

ASEAN Guidelines for
Developing National Standard Operating Procedures
for a Coordinated Response to

Violence against Women and Girls



**Spotlight
Initiative**
*To eliminate violence
against women and girls*



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Preface

In 2015, when the ASEAN Regional Plan of Action on the Elimination of Violence against Women (RPA on EVAW 2016 – 2025) was adopted, ASEAN Member States had seen progress in addressing violence against women. National laws and action plans had been dedicated to the issue, and resources were allocated to implement these frameworks. Shelters, hotlines, and other support services were strengthened for survivors of violence, and data on violence against women were collected and analysed for evidence-based policies and services. Member States had implemented campaigns to increase awareness about violence against women and have demonstrated a strong commitment to ending VAWG. Yet, despite the progress and integral efforts to tackle the issue, violence against women remains a pervasive problem, and solutions are still being tested and defined to effectively respond to and eliminate violence that works in various contexts.

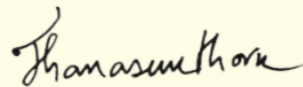
ACWC and ACW have prioritized the development of guidelines for national SOPs under the leadership of Thailand and with the support of the ASEAN secretariat. This initiative aims to institutionalize and prioritize VAWG services in both non-emergency and emergency settings in ASEAN.

In the context of a dynamic, changing, and complex environment, the midterm review of the ASEAN RPA on EVAW recommended accelerating the development of guidance for further localization of national coordination SOPs for the response to VAWG in ASEAN Member States. National coordination SOPs may help service providers handle VAWG cases in a coordinated, gender-responsive and survivor-centred manner and protect the civil and human rights of all women experiencing violence.

Thus, the development of the present guidance on national coordination SOPs was a prerequisite, and an evidence-based and participatory process followed it. Through recommendations and proposed key actions to implement the provision of the national action plans and to inform the development of the sustainable solutions for coordinated response in the area of ending violence against women and girls, these Guidelines seek to guide ASEAN Member States to improve their response concerning the protection of women survivors of gender-based violence and offer signposts to mobilize support for the prevention and elimination of violence against women to make ASEAN a safe place for women and girls.



H.E. Dr. Ratchada Jayagupta
Representative of Thailand to the
ASEAN Commission on the Promotion
and Protection of the Rights of
Women and Children (ACWC) for
Women's Rights



Mr. Thanasunthorn Swangsalee
Director-General Department of Women's
Affairs and Family Development, ASEAN
Committee on Women Thailand

Foreword

Violence against women and girls is a persistent human rights violation. It is a result of deeply rooted gender bias and inequality, and discriminatory and harmful practices. Violence, in all its forms, negatively impacts women and girl's health, education, income, and opportunities, as well as family relations, in the communities, and entire societies. Moreover, violence against women and girls impedes the full realisation of their potentials. It is an obstacle to social and economic development as well as the achievement of sustainable development. The Declaration on the Elimination of Violence Against Women in the ASEAN Region was adopted at the 37th ASEAN Ministerial Meeting (AMM) on 30 June 2004. Subsequently, the Declaration on the Elimination of Violence Against Women and Elimination of Violence Against Children in ASEAN was adopted on 9 October 2013. This was followed by the adoption of the ASEAN Regional Plan of Action on the Elimination of Violence Against Women (ASEAN RPA on EVAW) in 2015. These frameworks enunciate ASEAN's zero-tolerance for all forms of violence against women and girls.

The "ASEAN Guidelines for Developing National SOPs for a Coordinated Response to Violence against Women and Girls" represents a crucial step forward in ASEAN's work to end all forms of violence against women and girl. The prevalence of violence against women and girls calls for concerted, multisectoral efforts and the development of coordinated standard operating procedures (SOPs) to guide service providers. Indeed, the COVID-19 pandemic has exacerbated the incidence and prevalence of violence. With 4.7 million people in the Southeast Asian region pushed into extreme poverty due to the COVID-19 pandemic (ADB, 2022), women and children in the ASEAN face higher risks and vulnerabilities to violence and abuse.

This regional guidance aligns with relevant ASEAN frameworks, including the ASEAN RPA on EVAW in 2015 and its midterm review report in 2022, the ASEAN Gender Mainstreaming Strategic Framework (2021), and the ASEAN Comprehensive Recovery Framework (2020), as well as the United Nations Joint Global Programme on Essential Services for Women and Girls Subject to Violence, among others.

I commend the ASEAN Commission on the Promotion and Protection of the Rights of Women and Children (ACWC) and the ASEAN Commission on Women (ACW) for spearheading the development of this guidelines.

I also commend the generous support of UN Women to ACWC and ACW in developing this important guideline under the EU-UN Spotlight Initiative within the programme "Safe and Fair: Realizing women migrant workers' rights and opportunities in the ASEAN region".

It is my hope that policymakers, practitioners, and front line service providers will find the guidelines useful.



Ekkaphab Phanthavong
Deputy Secretary-General of ASEAN
for ASEAN Socio-Cultural Community

Message from Chair of the ASEAN Commission on the Promotion and Protection of the Rights of Women and Children (ACWC)

I am honored to introduce the ASEAN Guidelines for Developing National Standard Operating Procedures for a Coordinated Response to Violence against Women and Girls. This document represents a collaborative effort echoing our commitment to fostering gender-sensitive and survivor-centered approaches in handling of cases of violence against women and girls (VAWG).

The purpose of this guidance is clear: to pave the way for nationally coordinated standard operating procedures and performance standards. These protocols will serve as vital tools for service providers, enabling them to effectively handle cases of VAWG while upholding the principles of gender sensitivity and survivor-centered support.

It addresses a critical need for a coordinated response across sectors such as health, police, justice, social services and other sectors. While focusing on VAWG, it sets the stage for collaborative approaches at the national level, emphasizing the importance of aligning sector-level SOPs to achieve a cohesive response.

I urge you to delve into this guidance, as it not only reflects our collective dedication but also serves as a beacon guiding our efforts to protect the rights and well-being of women and girls within our communities.



Yanti Kusumawardhani
Chair of the ASEAN Commission
on the Promotion and Protection of
the Rights of Women and Children (ACWC)

Message from Chair of the ASEAN Committee on Women (ACW)

It is with great enthusiasm that I present to you the result of our collective efforts: the ASEAN Guidelines for Developing National Standard Operating Procedures for a Coordinated Response to Violence against Women and Girls (VAWG). This document encapsulates the stark reality that VAWG demands urgent and coordinated action.

The situation outlined within this guidance sheds light on the pervasive nature of VAWG, impacting not only individuals but families, communities, and our socio-economic fabric. It illustrates the imperative of our efforts, underscoring how VAWG obstructs gender equality, limits opportunities, and inflicts long-term harm on our societies.

This guidance aims to establish nationally coordinated standard procedures for addressing VAWG, emphasizing the importance of sector collaboration and alignment to ensure a cohesive and survivor-centered response across various services.

I call upon each of you to not only embrace this guidance but also to actively participate in its implementation. Let us translate this document into meaningful action, fostering a safer and more inclusive environment for women and girls across our region.



Datuk Dr. Maziah Binti Che Yusoff
Secretary General, Ministry of Women, Family and Community Development,
Malaysia Chair of the ASEAN Committee on Women (ACW)

Abbreviations

ACWC	ASEAN Commission on the Promotion and Protection of the Rights of Women and Children
ACW	ASEAN Committee on Women
ASEAN	Association of Southeast Asian Nations
CEDAW	Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW)
CRC	The Convention on the Rights of the Child
CRPD	Convention on the Rights of Persons with Disabilities
DRIP	Declaration on the Rights of Indigenous People
EVAW	ending violence against women
GBV	gender-based violence
GESI	gender equality and social inclusion
ICPMW	The International Convention on the Protection of Migrant Workers and Members of Their Families
IPV	intimate partner violence
NGO	non-governmental organisation
OP-CEDAW	The Optional Protocol to the Convention on the Elimination of All Forms of Discrimination against Women
RPA	Regional Plan of Action
SOP	standard operating procedure
VAWG	violence against women and girls

Introduction

Purpose and scope

The purpose of the present document is to provide guidance for the development of nationally coordinated standard operating procedures (SOPs)¹ and performance standards for service providers on how to apply gender-sensitive and survivor centred approaches in the handling of cases of violence against women and girls (VAWG), including women and girls from vulnerable groups.

The scope of this guidance is national, focusing on a coordinated response between key sectors such as health, police and justice and social services. This guidance is intended to bring together key stakeholders at the national level to develop an agreed upon SOP for a coordinated response to VAWG. National coordination SOPs complement sector level national SOPs in health, police and justice, social services and any other sectors deemed relevant to the context.

This guidance addresses VAWG but it does not address the specific needs of children. However, it is recommended that guidelines should be developed at the country level in consultation with advocates for child protection to ensure coordinated approaches for families and children affected by violence.

The development of this guidance for developing national coordination SOPs was guided by the frameworks of the Association of Southeast Asian Nations (ASEAN) and other evidence as well as global guidance and frameworks. It aligns with ASEAN frameworks, including the Regional Plan of Action on the Elimination of Violence against Women (EVAW) and its midterm review, the ASEAN Gender Mainstreaming Strategic Framework (2021) and the ASEAN Comprehensive Recovery Framework; as well as the United Nations Joint Global Programme on Essential Services for Women and Girls Subject to Violence.

Situation of violence against women and girls in ASEAN

Gender-based violence (GBV) or VAWG is the most pervasive yet least visible human rights violation in the world, and it affects 1 in 3 women in their lifetime.² It includes physical, sexual, psychological or economic harm inflicted on a person because of socially ascribed power imbalances between men and women. It also includes the threat of violence, coercion, and deprivation of liberty, whether in public or private.

Despite significant efforts and commitments, regional evidence suggests that VAWG remains a widespread violation of human rights globally, including in ASEAN member

¹ SOPs are formal agreed-upon documents that outlines specific procedures. In the context of the national coordination of services for women and girls subjected to violence, SOPs can also outline agreements between stakeholders in service provision.

