Legal
- Police
- Support to minors

See Section 13 for further information on referral.

4. **Case action planning:** Engage the individual to plan the next steps. Proceed with the case action plan, simultaneously making alternate plans.

5. **Follow-up service**

Staff may follow up on the status of the survivor or person at risk after a certain period of case closure to provide confidence and backing to the individual. Follow-up may be done by

(a) Contacting through phone call or in person;

(b) Interviewing with structured or unstructured questionnaire;

(c) Gathering information on her present condition (mental and physical); and

(d) Asking about any further incidents of GBV and or possibility of it.

This information should be recorded in the CMS. See Section 20 for information on recording outcomes for services.

6. **Case closure**

A case will be automatically closed once all services have been closed. The file should be available for five years.

16. Psychosocial counseling

Psychosocial counseling is a vital requirement for providing emotional support to survivors as they cope with the trauma of the violence they have suffered. Counseling is required by many survivors who contact the helpline and is offered at NWC by full-time counselors and by a partner-counseling agency.

Only trained psychosocial counselors shall be engaged for counseling to survivors. A trained psychosocial counselor means someone who has completed at least 6 months of professional psychosocial counseling training and has relevant experience working in this area.

Counseling services for survivors shall be managed under the guidance, supervision, and oversight of a trained psychosocial counselor as per the specific need of the survivor.

Psychosocial counseling staff should follow these guidelines.

Counseling should be held in a separate room to address the issue of confidentiality. Counselors should create an atmosphere where the survivor feels respected, comfortable, and secure and be able to safeguard the dignity of the survivor.

The psychosocial counselor is required to

- Not discriminate on the basis of age, caste, religion, ethnicity, socioeconomic status, color, language, sexual orientation, political affiliations, or location;
- Have a positive attitude toward helping the survivor;
- Encourage the survivor to express all her feelings and provide a safe and supportive environment for her to share her trauma;
- Have the skills to listen to the problems of the affected survivor with patience during counseling and invest the time required for each survivor;
- Be empathetic and, by paraphrasing both facts and feelings back to the survivor, enable her to know that the problems faced by her were understood;
- Be non-directive and facilitate the survivor to make decisions herself rather than providing advice;
- Make all possible efforts to prevent further victimization; and
- Maintain a professional relationship with the survivor and follow prescribed protocols.

17. Legal assistance

Many women and girls will have limited knowledge about their rights and range of options available to them. Accurate and timely assistance with matters such as divorce/marriage laws, child custody, guardianship, migration status, and assistance to navigate justice and policing responses are important in protecting the safety of survivors.

- Ensure that legal services are survivor centred. Respect the survivor's dignity, self-determination, and human rights and keep her physical and mental situation in mind.
- Make all possible efforts to prevent further victimization.
- Ensure that legal services can be provided at any stage of case management.
- Legal services may include rescuing the survivor or going for First Information Registration (FIR) at the police station. Cases may be severe including murder or rape; therefore, legal staff need to be equipped when they go off-site, for example, laws related to GBV, case filing procedure, black pen, Nepali papers.
- Ensure facts and dates, relevant laws and precedent, witnesses, name of perpetrator, and her address with contact details are in the legal draft.
- Brief the survivor on the legal proceedings and the estimated timeline.
- Discuss the final version of the case or application with the survivor. Take the consent of the survivor after briefing her on all details.
- Check the jurisdiction and limitations relevant to the case.

- File a separate application requesting to maintain confidentiality, if requested so by the survivor, along with the case file.
- If the violence is of a criminal nature, bring the incident before the police and initiate court procedure.
- Ensure legal assistance is nonjudgmental and unbiased.
- Check whether there is a need to rescue the survivor from her location/place of residence and need for other services. For rescue survivors, contact with local police force Women, Children and Senior Citizen Service Directorate (WCSD) if backup support from the police is needed.
- Refer the survivor to psychosocial or medical or shelter as required.
- Check special provisions that allow interim relief, interim measures, compensation, and protection of properties of the survivor and act accordingly.
- Update the case proceedings regularly in the CMS and keep the survivor informed.
- During visit or interview, assure the survivor about her situation, confidentiality, and security.
- Prepare brief note of the case and attach with the case file.
- Enter details of the court proceedings into the CMS and the outcome of the case into the CMS.
- If the court decides in favor of the survivor, initiate the process of implementation.

