Gender Based Violence (GBV) and Child Protection (CP) Case Management Guidelines

Background

The present document is intended to support GBV and CP case workers volunteers to support the collaboration between the two. This document complements the CP and GBV SOP and is in line with CP and GBV case management guiding principles which can be found in the extended SOPS for CP and GBV. Mandatory common guiding principles are safety, confidentiality, respect and non-discrimination, as well as the best interest of the child and a survivor centered approach.

Principles for working with child and adolescent survivors of Gender Based Violence

- Promote the child's best interest
- Ensure the safety of the child
- Comfort the child
- Ensure appropriate confidentiality
- Do No Harm
- Involve the child in decision-making (according to their evolving or intellectual capacities)
- Treat every child fairly and equally (principle of non-discrimination and inclusiveness, including considerations for children with disabilities and children in all their diversities)
- Strengthen children's resiliencies

Confidentiality must be maintained when working with survivors. This includes not sharing information of the child survivor or his/her family with other stakeholders except with informed consent and only on a need-to-know basis when it might be advantageous to the survivor.

Informed consent/assent: The survivor should have the legal age or capacity to consent, as well as to understand what s/he is consenting. Before agreeing, s/he should be first informed about all the available options for support, case transferred/handed over/case referred and to which service provider/s. Information should be provided in a comprehensive and age-appropriate manner. It should include: risks and benefits of the services identified as appropriate to the survivor/the right to refuse or decline any part or all services/to refuse the sharing of their information or personal data that might be shared with other additional services identified as appropriate after explaining its purpose. While informed consent is the voluntary agreement of an individual who has the legal capacity to give consent based on his/her intellectual capacity and maturity to know about and understand the services being offered and be legally able to give their consent, parents or their guardians are responsible for giving indirect informed consent for their child to receive services until the child reaches the legal age to provide consent. Older adolescents are also legally able to provide consent in lieu of, or in addition to, their parents. (See table reproduced in Annex 1 on ages required for direct Informed consent and/or Assent).

Survivor Centred Approach: The survivor should be clearly informed of what assistance can be offered by each service provider. The person/organization who receives the initial disclosure (incident report) of a GBV case will act in accordance with the referral mechanism, which includes opportunities at each stage to move forward or stop. The survivor has the freedom to choose whether to seek assistance, what type(s) of assistance, and from which organizations. Health

assistance is the priority for cases involving sexual violence and/or possible bodily injuries. In the case of rape, assistance must be in accordance with the WHO Clinical Management of Rape guidelines and may include emergency contraception and post exposure prophylaxis for HIV within 72 hours, as well as forensic medical exams to document the incident with legal evidence to be brought to justice. Service providers will inform the survivor of what assistance they can offer and clearly relate what cannot be provided or any limitations to services, to avoid creating false expectations. All service providers in the referral network must be knowledgeable about the services provided by any actor to whom they refer a survivor.

Special Procedures for Child Survivors

a) The parents or guardian of the child (under the legal age to provide consent) should be informed about the interview with the case manager or reporting of the GBV incident.
b) However, if perpetrators are family members, the child should be interviewed when no other family member is present, but the parent or guardian will be informed that an interview is going to be conducted (unless they are the perpetrators or safety of the survivor could be compromised).

c) If a child's parents/guardians refuse to pursue the case in the court of law on the child's behalf, after his/her assent or informed consent, while there is clear evidence or a substantiated allegation, the law enforcement official (i.e. police) and/or the Social Protection unit will be informed about the child's will to pursue the case in court, and/or to ensure that the case is brought to justice on the child's behalf.

What is referral and what is transfer

Referral: A referral is the process of requesting services after the need assessment for an individual through an established procedure. The case worker refers the survivor to the specialist service using the agreed form [if available] with the consent/assent of the survivor and where appropriate a caregiver. Specialist service providers and partner organizations may also have case management services which can be extended to the survivor when needed or as agreed with the referring service provider for a limited time. The case manager/worker, who oversees coordinating the survivor accessing identify specialist services, retains overall responsibility of the case regardless of the referrals made.

Transfer: Transfer is the systematic procedure when a survivor is being reassigned to another service provider who takes on all responsibilities of case management of the child survivor. The caseworker must discuss this with the survivor/child/adolescent and/or safe caregiver/trusted adult, obtain their consent/assent, and support the transition (e.g., preparing the child/adolescent survivor for the transition, facilitating an introductory meeting with the new caseworker, etc.). The child/adolescent survivor's gender preferences for caseworkers should be taken into consideration for all case transfers. The survivor's preference for gender, age of case worker should be considered.

When to transfer and when to refer (priority concern)

The transfer of a case indicates that the full responsibility for coordination of case plan, follow up and monitoring of the child is being handed over to another agency or department. This differs from referral where these responsibilities remain with the original caseworker. Referrals and transfers can be done either within the same agency or to another agency depending on capacity.

Case Transfer: Case Transfer means transferring a case with case file to another case worker. Transfers may occur when:

- A child turns 18 but requires support for a GBV service.
- A child survivor moves to another location.
- A caseworker cannot continue to handle the case because, for example- but not limited to:
- Leaving their job/agency
- Maternity or other long term leave of case workers
- Agency closure

Case refers: Case refers to Referral to link child and family to an appropriate service provider for necessary services (with consent). And to ensure proper services or support for the beneficiaries according to their need base or reduce risk factors with protection concerns by other supportive actors or organizations with fill up some documentary.

The reasons why a case will need to be referred includes when services are not available in the organization managing the case. This may include for example Foods, Shelter, NFI, Health or Medical, Nutrition, registration, PSS, Rehabilitation. This should be documented in the case plan. When referring, the case manager should only pass on necessary information that is required.

Information management for data transfer and referral

This information management for data transfer and referral will follow the information sharing protocol (ISP) on GBVIMS and CPIMS. All organizations will protect information to ensure the safety and security of the survivor and/or that no harm comes to any survivor, service provider or the community from information sharing efforts. If case is transferred to a GBV case worker due to child turning 18, the case must be closed in the CPIMS+. Similarly, if the GBV case worker considers that the case should be referred to a CP case worker, upon prior informed consent, the case must be closed in the GBVIMS+ and applicable information security measures should be applied (i.e. destroying the electronic file, files or identifiable information of the survivor and his/her family from the electronic database or from paper format).

ANNEX 1

SNAPSHOT OF INFORMED CONSENT/ASSENT GUIDELINES

AGE GROUP	CHILD	CAREGIVER	IF NO CAREGIVER OR NOT IN CHILD'S BEST INTEREST	MEANS
0–5	-	Informed consent	Other trusted adult's or case-worker's informed consent	Written consent
6–11	Informed assent	Informed consent	Other trusted adult's or case worker's informed consent	Oral assent, Written consent
12–14	Informed assent	Informed consent	Other trusted adult's or child's informed assent. Sufficient level of maturity (of the child) can take due weight.	Written assent, Written consent
15–18	Informed consent	Obtain informed consent with child's per-mission	Child's informed consent and sufficient level of maturity takes due weight	Written consent