² See www.unwomen.org/en/what-we-do/ending-violence-against-women/facts-and-figures.

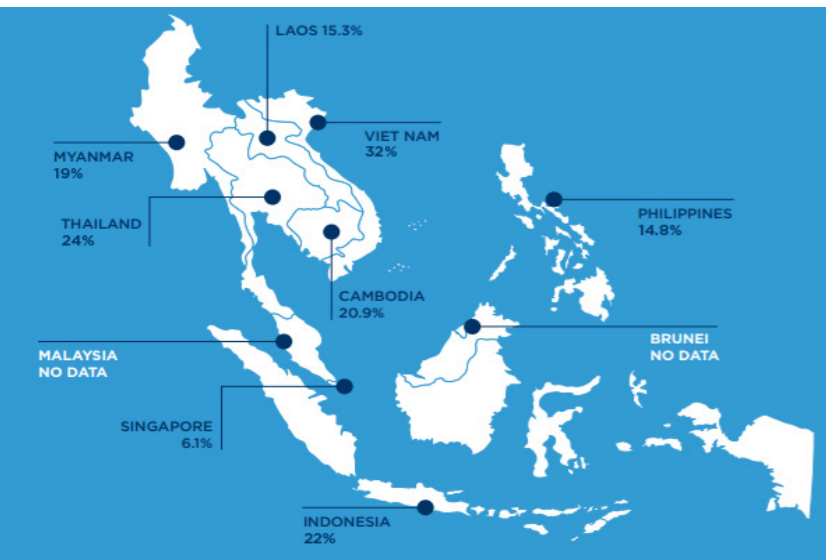


Figure 1: Lifetime physical and/or sexual intimate partner violence

Source: See www.who.int/publications/item/9789240022256; UNFPA Asia-Pacific, 2020, *Violence Against Women – Regional Snapshot – kNOwVAWdata*.

Note: The designations employed and the presentation of material on the maps in this publication do not imply the expression of any opinion whatsoever on the part of the Secretariat of the United Nations concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries.

States.³ Available data from countries in South-East Asia indicate that intimate partner violence (IPV) affects 37 per cent of women while IPV and non-partner sexual violence combined affect 40 per cent of women.⁴

The most recent data available show lifetime rates of physical and/or sexual intimate partner violence range from 6.1 per cent in Singapore to 32 per cent in Viet Nam (figure 1).

VAWG has devastating physical, emotional, financial, and social effects on women, children, families and communities. It negatively affects women’s sense of self-worth, their general well-being and overall quality of life, and it has serious negative immediate to long-term consequences. VAWG violates the human rights and fundamental freedoms of women; limits their access to, control over and ownership of assets and resources such as land; reduces their opportunities for employment; and impedes the full development of their potential. VAWG is an obstacle to the social and economic development of communities and States as well as the achievement of internationally agreed development goals, such as Sustainable Development

Goal 5 (gender equality and women’s empowerment). The cost estimates for establishing a package of essential services for survivors of VAWG in the Lao People’s Democratic Republic are 0.25 per cent of gross domestic product (GDP). Meanwhile, the costs of VAWG are high. For example, in Viet Nam, the economic costs of domestic violence (out of pocket and lost earnings) were estimated at nearly 1.41 per cent of GDP in 2010.⁵

There is increasing awareness that diverse groups of women suffer from inequalities that increase their risk of violence. These groups include women with disabilities; women living with and affected by HIV/AIDS; girls; older women; ethnic minority and/or indigenous women; women in conflict with the law;⁶ women living in disaster or conflict-affected areas; refugee and displaced women; documented and undocument-

3 Brunei Darussalam, Cambodia, Indonesia, the Lao People’s Democratic Republic, Malaysia, Myanmar, the Philippines, Singapore, Thailand and Viet Nam

4 See ASEAN Regional Plan of Action on the Elimination on Violence against Women.

5 Institute of Gender and Family Studies, 2012, *Estimating the Costs of Domestic Violence in Viet Nam*. Hanoi: UN Women Viet Nam.

6 Women in conflict with the law are often impacted by gender blind policies that put them at risk of discrimination and sexual violence. They experience stigma, which forms a barrier to appropriate care, support services and legal aid. See UN Women, 2021, [Women In Conflict with the Law](#). *Intersect Quick Facts*, vol. VIII, No. 2 (May).

ed migrant women; stateless women; defenders of women’s human rights/ advocates of gender equality; and women who are trafficked for forced labour or sexual exploitation.⁷ Social norms, stigma and discrimination increase the risk of violence or reduce or limit women’s access to protections and services.

ASEAN is known as the most disaster-prone region in the world with more than 50 per cent of global disaster mortalities from 2004 to 2014.⁸ Natural disasters, climate related conflict and displacement disrupt service provision and lead to an increase in all forms of VAWG, in particular IPV, early and forced marriage, and sexual exploitation and abuse.⁹

While significant progress has been made toward improved coordination and provision of quality services for women and girls subjected to violence, during the coronavirus disease (COVID-19) pandemic, new challenges emerged. The pandemic exacerbated risks and experiences of violence, especially when lockdowns and mobility restrictions confined women and girls to their homes with perpetrators of violence. Reports of violence increased, and helplines for survivors of violence reported sharp increases in the volume of calls for assistance. Nevertheless, at the same time, the operations of many support services were strained, and the reduction in service provision and restrictions on movement meant that women subjected to violence found it challenging to seek immediate help and access services.¹⁰

Technology facilitated VAWG (also referred to as online violence or digital violence), has become a feature in many types of violence against women, ranging from IPV and stalking to sexual harassment, abuse and exploitation. Technology facilitated VAWG is generally understood as violence perpetrated by one or more individuals that is committed, assisted, aggravated and amplified in part or fully by the use of information and communications technologies or digital media, against a person on the basis of their gender.¹¹

Of particular concern is technology facilitated sexual abuse, including non-consensual sharing of intimate images, deep fakes (manipulation of imagery using machine learning/artificial intelligence, usually for pornography), child pornography and taking pictures up the skirt of a woman or girl without her consent (“up skirting”).¹²

Because of the multifaceted nature of VAWG and the specific challenges and needs of vulnerable groups of women, coordinated approaches to addressing VAWG are essential. To be most effective, quality coordinated responses to VAWG require clear SOPs in line with global guidance.

7 See ASEAN Regional Plan of Action on the Elimination on Violence against Women.

8 See [Disaster Management & Humanitarian Assistance - ASEAN](#).

9 Irish Consortium on Gender Based Violence, 2022, *Gender Based Violence and its Intersection with Climate Change*. Available at www.gbv.ie/wp-content/uploads/2022/03/ICGBV-Policy-Paper-Climate-Change-and-GBV.pdf.

10 See www.unwomen.org/en/news/in-focus/in-focus-gender-equality-in-covid-19-response/violence-against-women-during-covid-19.

11 UNFPA, 2021, *Making all spaces safe: Technology Facilitated Gender-Based Violence*.

12 Additional types of technology facilitated and online VAWG are available at: <https://asiapacific.unwomen.org/en/digital-library/publications/2020/12/online-violence-against-women-in-asia>.

ASEAN response and priorities

The Declaration on the Elimination of Violence against Women and Elimination of Violence against Children in ASEAN was adopted at the twenty-third ASEAN Summit. To guide regional and national implementation of this Declaration, the [ASEAN Regional Plan of Action on the Elimination of Violence against Women](#) (ASEAN RPA on EVAW) 2016–2025 was finalised in 2016.

The ASEAN RPA on EVAW addresses issues and challenges of tackling VAWG in ASEAN Member States, outlining concrete actions to reduce the prevalence of VAWG and strengthen VAWG prevention and response at the regional and national level. The ASEAN RPA on EVAW was developed based on the following guiding principles: (a) human rights-based approach; (b) multisectoral and multidisciplinary approach; (c) evidence-based approach; (d) due diligence; and (e) partnerships and collaboration.

The ASEAN RPA on EVAW has underlined the importance of the development of SOPs. The present guidelines respond to Regional Priority Area 3, which is to develop guidelines for SOPs on performance standards for service providers on gender-sensitive handling of VAWG cases, including guidelines for support services for victims/survivors and the administration of justice.

The [midterm review of the ASEAN RPA on EVAW highlights](#) the importance of developing guidelines and national SOPs to raise performance standards for gender-responsive handling of VAWG cases according to international best practices, such as the United Nations Essential Services Package¹³ and other guidance.

The Regional Priority Areas are addressed by initiatives led by the (1) the ASEAN Commission on the Promotion and Protection of the Rights of Women and Children (ACWC) – an ASEAN regional human rights mechanism established in 2010, which is an intergovernmental commission composed of two representatives from each member State, and is an integral part of the ASEAN organisation; and the (2) the ASEAN Committee on Women (ACW) – an ASEAN sectoral body established in 1976 to implement, coordinate and monitor the implementation of key ASEAN priorities and cooperation on women's issues.

At the country level, the present document supports the implementation of priority 8 of the ASEAN RPA on EVAW which is to develop national guidelines for SOPs on performance standards for service providers on gender-sensitive handling of VAWG cases, including guidelines for support services for victims/survivors and the administration of justice.

13 The Essential Services Package is a practical tool to assist countries in setting out a clear road map for the provision and coordination of quality services to be provided by the health, social services, police and justice sectors as well as guidelines for the governance of coordination processes and mechanisms. It was published by the United Nations Joint Global Programme on Essential Services for Women and Girls Subject to Violence, a partnership by UN Women, UNFPA, WHO, UNDP and UNODC, which aims to provide greater access to a coordinated set of essential and quality multisectoral services for all women and girls who have experienced gender-based violence.

Recognising that the rapid advancement of technology, proliferation of the Internet and evolving communications technologies have led to unforeseen and unintended consequences that put children's safety at risk and will likely continue to do so, ASEAN member States adopted the [Declaration on the Protection of Children from all Forms of Online Exploitation and Abuse in ASEAN](#).