18. Gender-responsive mediation guideline

Mediation must be provided in a way that is sensitive to the needs of GBV survivors and does not result in further violence.

Inclusive institutional framework

- All mediation-related institutional frameworks from local, provincial, and federal level must be gender inclusive considering the issue of intersectionality. Minimum 33 percent women's representation must be guaranteed.
- Before providing an approval for any institution to facilitate mediation services and conduct mediation training, mediation council and other respective authorities must ensure the gender audit of such organizations. For this, a gender audit tool must be developed.
- All mediation centers must have women mediators specialized in mediation on family disputes and GBV.
- Gender adviser must be placed in the mediation council with clear terms of reference.
- The participation of women in training and as a resource person should be enhanced.

- Members of technical committees/expert committee must be inclusive and it must have proportional representation of women.
- Mechanisms must be established to review progress on the implementation of the signed agreements on a regular basis; the results should be shared widely with decision-makers and the civil society.
- It must be ensured that every formal mediator and mediation team has appropriate technical support to engage women and address their needs thereby.
- Mediators’ mandate and performance objectives to direct attention to gender and consultation with women and civil society should be clearly defined.

Capacity enhancement of mediators

- It must be acknowledged that mediator’s skills are critical in screening for violence against women cases. Hence, training package must be developed considering all aspects to develop skill and knowledge of professional mediators.
- Mediators must be equipped with various screening skills required to detect sustainability of mediation process, violence against women, and culturally and linguistically appropriate screening. Protocols and assessment tools for the same must be developed keeping in mind the time constraints of the mediation process.
- Mediators must mandatorily conduct gender analysis, analysis of safety of parties, and the analysis of the ability of the party to negotiate fairly in the mediation process.
- Specialized training must be designed and conducted to develop understanding of mediators about signs and complex dynamics of violence against women and the levels and types of violence women may have experienced, to ensure their safety.
- Mediators must be trained and made aware of the implications of a history of violence to assist in negotiating agreements that address the risk of future violence by putting in place safety restrictions.
- A comprehensive definition and understanding of the dynamics and impact of violence needs must be developed.
- Mediators must have the understanding that survivors of violence may be reluctant to disclose abuse, making it more important for screeners to be skilled in asking questions and recognizing the signs throughout the process.
- Specialized knowledge and understanding of the complexity and effects of domestic violence is required to decide the ability of the person to participate and achieve a fair and safe agreement.
- Continued appropriate and sufficient professional training for mediators is necessary and should be ensured.

Code of conduct

- Mediators must be mindful of the fear and chance of physical harm during mediation and after execution of any agreement.
- Mediators must use safety measures in cases when required during the mediation process.
- Mediators must use inclusive and gender-neutral language.
- Mediators must respect the dignity of parties.
- Mediators must not ask offensive questions and use such language.
- Mediators must coordinate with women resource persons, gender experts, and representatives of women's organizations at various stages including the drafting of peace agreements and final stage.

Substantive issues on the agenda and content of agreements

- Gender-neutral language should be used.
- All provisions of the agreement and their gender-specific implications must be observed fully, in a time bound and efficacious manner with sufficient funding.
- The use of inclusive, explicit, and accurate language must be employed while formulating provisions so as to restrict ambiguous open-ended provisions to avoid problematic interpretation.

Safety measures

- Safety measures must be employed to increase safety and to protect against power imbalances in cases of violence against women.
- Safety measures must be deployed prior, during, and after the mediation process to ensure optimal protection.
- Re-victimization and post-traumatic stress disorder (PTSD)
    - Mediators must be equipped with skills of identifying post-traumatic stress symptoms and re-victimization through reliving the violence during the mediation process.
    - During the screening and safety measures deployment stage, PTSD must be considered and plausibility of commencing mediation must be evaluated.
    - Mediators must practice referring to counseling and community support resources as and when possible.
    - Apart from the screening process, mediators need to consider the plausibility of referring women to apt community resources and support, considering factors such as availability of legal aid, financial situation, and language barriers to ensure substantially fair outcomes.
    - Mediators must be kept updated on the available referral and support resources.

- Women’s access to legal aid must be ensured.

19. Shelter

The following services will be provided by shelter organizations.

- Provide basic accommodation and crisis counseling free of charge.
- Designate specific staff that can be reached 24 hours by helpline staff.
- Maintain a record of the survivor including name, photograph, address, and belongings.
- Make all possible efforts to prevent further victimization.
- Carry out a medical checkup in the event of wound, hurt, or rape.
- In case of rape, keep the proof safe. Contact the police and legal staff.
- Provide an exit and entry registration for residents, with clear indication of where, how long, and on what purpose they will exit from the accommodation.
- Carry out an immediate assessment of needs and refer survivors to other services if required.
- Develop an individualized support plan for survivors in consultation with them.
- Work on perpetrator accountability in consultation with the survivor.
- Ensure that the infrastructure of the accommodation has a distinct entrance and exit for safety measures and bedroom, recreational hall, and counseling rooms/and washroom areas with ventilation and light.
- Gender sensitivity, irrespective of caste, ethnicity, educational level, and economic status, is critical. The staff should therefore be trained on gender and inclusion issues.
- Arrange for skill and income generation activities and connect survivors with other organizations for training, employment, and entrepreneurship.
- Where possible and needed, arrange for seed money and follow up.
- Service providers at residential facilities should assist survivors to establish or reestablish their identity in accordance with the local legal specifications or international protocols, where necessary and provide assistance to create, recover, or replace identity documents free of charge.

Creating a safe space

Preferably all residential facilities should have safe spaces for women, girls, and children. A safe space is a formal or informal place where women, girls, and children feel physically and emotionally safe. The term ‘safe’, in the context, refers to the absence of trauma, excessive stress, violence (or fear of violence), or abuse. It is a space where women, girls, and children feel comfortable and enjoy the freedom to express themselves without fear of judgment or harm. Safe spaces are areas where women and girls specifically and children as and when relevant can socialize and rebuild their social networks; receive social support; acquire contextually relevant skills; access safe and non-stigmatizing multisectoral GBV and abuse response services (psychosocial, legal, medical); and receive information on issues relating to their rights, health, and other services. It must be understood that ‘safe spaces’ are different from shelters and/or could be created within shelters and rehabilitation centers.

Safety and security at shelter facilities

The following arrangements shall be made to ensure safety and security.

- Ensure that shelter is in a safe and protected location equipped with advanced security technology, that is, CCTV, safety alarm, security personnel, and so on.
- Have an access protocol for people entering and exiting safe accommodation.
- Provide entrance and exit facilities in case of emergency for residents to escape.
- Maintain code number of every survivor for maintaining the secrecy of the survivor.
- Except in special circumstances, do not permit men to enter a shelter where only women reside.
- Compulsorily have women wardens.
- Arrange women security guards for the safety of the shelter.
- Inform other persons about the survivor only with the consent of the survivor. If the survivor does not provide permission, do not provide information about the survivor to anyone.
- If the survivor is harmed by anyone through leakage of information, punish the disclosure of information in accordance with the existing laws.
- If the relatives or anybody comes from outside to meet the survivor, make arrangements for them to meet in a safe place outside the shelter.
- Ensure that windows and the premises are safe to bar entrance and exit through it and for other security measures such as being pushed out or jumping from the window.
- Maintain visitor register to note who the visitors are.
- Unless it is an emergency, do not allow men within the residential premises. In case of need, doctors, lawyers, police, and other persons of authority may be allowed with prior approval from the management.
- Ensure that warden and other staff of the residential facilities are women except for, and if required, security guard, who may be a male.
- Allow visitors only with consent from the resident survivor.