Through the [Ha Noi Declaration on Strengthening Social Work towards a Cohesive and Responsive ASEAN Community](#), Members States called for the development of regional guidance for the social services workforce in health, justice system and social protection. These are priority sectors for engaging in a coordinated response to VAWG, with important linkages to improve the response to VAWG.

How the present SOP guidance document was developed

ASEAN Member States have demonstrated strong commitment to ending VAWG. ACW and ACWC have prioritised the development of guidelines for national SOPs under the leadership of Thailand and with the support of the ASEAN secretariat. This initiative aims to institutionalise and prioritise VAWG services in both non-emergency and emergency settings in ASEAN.

In the context of a dynamic, changing and complex environment, the midterm review of the ASEAN RPA on EVAW recommended accelerating the development of guidance for the development of national coordination SOPs for the response to VAWG in ASEAN Member States. National coordination SOPs may help service providers to handle cases of VAWG in a gender-responsive and survivor-centred manner and protect the civil and human rights of all women experiencing violence.

Thus, the development of the present guidance on national coordination SOPs was prioritised. It was developed through an evidence-based and participatory process.

A review of existing SOPs was conducted to identify international good practices in essential services, coordination of services and existing practices in the ASEAN region. Based on the review, a draft outline was developed in consultation with the ASEAN secretariat, ACW and ACWC, and experts at the United Nations Entity for Gender Equality and the Empowerment of Women (UN Women). The present document was developed based on that outline. Under the leadership of ACW and ACWC, consultations with relevant ASEAN sectoral bodies and key partners were conducted with the support of UN Women and the ASEAN secretariat. Consultations with United Nations agencies and non-governmental organisations (NGOs) were conducted in the Lao People's Democratic Republic, Malaysia, Singapore and Thailand, to solicit further inputs and validate the draft document.

Coordinated response to violence against women

What is a national coordinated response to violence against women and girls?

Globally there has been increasing recognition that the provision, coordination and governance of essential health, police, justice and social services¹⁴ can significantly mitigate the consequences that violence has on the well-being, health and safety of women and girls, assist in the recovery and empowerment of women and stop violence from reoccurring.

Because of the multifaceted nature of violence against women, coordinated approaches to addressing VAWG are considered more effective than those based on a single perspective, sector or approach (for example, just taking a criminal justice approach).¹⁵ While each woman or girl who experiences violence will have unique needs, many will benefit from support from a range of service providers, advocates and specialists. Some survivors of violence rely on information from crisis services to assess their level of risk and explore options for safely leaving a dangerous situation, whether to report to the police, and what their legal rights and options are. Some will need emergency shelter and assistance if they must leave a dangerous situation and cannot return home. Others will turn first to a health provider regarding injuries or illness, and from there receive information about support services and counselling. Being connected with a network of service providers that work together and can easily link survivors with the specific services they need depending on their situation can be lifesaving and life-changing for women and their children. A coordinated approach can minimise the number of times a survivor must tell her story and reduce retraumatization she might experience.

A national coordinated response brings together key stakeholders at the national level to work collaboratively to ensure that the response to VAWG is comprehensive, multidisciplinary, coordinated, systematic and sustained. A national coordinated response mechanism is then developed, including both government and NGO actors from all

¹⁴ See www.unwomen.org/en/digital-library/publications/2015/12/essential-services-package-for-women-and-girls-subject-to-violence.

¹⁵ See [Implementation of a coordinated community response](#).

relevant sectors (health, police and justice, social services), and it meets regularly.¹⁶ It is led by an entity in the country that is authorised to lead the coordinated response. Women that have experienced violence, including members of vulnerable groups, must have opportunities to participate in the coordinated response.

An effective coordinated response can have a greater impact in responding to violence, keeping victims/survivors safe and holding perpetrators accountable, and it can make more efficient use of resources than agencies working in isolation.¹⁷

What are standard operating procedures?

SOPs for a national coordinated response to VAWG is a formal agreed-upon document that outlines specific procedures and agreements between the different stakeholders that are part of the coordination mechanism (health, police and justice, social services, and others) providing services and responding to victim/survivors of VAWG, including members of vulnerable groups. These national SOPs can guide the response nationally, and they can be replicated at subnational levels.

To ensure that women victim/survivors receive quality, appropriate, accessible response, a national coordination mechanism is required with SOPs to guide the service response and referral processes between sectors. The content of the SOPs should reflect the roles and responsibilities of the individual stakeholders involved and essentially should describe how to operationalise a coordinated response in line with the Guiding Principles for Essential Services for Women subject to Violence.¹⁸ SOPs are critical to establish agreed formal, interagency and institutional ways of working and cooperating in practical terms. They are the essence of working across agencies in safe ways on behalf of survivors.

There are many benefits of having national coordination SOPs in place.

- First, the process to develop SOPs is multidisciplinary by nature and context specific. The process of arriving at an understanding between sectors about the needs, rights and options available to survivors of violence, as well as the agreed principles and coordinated approaches for providing that support, is in itself extremely valuable for building a response that is survivor centred.
- Second, having these agreements documented in writing allows service providers to have a clear and harmonised approach, understand the roles and expectations of each actor in the response system, and avoids having to renegotiate these agreements when individuals leave their role.
- Third, national coordination SOPs can be reviewed, updated, improved and adapted to reflect changes in laws, policies, evidence, feedback from survivors and the need to plan for continuity of responses to VAWG during a crisis or emergency.

¹⁶ UN Women, Safe and Fair, 2021, [A Practical Guide: Developing Standard Operating Procedures \(SOPs\) for a Coordinated Response to Violence against Women, including women migrant workers](#).

¹⁷ See www.endvawnow.org/en/articles/1774-overview.html.

¹⁸ See the Essential Services Package for Women and Girls Subject to Violence.

Gender sensitive and survivor centred approaches

SOPs for a national coordinated response to VAWG aim to ensure that services are delivered applying a gender sensitive and survivor-centred approach.

A gender sensitive approach recognises and responds to the different and specific risks of VAWG of women and girls recognising they are not a homogenous group, and it seeks to transform unequal gender relations between men and women.¹⁹ Diverse groups of women suffer from inequalities that increase their risk of violence. These groups include women with disabilities; women living with and affected by HIV/AIDS; girls; older women; ethnic minority and/or indigenous women; women in conflict with the law; women living in disaster or conflict affected areas; refugee and displaced women; documented and undocumented migrant women; stateless women; defenders of women’s human rights/advocates of gender equality; and women who are trafficked for forced labour or sexual exploitation.

A survivor-centred approach places the rights, needs and wishes of women and girls at the centre of service delivery. This approach ensures that wherever a survivor seeks help, she is provided with information on options and the impact of decisions and actions, so that she can make an informed decision and have access to services that are tailored to her unique requirements and needs. The survivor makes decisions that reflect her need for support, and her wishes are respected.

Applying a gender-sensitive and survivor-centred approach requires that stakeholders in the national coordinated response build their understanding of the diverse experiences of women and girls and ensure that services they provide to women and girls are available, accessible and appropriate, and adapted to meet the needs of specific groups. Barriers to help-seeking include stigma, discrimination, physical inaccessibility and language barriers, cost of services, fear of losing the family’s financial support, inability to take time away from work and lack of childcare. All of these must be identified and addressed.

¹⁹ See [Principle 3: Taking a gender-specific approach](https://www.euroopa.eu) | European Institute for Gender Equality (euroopa.eu).

Developing national coordination SOPs for the response to VAWG

Who develops national coordination SOPs?

National coordination SOPs are developed by a multi-sectoral group of stakeholders that includes the government body or entity that has the authority to lead the coordination mechanism and representatives of key sectors, such as health, police and justice, and social services that provide specialised services to women subjected to violence. Government and civil society service providers and other key actors serving vulnerable groups, as relevant, should be included among the stakeholders.

Linkages between national coordination SOPs and sector SOPs

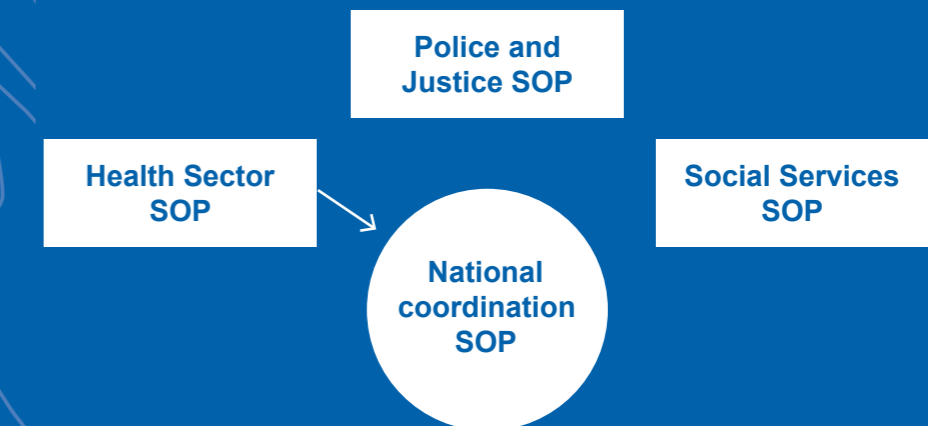


Figure 2: Sector and national coordination SOPs

The key sectors responding to VAWG are health, police and justice and social services sectors. A good practice is that each sector will have SOPs that guide practice in that sector, and there will be an SOP for coordination between sectors. This guidance note does not provide detailed guidance for each sector SOP. It does provide good practices for VAWG services in each sector, and it focuses on coordination between the sectors.

- Sector SOPs guide practice in specific sectors such as health, police and justice and social services
- National coordination SOPs bring together the sector SOPs and guide the coordination, governance of coordination and referral process between sectors.

This practice of sector specific and national coordination SOPs is built on the understanding that because of the multifaceted nature of VAWG, survivors are likely to need multiple services and may enter the service system at different points.