Shelter staff must ensure the availability of the following at the shelter.

- First aid box for primary treatment and sanitary pads
- Arrangement of communication device for emergency contacts
- Fire extinguisher
- Some change of clothing and undergarments
- For therapeutic purpose, some recreational instruments and accessories, along with physical exercises, yoga, and so on

- Management must create conducive environment and explain to the residents their roles, responsibilities, and schedule of the shelter and certain discipline to be maintained

Residents' responsibilities

The resident's responsibilities include taking care of her physical hygiene and health and cleanliness and tidiness of her room. Resident survivors must make a conscious effort to not encroach upon others privacy, harm, and be judgmental toward a fellow resident.

In case of differences creating disharmony at the shelter, management may take necessary action to maintain peace and order inside the shelter.

Checklist for shelter staff

Shelter staff are trained individuals who have the skills to welcome, make survivors at ease, and provide information on available services and referral if specialized care is required. Specific guidance to service providers at residential facilities subject to amendment based on requirement is listed in the following table.

Do's	Don'ts	Remarks
Welcome the survivor, making her feel at ease, secure, and protected.	Don't expect the individual to wish, greet, or open up immediately.	Reassure that she is safe and protected.
Ask the individual if she wants to freshen up or rest.	Don't start the conversation immediately.	She may be tired, distraught, and fatigued.
Show her the resting place.		
After she is well rested and ready, explain to her the rules of the shelter including the need of an application, her details, and so on, besides the referral letter she may have brought. Explain to her about the admission, referral, and exit procedures.	Don't force her to do it then and there.	Essential requirement for recordkeeping and trend analysis for future strategy formulation.
Explain to the resident that there will be no encroachment upon her personal autonomy, but for her and her families' safety she needs to inform in writing the duration and place she is going to (in the register) every time she leaves the shelter.	Don't make it sound like she is under scrutiny or being followed.	For the safety of the resident and credibility of the organization, duration and place spent outside the shelter is essential.
Politely ask her to narrate her case in a way she is comfortable in. Explain that this would enable to identify the services she requires critically.	Don't interrupt unnecessarily or try to put words in her mouth.	Skillful probing is helpful but not an imposition.
Provide several sessions to survivors to open up and explain the whole incidents and case. Show that you care by effectively listening to her and paraphrasing what she just said at the end of the session.	Don't rush her with 'tell me everything now'.	Complete case knowledge is necessary to assess the kind of service required.
While conducting sessions, be attentive about the seating arrangement, placing yourself at an easily accessible exit spot.	Don't make the survivor uncomfortable in the space you take sessions.	Sometimes the individual might turn violent during the session.
Empathize with the individual and tell her that she has made the biggest decision about her situation to move ahead by seeking support.	Sympathy to some extent is fine but not to the extent that the individual starts seeing herself as 'poor me' and stops making decisions about herself.	The philosophy behind support is empowerment not welfare.

Do's	Don'ts	Remarks
Once she is calm and composed, listen to her case.	Don't show signs of disinterest or cut her by saying what she should have done.	For the individual, her situation is the gravest.
Assess the case properly to understand her needs and reconfirm with her if the identification is correct.	Don't force your views on her	This will reduce dependency and enable her to move ahead.
	Don't impose by saying what is right for her.	This reduces dependency and enables the client to understand importance of her choice.
Help the client assess risk by providing her options.	Don't dictate what could be right for her.	Avoid dependency.
Help the client in safety planning in case of domestic violence and other perceivable forms of GBV when she is ready to go back following the principles of the mechanism.	Don't plan it for her as she herself is well acquainted with her allies and foes.	This will help create a safety net as well.

Frequently asked questions about residential services

When the survivor is referred to the residential facility, she may be overwhelmed with her own worries and concerns. There may be several questions in her mind. Service providers at the residential facility must be equipped to answer these questions without irritation and with patience. Some of these questions are listed below.