The focus in the present guidance document is on developing national coordination SOPs. However, it is crucial that national coordination SOPs link and refer to sectoral SOPs. Some examples of linkages between sector specific SOPs and national coordination SOPs in the ASEAN region are provided below:

- Cambodia has health sector guidelines (SOPs) and legal SOPs that are coordinated through national level referral guidelines (SOPs).
- The Lao People's Democratic Republic has recently completed SOPs for the health, legal and social services sectors. A national coordination SOP has been developed that links the sector SOPs and outlines the responsibilities for referrals between the sectors.
- Thailand is developing national coordination SOPs. These link with provincial coordination SOPs for service provision.
- Viet Nam has SOPs at the national level and for the social services and legal sectors, and for Foreign Service officers abroad.
- The Philippines has developed a comprehensive referral network to support survivors with essential services such as care, protection, and legal assistance, coordinated by local Anti-Trafficking and VAWC committees.

Addressing the needs of women migrant workers

As a result of in-depth consultations with partners across ASEAN, in particular in Cambodia, Indonesia, the Philippines and Viet Nam, detailed guidance was developed as part of Safe and Fair* to prioritise the development of SOPs for coordinated responses to provide quality essential services for women subject to VAWG, including women migrant workers.

It was recommended that the development process should include key actors in Government and civil society, police and justice, health and essential social services, linking with migration actors, such as labour ministries, migrant resource organisations, civil society organisations and embassies that can contribute to improving the response to women migrant workers.

Also, this should be guided by applying a survivor-centred approach: the survivor should choose the service she wants, therefore service providers must be aware of services offered by other stakeholders and know how to refer women and girls based on their needs and informed consent.

See [A Practical Guide: Developing Standard Operating Procedures for a Coordinated Response to Violence Against Women including Women Migrant Workers](#)

*Safe and Fair: Realizing women migrant workers' rights and opportunities in the ASEAN region is part of the Spotlight Initiative to eliminate violence against women and girls, a global, multi-year initiative between the European Union and the United Nations

Ensuring a focus on vulnerable populations in the national coordination SOPs

The ASEAN RPA on ERAW has recognised that diverse groups of women suffer from inequalities that increase their risk of violence. These groups include women with disabilities; women living with and affected by HIV/AIDS; girls; older women; ethnic minority and/or indigenous women; women in conflict with the law; women living in disaster or conflict affected areas; refugee and displaced women; documented and undocumented migrant women; stateless women; defenders of women's human rights/advocates of gender equality; and women who are trafficked for forced labour or sexual exploitation.

Recognising that social norms, stigma and discrimination increase the risk of violence and challenges to access protections and services, the situation of the different groups of women who are at greater risk of violence must be understood. This requires identifying vulnerable groups of women, identifying barriers to access services and strategies to remove the barriers.

As the national coordination SOPs are developed, the needs and rights of the diverse populations and strategies for removing barriers to service must be addressed.

In the ASEAN region, there are multiple examples of a SOPs that focus on increasing access to services for women in vulnerable groups. The following are a few key examples.

Voices of victims/survivors service satisfaction

After two years of training members of the GBV Working Groups on Minimum Standards of Basic Counselling and Referral Guidelines in Cambodia to understand the quality of services, a satisfaction survey was conducted with victims/survivors who had received services. They reported improvement in being treated with respect but noted there were limited referrals to other services. Based on this learning, further technical support was provided on assessment and making referrals.

- Recognising the high rates labour migration among women in ASEAN member States, and their increased risk for violence and abuse, the Governments of Cambodia, Indonesia, Malaysia, Myanmar, the Philippines, Thailand and Viet Nam, prioritised increasing access to essential services for women migrant workers subject to violence. Key actions were the development of migrant sensitive SOPs, the provision of training to front-line VAWG and migration service providers, and the development service directories.
- In Cambodia, the National Action Plan to Prevent Violence Against Women 2019–2023 prioritised ensuring access to essential services for marginalised groups of women, including women with disabilities; women living with HIV/AIDS; lesbian, bisexual and transgender women; women migrant workers; entertainment workers; sex workers; garment factory workers and other female workers; women who use drugs or their partners who use drugs; women in prisons; indigenous women and women from religious or ethnic minority groups.
- In Indonesia the Ministry of Women's Empowerment and Child Protection prioritised women migrant workers subject to violence during COVID-19 through the development of the national protocol to address GBV among Indonesians abroad.

Incorporating survivors' voices into the development of national coordination SOPs

The voices of survivors of VAWG in all their diversities are critical to inform the development of SOPs. Understanding women's lived experiences of violence and in seeking help/services can provide valuable guidance to inform systems and quality improvements to ensure services are of high quality and survivor centred responding to the actual situations and needs.

Engaging survivors to provide input into service design and delivery can be empowering to women and provide for better understanding to quality services that helps women realise their rights. At the same time, survivors must not be exploited or put at risk of further harm in the process of participating in designing the national coordination SOP. Some key considerations are:

- The voices of victim/survivors of VAWG are critical to inform the development of quality coordinated responses. The lived experiences of women can inform practical actions required to ensure strategies for a coordinated response are effective.
- Women and girls have a right to raise their voices and speak up about their experience. At the same time – a survivor centred approach requires that they be informed of any risks and any benefits of sharing their experience, so they are able to make an informed decision around the circumstances of their information sharing. The safety of the survivor is paramount.
- The confidentiality and privacy of the survivor must be maintained. She must have the right to share her experiences in a way that protects her privacy and confidentiality (anonymity) if she chooses.
- Survivors should not be exposed to the media without being provided a full understanding of potential benefits and risks.
- Access to services and protections must not be contingent upon a survivor's willingness to speak out publicly about her experience.

It is essential to include the perspectives of a range of survivors of violence, including advocates for survivors. Such advocates may work for women's crisis centres, helplines, shelters, counselling services, legal advocacy services or other specialised in VAWG response services. Additionally new and emerging issues such as technology facilitated VAWG might require participation from a wider range of key actors such as Internet service providers or ministries of communication.

Some examples of ways that survivors' voices can be included in the SOP or service development processes are provided below:

- Engage survivors as participants in SOP or service development committees. If engaging survivors on a committee it is recommended to do the

following: 1) include more than one survivor from different backgrounds so they are not "token" victims/survivors; 2) adequately prepare the survivor(s) so they understand the process and can contribute appropriately; and 3) ensure there is no expectation that the survivor(s) will disclose their experience of VAWG, but ensure they know they are there to provide a viewpoint on services and response, just like the other committee members.

- A survivor who is living a life free from violence and is already comfortable talking about services or who is adequately prepared is best for participation in an ongoing committee. Generally, a survivor in an ongoing crisis situation will require support/services to stabilise her situation before she participates in a committee process.
- Seek input from diverse groups of victim/survivors through consultations. A consultation process can provide a safe way for women to raise their voices about their experiences and viewpoints with limited risk to their safety, privacy and confidentiality.
- Consultations can be conducted with diverse groups of women (such as urban women, rural women, women in vulnerable groups) to: 1) learn about their experiences with help-seeking to understand factors that make it more difficult and/or easier for them to access services; and 2) gain insights and perspectives into how any newly proposed processes in the SOPs would work.
- Women can be identified to participate in consultations by service providers, peer groups or membership organisations. Consultations can gather information through group discussions and/or interviews.
- Service satisfaction feedback processes: Service providers can institute processes to collect data on survivors experiences and satisfaction with services. These processes can take place 1) at the point of service (for example at exit from shelter or at the end of service provisions), or 2) when following up after services have been received. The processes for understanding satisfaction with services must include options for women to remain anonymous when they disclose their viewpoints.

General considerations on resource requirements for effective coordination response

The national coordination SOPs guide the process for a gender-sensitive and survivor-centred approach to service delivery. This means in practice that there will be changes in the way service providers deliver services when they adapt them to be more gender-sensitive and survivor-centred. For example, if it is agreed that a particular type of service such as a forensic examination must be no cost for victim/survivors, then the budget to cover this cost must be identified, otherwise the service will be less likely to be provided. Without adequate resources the necessary changes or new services, changes will not be made or be sustainable.

A key activity of the national coordination mechanism is to estimate these costs, and advocate for budget to ensure the agreed upon changes can be implemented. Any

cost implications must be an ongoing part of the discussion in the development of the SOPs. The Essential Services Package has a [costing tool](#) that can be used to estimate the operational costs for services, identify the resource requirements and advocate for public budget allocations.

Process and steps for developing national coordination SOPs

The process for the development of national coordinated response to VAWG is collaborative and consultative, involving all relevant stakeholders. It involves a core group of actors to initiate and facilitate the process that includes those with responsibility for leading the coordinated response and delivering services. The core group sets the overall process for national coordination SOP development, drafts an initial national coordination SOP, and facilitates a process of consultations and input gathering to ensure the SOP responds to the needs and rights of victims/survivors.

Although time-consuming, a consultative process to develop the national coordination SOPs is important to ensure that members of the coordinated response mechanism have shared understanding and ownership. Input from marginalised groups through their participation in committees or consultations can ensure groups, such as women migrant workers, women with disabilities, women in ethnic or religious minorities and others, inform and guide the SOP development to ensure the SOP responds to their lived experience.

The following are critical steps in the development of SOPs.

Steps in developing national coordination SOPs

1. Convene a selected group of national multisectoral stakeholders to manage the overall process of developing the national coordination SOP. This group must have authority to lead the coordination mechanism and include representatives from key sectors such as health, police and justice, social services from both government and civil society. To ensure the experiences of women from diverse backgrounds and experiences are understood, women in these groups or members of representative groups must be included, when safe. Otherwise, it is imperative for consultations to occur with diverse groups (see step 3)
2. Promote a common understanding of VAWG, especially its causes and consequences, and set a timeline and parameters for the national coordination SOP development process, including who should be consulted and the time frame. Since the SOP development process is led by a small group of multisector stakeholders, it must include wider consultation.