Domestic violence

- The duration/length of time she can stay at the shelter (service provider must explain the rules and regulations as per organization policies)
- Whether she can bring her children with her? What is she supposed to do at the shelter?
- Whether her concerns will be mitigated legally, socially, or through mediation?
- How long will legal procedures take? In the meantime how is she going to be engaged?
- Who will provide for her financial need?
- As she has nowhere to go, how can she support herself? (Staff should be able to differentiate between destitute and survivors, or individuals at risk of violence.)
- Will she be provided with skill for income generation?
- Women who have left their children behind might be concerned about their safety and ask relevant questions.

Sexual offences

- Will confidentiality be maintained regarding her case (sexual offense) and how will she be protected by the law?
- How long will it take for her to heal psychologically and health wise?
- Will society support in her reintegration and what might be the impact in future? Will she or the child who has been abused be stigmatized all their life? (sexual offense)

- Survivors of sexual offense may be concerned about sexually transmitted infections, pregnancy, HIV/AIDS, or contracting of Hepatitis B.

Child abuse

Child abuse survivors may be fearful and scared of going back in the society and ask relevant questions. They may be concerned about the continuity of their education. In case of an infant or child who cannot express these concerns, parents/guardians or care providers may have questions regarding their health issues, mental trauma, growth-related problems, and reintegration.

Code of ethics for shelter service providers

All staff at the shelter must follow the following code of ethics:

Code of ethics	Rationale
Confidentiality	For safety of the survivor, her aides, and other associates
Nonjudgmental	To prevent further victimization and to not discourage the survivor from opening up
Empathy/sympathy	To empower and reduce welfare
Unbiased	Biased mindset will not encourage fair processes
Effective listening	To reassure the survivor that she is being heard
Provide correct information	To not misguide her and to expedite the process of justice and empowerment
Confidential CMS to assess the prevalence and emerging trends	Enable to understand the trend for deriving effective strategies, plans, and policies
Language	Must be respectful, understandable, and simple. In case of different dialect, an interpreter may be used.
Tone of voice and behavior	The survivor must not be intimidated by the service providers' harshness in voice, rude language, or body language that is impolite and obnoxious.
Understand the need of each individual and provide service without intruding on her autonomy	Every individual's need is different. Understand the individual's need to provide supportive information, helping her make her own decision so as to increase her confidence and reduce dependability.
Safety planning	Help the survivor/affected person plan her own safety for going back or when she needs to reintegrate back in the society. Most important for her to move ahead in life, among others, will be legal documents to create her own identity. Explain to her the importance of securing her legal documents, such as citizenship paper, marriage registration, children's birth registration, medical reports, and legal documents related to property. Besides, as she may need to run out in haste, to prepare a 'go bag' with change of clothes, medicine, some money, and important telephone number and persons to contact in emergency. Help her understand that during an argument, she needs to be near the exit door to escape if the situation gets worse.
FIR	Help the survivor understand the importance of FIR and how this can form the basis for legal action.
Response and coordination with other relevant institutions such as hospitals and shelters	It is important to note that once the survivor accesses services at the residential facilities, she may need associated support from other systems such as health, legal, police, and justice. Community support is essential for effective reintegration and institutional support for empowerment. It is important that residential facilities create a mapping of other essential services required for referral and finally for effective social and economic reintegration.
Safety measures and monitoring (such as hidden cameras, grilled windows, safety locks).	As the residential facility will be housing women and children in a distraught state of mind and may not be aware about their surroundings, it is the responsibility of the facility to protect them from hazards that may take place. Install safety measures to prevent fire hazards, forceful entry, robbery, unethical behavior, and overall protection of the residents.

GBV Service Directory

The GBV Service Directory is available on the NWC website at https://nwchelpline.gov.np/service-mapping. It includes services for GBV survivors in 77 districts across Nepal. Services include shelter, psychosocial, health, legal, para-legal, mediation, and child protection. The directory includes the types of services being provided by each

organization and contact details including phone number, email address, and website. People experiencing GBV can look for particular types of services in the area where they live. They can also use a map to find a service in their area.

Which organizations to include

(a) Only include organizations that provide actual services. **Do not** include organizations that only do research and advocacy.

(b) Include branches as separate entries but use the same name, description, type of service, and website.

Information to include about each service

(a) **Name of organization**: Put the abbreviation first, followed by the full name in brackets, for example, CWIN (Child Workers in Nepal).

(b) **Description** needs to be in a standard format that includes services provided and target audience. Please do not change or add descriptions without checking with the helpline manager.

(c) **Type of service:** You can select multiple types of service, for example, shelter, legal. Select from the dropdown list.

(d) **Organization contact number and email**: This should be a public number. Do not put someone's private details there.

(e) **Contact person**: This needs to be the name and contact details of the person you will contact to get updates and information about the services as well as for the referral purpose. Please do not add the contact number of the chairperson or directors.

(f) **Province, district, and municipality**. Select from the dropdown list.

(g) **Geo-location**

Updating the directory

It is very important that the information in the GBV Service Directory is accurate and up to date. Please check details carefully and call the service provider if you are not sure.

All services in the directory should be checked every six months.

20. CMS services, counting rules, and results

Points to note

1. Information and follow-up cannot be added as services.
2. Multiple activities can be added to a service, for example, court documents prepared, mediation session held. This is optional.
3. Only count a service provided by an organization once for each case, for example, if a client sees a psychosocial counselor multiple times, this is counted as one psychosocial

service. However, if the same service is provided by different organizations, it should be counted separately for each organization. For example, if NWC and Legal Aid and Consultancy Centre Nepal (LACC) provide legal counseling service, this would be counted as two legal counseling services.

4. There will be more services than cases, as clients will often receive a number of services for each case.
5. Services can be carried out by phone.
6. Results are linked to services. There can be more than one result for a service
7. All results can be yes, no, or blank.
8. A CSO can refer a client to another partner organization. An email will be sent to the NWC case manager who will create a referral letter and attach it to the case in the CMS.

Type of service	Definition	Counting rules	Result
Information	An information service includes • Information about NWC services; • Information about other services including contact numbers; • Information about legal rights in relation to GBV; • First aid counseling, for example, depression, suicide risk; and • Advice on safety.	Information services should only be recorded if they are not provided as part of a case. The minimum data set should be collected for information services.	
Linked referral	A linked referral is when a client is assisted to make contact with another individual or organization (whether legal or non-legal). It may include one or all of the following: • Making an appointment on behalf of a service user • Contacting the target service to check a client's eligibility and the availability of the service • Attending the target service with a client • Providing background information or a professional assessment.		
Follow-up	The caller wants to follow up on an existing case		
Nuisance call	Nuisance calls are calls made deliberately to annoy or harass helpline staff where there is no evidence of GBV. This includes abusive behavior. Officers have the right not to be abused by		

Type of service	Definition	Counting rules	Result
	callers.		
Fake	A fake call is when a caller calls the helpline by mistake, for example, wrong number.		
Missed call	A missed call is when the caller cannot reach the helpline either because the officer does not answer or there is a technical fault or the lines are busy with other calls.		
Empty call	An empty call is when the officer answers the call but there is no one on the line or the caller is not speaking.		
Linked referral case	A linked referral case is when a client is assisted to make contact with another individual or organization (whether legal or non-legal) as part of the case. It may include one or all of the following: ● Making an appointment on behalf of a client ● Contacting the service to check a client's eligibility and the availability of the service ● Attending the service with a client ● Providing background information or a professional assessment.	Each linked referral is counted as a service. The service that the linked referral is made to can also be added if there is evidence that the service has been used by the client, for example, seed money, rescue.	n.a.
Legal counseling	One-off assistance or advice about legal options provided by a lawyer or paralegal	Each legal counseling session is counted as a separate service.	n.a. Add a file note if unable to provide further services even when the client wants to due to the lack of vital documents.
Legal casework	Ongoing procedural assistance with a case including preparing court documents, writing letters and applications, gathering evidence, providing advocacy, following up with local government, working with family members. It includes paralegal services.	A casework service includes all the work done on a particular matter, for example, a divorce. A new casework service can be added for work on a different matter, for example, obtaining property.	● Financial compensation (includes dowry returned, medical costs aid) ● Property protected ● Legal documents obtained (citizenship, proof of relationship status, birth certificate) ● Divorce granted ● Perpetrator imprisoned ● Custody of children obtained ● Safety/restraining order obtained.
Representing in court	Appearing in court or a quasi-judicial body for the client	Multiple court appearances in the same court for the same matter are counted as	See legal casework