3. Develop an initial draft national coordination SOP that outlines and localises the contents described below. This process for developing the initial draft will include a review of laws, policies, action plans and existing sectoral SOPs, and interviews with key stakeholders, including women receiving services and women in vulnerable groups, to understand existing practices, gaps and priorities.
4. Distribute the draft to a wider group of actors participating (or expected to participate) in coordinated response for consultation and discussion. Revise the SOP based on feedback.
5. Conduct a series of inclusive meetings with a wider group of stakeholders in each sector (government actors such as health, police and justices, shelters, psychosocial support, one-stop service centres, NGOs working on VAWG, NGOs representing vulnerable groups) to review and discuss the draft SOPs section by section and reach an agreement on it. During this process, it is important to be constantly aware of the key principles for quality essential services to ensure they are operationalised in the national coordination SOP.
6. Update and revise the SOPs to reflect the agreements reached.
7. Invite key actors and stakeholders to a meeting or other event to mark the completion of the process and sign the document on behalf of their agency to indicate their commitment.
8. Disseminate copies of the SOPs and information about them to all actors involved in the national coordinated response.
9. Conduct a series of training/orientation meetings on the national coordination SOPs and/or combine with capacity-building on coordination with other ongoing capacity-building initiatives across sectors.
10. The national coordination mechanism will monitor implementation of the SOPs using feedback from service providers and from victims/survivors to identify gaps between what they need from the system and how the SOPs guide service providers to intervene. This could include an inter-agency/departmental tracking system to facilitate information sharing and updating the progress of victims/survivors through the system while protecting their confidentiality and privacy.
11. Ensure alignment with national plans through development and updating of national plans to specify mechanisms, resources and budgets for coordination of essential services).

Source: Adapted from Inter-Agency Standing Committee Sub-Working Group on Gender and Humanitarian Action Establishing Gender-Based Violence Standard Operating Procedures for Multisectoral and Inter-Organisational Prevention and Response to Gender-Based Violence in Humanitarian Settings, 2008.

Overview of components of national coordination SOPs

The guidance below represents best practice in national coordination SOPs. In each setting, gaps may be identified, or other priority areas included. Any additional components must be assessed and monitored to ensure they are aligned with international and regional good practices and promote a gender-sensitive and survivor-centred approach, while prioritizing safety.

A strong, comprehensive national coordination SOP will include:

1. Description of the purpose and scope of the SOPs
2. Groups and settings included in the SOPs
3. Definitions and explanations of key terms
4. Legal and policy framework
5. Principles and standards for coordinated service provision
6. Reporting and coordinated referral mechanism
7. Responsibilities of the national coordination body and service providers
8. Inclusive approaches to coordinated services and mechanisms for participation
9. Preparing and adapting to emergencies
10. Data collection and management
11. Training

Guidance on developing the components of SOPs

Importantly, while SOPs should be comprehensive, they must also be simple and easy to follow. SOPs with visuals have been seen as more user-friendly. For example, Annex 1 contains a depiction of a referral pathway.

Component 1 Description of the purpose and scope of the SOPs

This component of national coordination SOPs will include a description of the purpose and scope.

The purpose of the national coordination SOPs will generally be to describe the procedures for seeking help and the roles and responsibilities of the key actors in the coordination mechanisms for responding to VAWG, including violence against women in vulnerable groups.

The scope of the national coordination SOPs is national. The scope should include a statement about any national or international standards or guidance the SOPs are aligned with and/or guided by. If the SOPs are expected to be replicated at the subnational level this can be described here.

Component 2 Description of the purpose and scope of the SOPs

This component of the national coordination SOPs will clearly define the groups and settings the SOPs apply to. As the SOPs relate to national coordination processes, the following are key groups and settings that should be considered for inclusion.

Service providers: The national coordination SOPs apply to government agencies and departments, community services organisations and other groups in the main response areas: police and justice, health and essential social services. This must also include other key actors working with vulnerable groups, such as rights organisations and other service providers specifically working with vulnerable groups. Recognising that changes will occur in availability of service providers, the SOPs must be periodically updated and adapted.

Women subject to violence: The national coordination SOPs must define the applicable groups of women subject to violence. It is recommended that the SOPs apply to all women subject to violence, including women in vulnerable groups.

Location: The national coordination SOPs are expected to guide a coordinated response at the national level. The national coordinated response provides a model and guidance for implementation at the subnational level. If there is a prescribed way the SOPs will be replicated at the subnational level this should be described in the national coordination SOPs.

Cross-border linkages: The national coordination SOPs must describe how cross-border linkages will be managed. This may identify the key linkages, those responsible for making the linkages and any set procedures for cross border referrals, management of criminal cases, or processes for services, support and repatriation.

Adaptations to critical events: In ever-changing environments with natural disasters, pandemics, or even new types of violence, the national coordination SOPs must be flexible and adaptable. This section should identify the standard process of assessing and rapidly adapting the SOPs through ongoing management, periodic review and updating.

Component 3

Definitions and explanations of key terms

In this component of the national coordination SOPs, common definitions and key terms are defined.

The process of identifying and agreeing upon a common language provides an opportunity for stakeholders to build a common understanding of VAWG that will guide the implementation of a coordinated response. The following definitions are guided by international sources. These definitions may be impacted by national laws.

Violence against women is any act of GBV that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or private life.²⁰

Violence against women is manifested in a continuum of multiple, interrelated and sometimes recurring forms of violence, including:

- Physical, sexual and psychological violence occurring in the family, including battering, sexual abuse of female children in the household, dowry-related violence, marital rape, female genital mutilation and other traditional practices harmful to women and girls, non-spousal violence and violence related to exploitation.
- Physical, sexual and psychological violence occurring within the general community, including rape, sexual abuse, sexual harassment and intimidation at work, in educational institutions and elsewhere, trafficking in women and girls and sexual exploitation of women and girls.

Gender-based violence (GBV) is an umbrella term for violence directed toward or disproportionately affecting someone because of their actual or perceived gender. The term is primarily used to underscore the fact that structural, gender-based pow-

²⁰ Article 1, Declaration on the Elimination of Violence against Women (1993).

er differentials around the world place women and girls at risk for multiple forms of violence. This includes acts that inflict physical, sexual or mental harm or suffering, threats of such acts, coercion, and other deprivations of liberty, whether occurring in public or private life. While women and girls suffer disproportionately from GBV, men and boys can also be targeted.

Intimate partner violence (IPV) (in some contexts called domestic violence) is the most common form of violence experienced by women globally. It includes a range of sexually, psychologically and physically coercive acts used against adult and adolescent women by a current or former intimate partner, without her consent.

- Physical violence involves intentionally using physical force, strength or a weapon to harm or injure the woman. It may include property damage
- Sexual violence includes abusive sexual contact, making a woman engage in a sexual act without her consent, and attempted or completed sex acts with a woman who is ill, disabled, under pressure or under the influence of alcohol or other drugs.
- Psychological violence includes causing fear by intimidation, threatening physical harm to self, partner or children, destruction of pets and property or forcing isolation from friends, family, school and/or work controlling and humiliating or embarrassing her.
- Economic violence includes denying a woman access to and control over basic resources, withholding access to money and/or forbidding attendance at school or employment.²¹

Gender-based workplace exploitation is an umbrella term that includes human trafficking, forced labour, sexual harassment/abuse experienced by women in the workplace.

Rape is non-consensual penetration of the vagina, anus, or mouth with an object or body part.²²

Sexual assault is any form of non-consensual sexual contact/touching that does not result in or does not include penetration. Examples include attempted rape, as well as unwanted kissing, fondling, or touching of genitalia and buttocks.²³

Sexual harassment is a sex-based behaviour that is unwelcome and offensive to its recipient. Sexual harassment may take two forms: 1) quid pro quo, when a job benefit – such as a pay rise, a promotion, or even continued employment – is made conditional on the victim acceding to demands to engage in some form of sexual behaviour; or 2) hostile working environment in which the conduct creates conditions

²¹ See www.unwomen.org/en/what-we-do/ending-violence-against-women/faqs/types-of-violence.

²² Adapted from Inter-Agency Standing Committee Sub-Working Group on Gender and Humanitarian Action, 2008, Establishing Gender-Based Violence Standard Operating Procedures (SOPs) for Multi-Sectoral and Inter-Organisational Prevention and Response to Gender-Based Violence in Humanitarian Settings.

²³ GBVIMS: Gender-Based Violence Information Management System.

that are intimidating or humiliating for the victim. Behaviours that qualifies as sexual harassment include physical violence; touching; unnecessary close proximity; comments and questions about appearance or lifestyle; offensive phone calls; wolf-whistling; sexually suggestive gestures; and display of sexual materials.²⁴

Physical assault is physical violence that is not sexual in nature. Examples include hitting, slapping, cutting, shoving, honour crimes of a physical nature (not resulting in death).²⁵

Emotional/psychological abuse includes name-calling, threats of physical assault, intimidation, humiliation, forced isolation by preventing a person from contacting their family or friends.²⁶

Economic abuse includes the withholding of money or household resources by an intimate partner or family member (to the detriment of the family's well-being), preventing one's intimate partner from pursuing livelihood activities, or preventing a widow from accessing an inheritance.²⁷

Forced marriage is the marriage of individuals against their will (including early marriage).²⁸

Female genital mutilation/cutting is the cutting of healthy genital tissue.²⁹

Femicide refers to the intentional murder of women because they are women but may be defined more broadly to include any killings of women or girls. Femicide differs from male homicide in specific ways. For example, most cases of femicide are committed by partners or ex-partners, and involve ongoing abuse in the home, threats or intimidation, sexual violence or situations where women have less power or fewer resources than their partner.³⁰

Survivors are individuals who are subjected to violence or abuse, sometimes referred to as victims. The term 'survivor' is preferred to 'victim' to reinforce the agency and empowerment of affected women and girls.³¹ 'Victim' should be used, however, in legal and court situations. There is an overlap in the terms, and victim/survivor is used commonly.

24 See www.ilo.org/wcmsp5/groups/public/---ed_norm/---declaration/documents/publication/wcms_decl_fs_96_en.pdf.

25 GBVIMS: Gender-Based Violence Information Management System.

26 Ibid.

27 Ibid.

28 Ibid.

29 Ibid.

30 See www.unwomen.org/en/what-we-do/ending-violence-against-women/faqs/types-of-violence.

31 International Commission for Jurists, 2016, Women's Access to Justice for Gender-Based Violence: A Practitioners' Guide, No. 12. Geneva.

Perpetrator is a person who has committed acts of GBV against women and/or girls.³²

Vulnerable groups are excluded from mainstream social, economic, educational, and/or cultural life. Examples include groups that are excluded due to race, gender, age, physical ability, language, and/or immigration status. Women in vulnerable groups may experience increased risk of violence or barriers in accessing essential services.

Essential services: Essential services encompass a core set of services provided by the health care, social service, police and justice sectors. The services must, at a minimum, secure the rights, safety and well-being of any woman or girl who experiences gender-based violence.³³

Stakeholders are all government and civil society organisations and agencies that have a role in responding to VAWG at all levels of government and civil society. Key stakeholders include victims/survivors and their representatives, social services, health-care sector, legal aid providers, police, prosecutors, judges, child protection agencies and the education sector.³⁴

Multidisciplinary response teams are groups of stakeholders who have entered into agreements to work in a coordinated manner to respond to violence against women and girls within a community. These teams are focused on ensuring an effective response to the individual.³⁵

Survivor-centred approach to VAWG seeks to empower the survivor by prioritizing her rights, needs and wishes. It means that any engagement (response or prevention) prioritises the safety, autonomous decision-making, consent and confidentiality of the survivor. It also means ensuring that survivors have access to appropriate, accessible and good quality services including health, police and justice, social services.³⁶

Referral is the process of sending survivors to appropriate services. Referral can take place at different levels as follows:

- 1) **Survivors' self-referral** occurs when a survivor makes direct contact with a service provider and is not referred or sent by another person.
- 2) **Inter-agency** referrals take place among agencies/service providers, for example, from legal aid organisations to shelter-based institutions or from state agencies to non-governmental institutions.

Referral pathway is an agreed framework for stakeholders to have information on how to respond to VAWG cases and to guide survivors of VAWG on where to seek assistance and what services are available at different referral points, such

32 E. Fulu et al., 2013, Why do some men use violence and how can we prevent it? Bangkok: UN Women.

33 See the Essential Services Package for Women and Girls Subject to Violence, module 1.

34 Ibid.

35 Ibid.

36 UNFPA, 2012, *Managing Gender-based Violence in Emergencies: E-learning Companion Guide*.

as medical care, psychosocial support, police assistance and legal/justice support.³⁷

Mandatory reporting refers to legislation passed by some countries or States that requires designated individuals such as health-care providers to report (usually to the police or legal system) any incident of known or suspected domestic violence or IPV. In many countries mandatory reporting applies primarily to child abuse and maltreatment of minors, but in other countries it has been extended to the reporting of IPV.

Informed consent entails fully informing the victim/survivor agrees of the risks and benefits prior to accepting services. The victim/survivor must be competent to decide, and there must be no use coercion, threats or promises of benefits to secure consent.³⁸ If there is mandatory reporting to the police or other authorities, the adult woman should be informed of this.

Assent pertains to child participation, as children are not able to give consent until they are 18. Children should be informed of options, and stakeholders should consider their opinions when developing interventions.

Component 4 Legal and policy framework

In this component of the national coordination SOPs, the international, regional and national legal frameworks and commitments for preventing and responding to VAWG will be summarised.

Over the past decades, important normative frameworks, laws and policies have promoted gender equality and EAW. These guide the national coordinated response to VAWG through country-level commitments. This helps to identify obligations and responsibilities to prevent and respond to violence against women and identify the rights of groups that are vulnerable. Understanding the country-level commitments and country-specific recommendations given to Governments through international review bodies provides a foundation for stakeholders to understand the work they are doing is grounded in international, regional and national commitments, laws and policies.

International commitments:

- Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) (1999) and The Optional Protocol to the Convention on the Elimination of All Forms of Discrimination against Women (OP-CEDAW)(2010)
- Convention on the Rights of the Child (CRC) (1989)
- Convention on the Rights of Persons with Disabilities (CRPD) (2008)

³⁷ Adapted from Inter-Agency Standing Committee Sub-Working Group on Gender and Humanitarian Action, 2008, Establishing Gender-Based Violence Standard Operating Procedures (SOPs) for Multi-Sectoral and Inter-Organisational Prevention and Response to Gender-Based Violence in Humanitarian Settings; and Inter-Agency Standing Committee, 2015, *Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action: Reducing Risk, Promoting Resilience and Aiding Recovery*.

³⁸ See [Documentation of survivors of gender-based violence \(GBV\) - GSDRC](#).

- Declaration on the Rights of Indigenous People (DRIP) (2007)
- Protocol to Prevent, Suppress and Punish Trafficking in Persons, especially Women and Children
- International Convention on the Protection of the Rights of All Migrant Workers and Members of their Families (ICPMW)
- Security Council resolutions 1325, 1920, 1888 related to women, peace and security
- Sustainable Development Goals 5 (gender equality and women's empowerment) includes a target to eliminate all forms of violence against women and girls in the public and private spheres, including trafficking and sexual and other types of exploitation
- Sustainable Development Goal 8 (decent work and economic growth) includes targets to eradicate forced labour, end modern slavery and human trafficking, and the worst forms of child labour, and to protect labour rights and promote safe and secure working environments for all workers, in particular women migrants, and those in precarious employment
- Sustainable Development Goal 14 (peace, justice and strong institutions) includes targets to reduce all forms of violence and related deaths, end abuse, exploitation and trafficking of children, strengthening national institutions and promote and enforce non-discriminatory laws and policies for sustainable development

Regional commitments in ASEAN to protect the rights of women

- Declaration on the Elimination of Violence against Women in ASEAN (2004)
- ASEAN Declaration against Trafficking in Persons particularly Women and Children which was adopted in (2004)
- Declaration on the Elimination of Violence Against Women and the Elimination of Violence Against Children (2013)
- ASEAN Regional Plan of Action on the Elimination of Violence against Women (2016–2025)
- ASEAN Consensus on the Promotion and Protection of the Rights of Migrant Workers (2017)
- ASEAN Convention Against Trafficking in Persons, Especially Women and Children (November 2015)
- ASEAN Enabling Masterplan 2025: Mainstreaming the Rights of Persons with Disabilities (2018)
- ASEAN Post-2015 Health Development Agenda (2021–2025) and its Strategic Framework and the four ASEAN Health Cluster work Programmes
- ASEAN Gender Mainstreaming Strategic Framework (2021)

National commitments

In this section, each country will summarise (in bullet points), the legal framework that guides the prevention, response including service delivery to VAWG victim/survivors.

Examples that can be included here are:

- Constitutions (if there is a referral to right to life free of violence),
- Penal codes
- Civil codes
- National action plans on violence against women
- National action plans on women, peace and security
- Any specific laws and policies on VAWG in the country

Component 5 Principles and standards for coordinated service provision

In this component, the guiding principles for service provision are described.³⁹

Each service provider across the health, social services, police and justice sectors and the coordination and governance mechanisms is expected to adhere to the same guiding principles.

Research and practice suggest that the manner in which services are provided has a significant impact on their effectiveness. The guiding principles are based on international legal instruments that have been negotiated and agreed upon to support global norms and standards for addressing VAWG.

Understanding of the gender dimension of the violence, its causes and consequences and providing services within a culture of women's empowerment assists women and girls to consider the range of choices available to them and support their decisions.

Principles for quality essential services

A rights-based approach: Rights-based approaches to the delivery of quality essential services recognise that States have a primary responsibility to respect, protect and fulfil the rights of women and girls. VAWG is a fundamental breach of human rights, particularly the right to a life free from fear and violence. A human rights-based approach calls for services that prioritise the safety and well-being of women and girls and treat them with dignity, respect and sensitivity. It also calls for the highest attainable standards of health, social, justice and policing services – services of good quality, available, accessible and acceptable to women and girls.

Advancing gender equality and women's empowerment: Gender inequality and discrimination are both a root cause and consequence of VAWG. Services must ensure that VAWG will not be condoned, tolerated, or perpetuated and requires that services ensure gender sensitive and responsive policies and practices are in place. Services must promote women's agency and the entitlement of women and girls to

³⁹ See the Essential Services Package for Women and Girls Subject to Violence, module 1.

make their own decisions, including the decision to refuse essential services.

Culturally and age appropriate and sensitive: Essential services must respond to individual circumstances and life experiences, taking into account their age, identity, culture, gender, ethnicity and language preferences. Essential services must also respond appropriately to women who face multiple forms of discrimination. not only because of her gender, but also because of her race, ethnicity, caste, religion, disability, marital status, occupation or other characteristics – or because she has been subjected to violence.

Victim/survivor centred: The rights, needs and desires of women must be the central focus of service delivery. This requires the consideration of the multiple needs of victims and survivors, the various risks and vulnerabilities and the impact of decisions and actions taken, and it ensures that actions are tailored to the unique requirements of each individual woman and respond to her wishes.

Safety is paramount: The safety of women and girls is paramount when delivering quality services. Essential services must prioritise the safety and security of service users and avoid causing further harm. This follows the do no harm principle by not exposing women and girls to further risk of violence.

Perpetrator accountability: Essential services, where appropriate, must effectively hold perpetrators accountable while ensuring fairness in justice responses. Essential services need to support and facilitate the participation of the victim/survivor in the justice process and promote her capacity to act or exert her agency while ensuring that the burden or onus of seeking justice is not placed on her but on the State.

Rights of the victim/survivor: Standards for applying the principles in practice

The principles for service provision, while universal, require some analysis by service providers to understand what the principles mean in practice and how they apply to each sector or service.