Type of service	Definition	Counting rules	Result
		one service. A new representing in court service should be added if appearing in a different court or about a different matter.	
Implementation	An implementation service is a separate court process and is provided following a court decision, for example, to gain access to property.	All activities provided for an implementation are counted as one service. Field visits carried out as part of an implementation service should be added as a separate field visit service.	See legal casework
Mediation	Assisting parties to reach an agreement. 1. Court referred mediation 2. Out-of-court mediation	Multiple sessions for a client within a three-month period are counted as one service.	• Mediation agreement obtained • Mediation agreement kept • Further violence
Psychosocial counseling	Assessment; counseling (couple, group, family, individual) for trauma, depression, suicide; emotional support; relaxation; coping strategies, social support, follow-up with clients	Multiple sessions for a client counted as one service.	• Psychosocial well-being improved • Client stopped attending counseling
Formal education	Enrolled in school or college or university	Enrolment in a course is counted as one service.	
Informal education	Attending short courses, for example, literacy, numeracy, training	Enrolment in a short course is counted as one service.	
Vocational training	Training to develop skills	Enrolment in vocational training is counted as one service.	
Employment service	Assistance with finding employment	Assistance with finding employment is counted as one service,.	• Employment found
Mental health	Includes services provided by a psychologist or psychiatrist, hospital rehabilitation but not psychosocial services	Multiple sessions for a client are counted as one service.	• Mental health well-being improved • Client stopped attending counseling
Medical	Services provided by a doctor, nurse, or hospital including abortion and reproductive counseling	Multiple appointments about one medical issue are counted as one medical service.	
Rescue	Assistance when a client is in immediate danger. Includes security protection, contacting police, airport check, and sealing borders. Usually involves going to the site to carry out the rescue but may involve working with police and police doing the rescue.	Each rescue is counted as a separate service.	• Rescue successful

Type of service	Definition	Counting rules	Result
Field visit	Go with a client to a location, for example, go to police, medical appointment or a house visit. Includes visits by court staff and conflicting party to obtain land.	Each field visit is a separate service.	
Shelter	Housing, short or long term. Date open and closed will provide the length of stay in the housing.	Each stay in a shelter is counted as one service.	
Recreational activity	For example, art classes, cooking, yoga	Each course is counted as a service.	
Reintegration	The survivor is assisted to relocate into the community/family including repatriation.	Multiple activities for reintegration are counted as one service.	• Client reintegrated • Client not reintegrated
Case meeting	Assessing needs, developing a case plan, fact finding, coordinating client access to services	Each case meeting is counted as a separate service.	
Financial support	Provide a client with money or provisions to meet his or her basic needs, including seed money.	Providing a client with money or provisions for a range of needs is counted as one financial support service. If financial support is provided as part of another service, for example, reintegration, an additional financial support service can be added.	• Add a file note about what the support is being used for, for example, accommodation, finding employment, transport, medical expenses
Emergency relief	Make provisions to meet a client's needs including food and clothes.	Providing a client with emergency relief is counted as one financial support service.	
Safety planning	Develop a safety plan with a client.	Each safety plan is counted as a service. Add the safety plan to the case documents.	