In the development of national coordination SOPs, it is not uncommon to see the principles identified in the SOP document along with service delivery practices that do not match the principles (see inset). Building this understanding is important to inform adaptations and changes that must be made to ensure the principles are applied in service delivery.

Safety and security of the victim/survivor and her family

Every person has the right to be protected from further violence. It is a human right. The concept of safety includes physical and emotional safety. It is important for key stakeholders to consider the following:

- Survivors and their accompanied children may need assistance from authorities (police, security, authorities, protection agencies or others) for their immediate safety.
- Survivors may need assistance with a safety and risk assessment and a safety plan to help reduce the risk of further violence.

- All information provided to the survivors on the different options and services available, must include possible risks for her safety and her children's safety.
- Consideration of her children's safety and her desire to maintain custody must be made.
- Action for services or referrals may be taken only with informed consent [where victim/survivor agrees to services based on having full information; without coercion, threats or promises being used to secure consent, except in cases of immediate danger or special vulnerability].⁴⁰

Privacy and confidentiality

The privacy and confidentiality of the survivor and her children must be respected.

- The settings where interviews are conducted must be quiet and private.
- Information collected during interviews must be kept confidential, and any personnel interviewing survivors must have training on confidentiality and how to protect it.
- Information about the victim/survivor can only be shared with other service providers if she gives informed consent to the specific information to be shared. Informed consent can only be given if the victim/survivor is fully informed of the risks and benefits of the referral.
- If there are mandatory reporting requirements, the victim/survivor must be made aware of these in the informed consent process.
- If she gives consent for the sharing of information, only relevant information pertinent to the case or referral is shared on a need-to-know basis.
- All data and written communication about victims/survivors must be securely maintained. Paper record must be stored in locked files, and online record must have password protection.

Respect the victim/survivor's choices, wishes, rights and dignity

All actions taken must be guided by respect for the choices, wishes, rights and dignity of the victim/survivor.

⁴⁰ Special vulnerability refers to circumstances such as child maltreatment or life-threatening events.

- Service providers should inform the victim/survivor of what assistance they can offer and clearly relate what cannot be provided or any limitations to services, to avoid creating false expectations.
- Female victims/survivors may prefer female staff to conduct interviews and examinations.
- Interpretation must be available for women who do not speak the same language as the service provider.
- Emotional support should be provided to the victim/survivor. Survivors should not be blamed; service providers should not make judgements.
- Service providers should ask only relevant questions. They should not press for information if the victim/survivor is not ready to talk.
- Service providers that do not specialise in VAWG should inform the victim/survivor of available resources (link to service directory) and make referrals if she consents.
- All victims/survivors have the freedom to choose whether to seek assistance, what type(s) of assistance, and from which organisations.

Non-discrimination in all interactions

Survivors of violence should receive equal and fair treatment regardless of their age, gender, race, religion, nationality, ethnicity, or any other characteristic.

- Treat all victims/survivors equally and in a dignified way.
- Do not make assumptions about the history or background of the victim/survivor.
- Be aware of prejudices and opinions about VAWG, and do not let these influence the way victims/survivors are treated.
- Ensure that services are available, accessible and adapted to respond to the unique needs of women in vulnerable groups.

Informed consent

The victim/survivor may agree to services on the basis of their having received full information, including information on the risks and benefits; being competent to decide; and having received no coercion, threats or promises of benefits being used to secure that consent.⁴¹ If there is a requirement for mandatory reporting to the police or other authorities, the victim/survivor must be informed of it (see mandatory reporting requirements below).

- The victim/survivor should be given honest and complete information about possible services and referrals for services. This includes being made aware of any risks or implications of sharing information about her situation.
- If she agrees and requests referrals, she must give informed consent before any information is shared with others. She has the right to place limitations on

⁴¹ [Documentation of survivors of gender-based violence \(GBV\) - GSDRC.](#)

Principles for service provision must match practices in implementing services

A principle for service provision is "safety is paramount". This means that any actions must prioritise the safety of the survivor and avoid causing further harm.

Though stakeholders agree to this principle in SOPs, it is common to see recommended actions that do not prioritise safety. For example, the victim/survivor may be encouraged to return home because it is seen as "best for the children and family to be together", even without adequate assessments of safety, without safety plans in place and without understanding if this is the choice of the victim/survivor.

the type(s) of information to be shared and to specify which organisations can and cannot be given the information.

- The victim/survivor must also understand and consent to the sharing of non-identifying data about her case for data collection and security monitoring purposes.

Generally, children are not able to give consent until they are 18 years old. The national coordination SOPs should be based on the laws of the country. However, based on the principle of child participation, children (based on age) should be informed of options, and stakeholders should consider their opinion when developing interventions. A general guide on age is:

- Children 16 years old and older are generally sufficiently mature to provide significant input into decisions.
- Children between 14 and 16 are presumed mature enough to make a contribution by sharing their views related to decision-making.

Mandatory reporting requirements

Mandatory reporting refers to legislation passed by some countries or states that requires designated individuals such as health-care providers to report (usually to the police or legal system) any incident of known or suspected domestic violence or IPV. In many countries, mandatory reporting applies primarily to child abuse and maltreatment of minors, but in other countries it has been extended to the reporting of IPV.

Mandatory reporting can have negative consequences on some groups of women subject to violence. For example, if the hospital is required to report an incident of violence to the police, it can inhibit women from seeking medical care. If a victim/survivor does not want legal action, she will not seek services. If the victim/survivor is a migrant worker and does not have adequate documentation, she can be deported if she is reported to authorities.

If mandatory reporting procedures are in place in the country or agency, the following steps should be followed in the informed consent process:

- Inform the affected victim/survivor about the requirement to report (police, immigration, etc.) before she discloses information that must be reported.
- Permit her to assess the consequences and decide if she wants to disclose based on this information. If she decides to disclose with a full understanding of the consequences, then:
 - Make the required report to the relevant authority.
 - Follow-up should occur after the report is made.
 - Support, assist and keep the victim/survivor informed – including advocating for her through the investigation and other procedures that may take place after the report is made.

Component 6 Reporting and coordinated referral mechanism

In this component, the reporting and referral mechanism for responding to VAWG and the national coordination body will be described.

Victims/survivors have the right to disclose or not to disclose an incident of violence to anyone. This means a woman may have initial contact with any provider in the service system. She may seek help from the police, a hospital, a helpline or a safe shelter. At each of those points of contact with the service system, the victim/survivor may only be seeking the service of that one service provider, or she may need/want other available services.

The idea is that “the first door is the right door, providing access to a multisectoral response” for a VAWG survivor seeking services. This means that service providers must be knowledgeable about available services and have established processes for referrals. At whatever point a survivor seeks help the service provider should respond as soon as possible, providing information, care, support and referrals based on her individual needs and informed consent. Typically, a **referral pathway** is described, and a diagram is drawn for ease of understanding (**Annex 1**). A key tool is a **Service Directory (Annex 2)** with information about all essential services.

Help-seeking and referral pathway

In this section, the referral pathway for a national coordinated response to VAWG will be described.

A **referral pathway (Annex 1)** is a broad framework for the referral of victims/survivors of VAWG to key service providers responding to case of violence. As the referral pathway is developed, some key priorities to plan for are listed below:

- The aim of a referral pathway is to ensure that at whatever point victims/survivors of VAWG report an incident of violence, they are assessed for urgent needs and provided information, support and services that are delivered applying a gender-sensitive and survivor-centred approach.
- The service provider focuses on immediate needs (health and safety), providing victims/survivors with emotional support, information about services the organisation provides and information on other options for services, so she can choose the services she needs/wants.
- The service provider’s response will be depend on if the victim/survivor has been referred by another organisation for services or if the service provider is the first point of contact for the victim/survivor. The following steps are for service providers that are the survivor’s first point of contact (figure 3).

Service directories (Annex 2) are important companion tools to this process where detailed information on services can be maintained and inform the help-seeking and referral process.

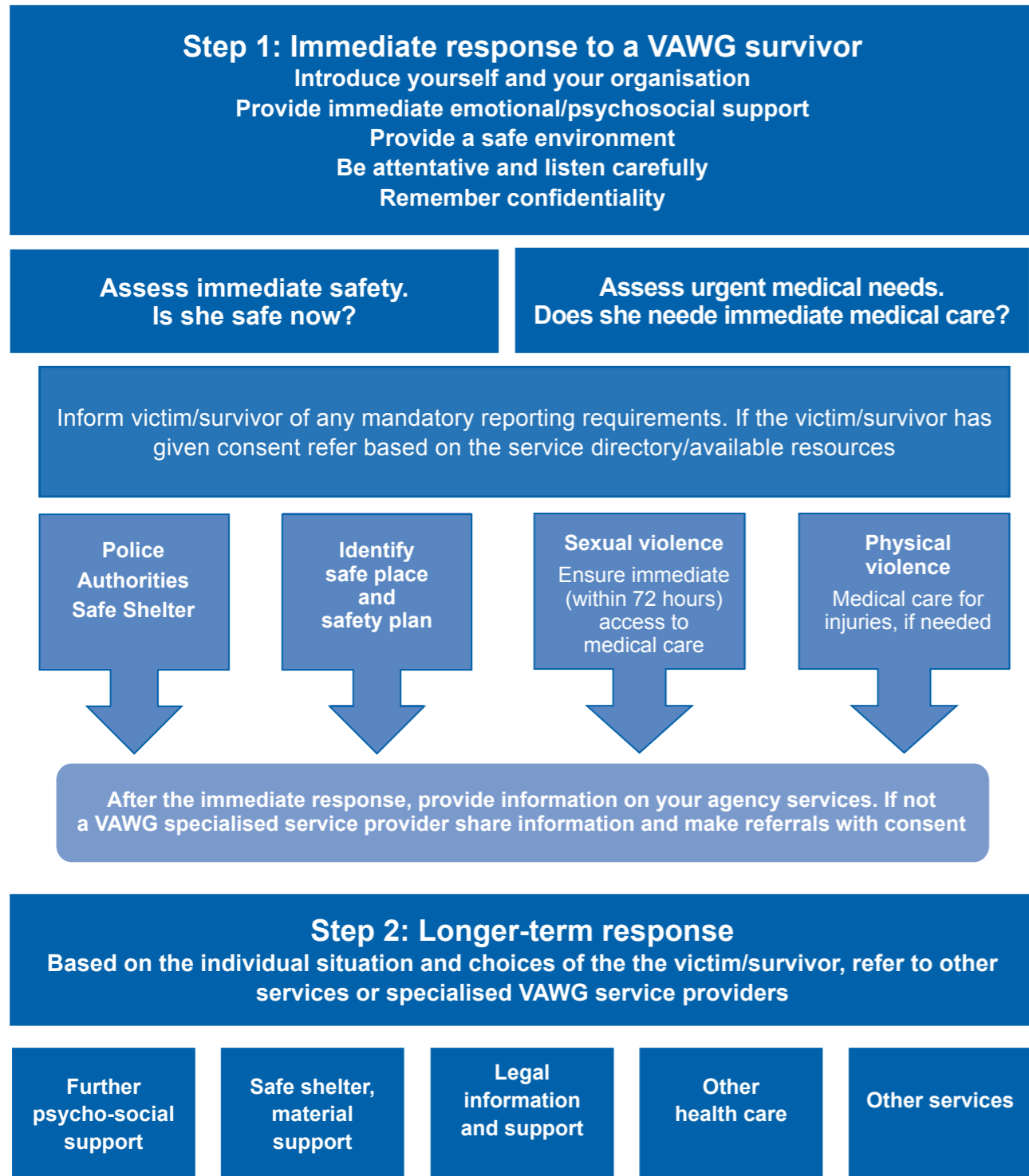


Figure 3: Help-seeking and referral pathway

* **Service directories (Annex 2)** are important companion tools to this process where detailed information on services can be maintained and inform the help-seeking and referral process.

Step 1: Assessing urgent needs with an initial disclosure of VAWG

In this section, the process for the response for the initial disclosure will be described.

While the resources available may be different in each locality, the national guidance for response processes will be consistent. Some service providers are specialised in VAWG and offer case management and others are non-specialised. The initial disclosure process will be the same.

The immediate priority when a victim/survivor discloses VAWG is assessing and responding to immediate health and safety needs. When a service provider is the first point of contact or entry point for a victim/survivor disclosing VAWG the initial task is to understand urgent needs for health and conduct a safety assessment. This process should happen quickly and if she is safe and has no need for urgent health care, it may take only a few minutes. While the immediate needs of safety and health are assessed, basic psychosocial support is provided in a safe environment, with a service provider who listens attentively and maintains confidentiality – applying a gender-sensitive and survivor-centred approach.

If her safety is at immediate risk, a plan for her safety – such as calling the police or going to a safe location (the residence of a family member or friend) – must be considered. Service providers must be aware of their own safety as well.

At the same time the urgent health needs must be assessed, such as the care of injuries and a forensic exam as appropriate. Care for injuries is the priority. If the victim/survivor has been subjected to sexual violence, she may be referred (with informed consent) for a forensic exam and additional care for sexual assault survivors.

The forensic exam is a process of collecting physical evidence of the assault. Later in this guide under component 7 on roles and responsibilities, the key actors responsible for this exam will be defined along with procedures for referrals. Even if the victim/survivor chooses not to have the forensic exam, she should be made aware of available treatments to prevent pregnancy, HIV and other sexually transmitted infections. Importantly, these treatments are most effective within 48 to 72 hours of exposure, so she must be made aware of each available treatment as early as possible.

Step 2: Provide information on the services of organisations and others

In this section, the process for responding to the victim/survivor after the initial disclosure will be described. This section will be different for each sector and service provider, however, there is a common role that all service providers have in sharing information with the victim/survivor on the services organisations provide themselves and on other available services (figure 4). A service directory is an important resource, making information on services easily available.

Specialised VAWG service providers such as a government authorities (women’s affairs, social affairs, etc.), safe shelters and hotlines/helplines often have a **VAWG**

case management process that includes conducting assessment, providing services and making referrals based on the needs and informed consent of the victim/survivor. VAWG case managers must be trained in VAWG case management. The VAWG case management process includes introduction and engagement, assessment (including immediate needs, health and safety), case action planning, action plan implementation, case follow-up and case closure.

A good practice is to identify the government agency or NGO that can provide a comprehensive assessment through a case management process to support the victim/survivor to assess her needs and decide what services she wants. Multiple agencies may provide comprehensive VAWG case management. A non-specialist VAWG service provider can refer to organisations providing case management. However, a woman may only want one service and may refuse referral to case management services. Her wishes must be respected, except in situations of imminent danger for herself or her children.

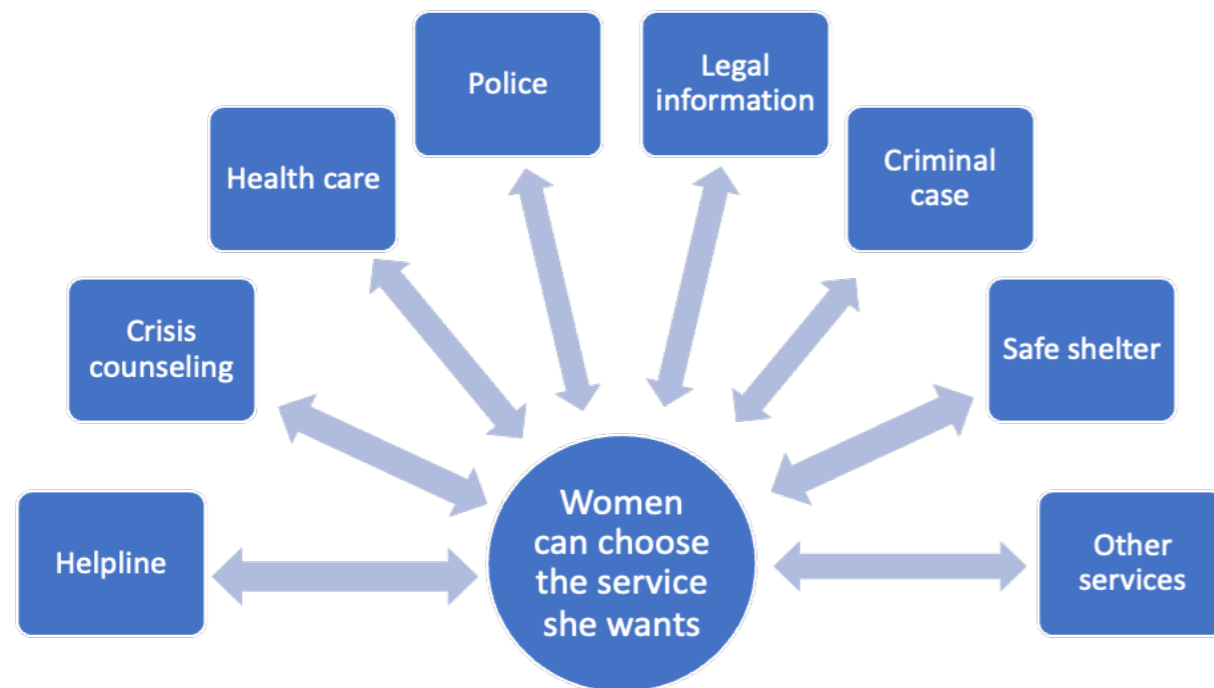


Figure 4: Services provided by government or non-government service providers

Non-specialised VAWG service providers: If a disclosure of VAWG is received and urgent needs assessed, with the informed consent of the victim/survivor, a referral to a VAWG specialist service provider is recommended. Specialist VAWG service providers will have more detailed systems of case management to assess and provide services and referrals as needed, and they have a deeper understanding of the do no harm principle. However, this referral must be with the consent of the victim/survivor. The victim/survivor might not consent to additional referrals. If she declines additional referrals, such as to a VAWG specialist case manager, the service provider can provide

a supportive environment, information on options, respect the principals of confidentiality and privacy, and support safety planning. Any service provider who comes into contact with survivors of VAWG must understand the essential do no harm principle.

Interagency referral process

In this section the interagency referral process will be described.

Referrals are an essential part of a response as victim/survivors require a range of services. While each victim/survivor is different based on her own background and the type of violence experienced, common services that women might need include psychosocial support, safe shelter, material support, legal information and support, health care and other services. These services will often happen through the referral process.

Service providers often specialised in a particular service or have a particular mandate. Service providers must be aware of the limitations of their own services. After the immediate consideration of safety of the survivor and urgent health care, further services may be required based on consultation with the survivor. Referrals must be made case by case, based on the needs and informed consent of the victim/survivor.

Service providers can give the victim/survivor information about other services and obtain informed consent for the referral. Women need complete information about the services at the point of entry and options available through referral so they can make choices.

After a victim/survivor has been informed of service options, including any limitations or risks (such as mandatory reporting and that she has the right to refuse services) and she understands the options and has made a decision about accepting a referral, only then can information be shared with the referral source with her informed consent. A consent form should be completed and signed to record that the victim/survivor was informed of what information would be shared and with whom.

Service providers can coordinate the referral. With the consent of the victim/survivor, the service provider should help the victim/survivor to make a plan to act on the referral. Options include contacting the referral source to make an appointment and arranging transportation or other logistics. If possible, the victim/survivor might want to be accompanied and supported.

Component 7 Responsibilities of the national coordination body and service providers

In this component, the roles and responsibilities of the national coordination body and individual organisations involved will be described. This will guide how to operationalise a coordinated response in line with the principles for service provision.⁴²

The roles and responsibilities of the national coordination body and those of each

⁴² See the Essential Services Package for Women and Girls Subject to Violence, module 1, chapter 2.

sector are described along with their specialised services. This will include the membership and roles of the national coordination body, specialised roles and responsibilities and service providers responsible for case management. This section should include the detailed roles related to the provision of services for VAWG – not mere general mandated roles – and it should be practical and link with the service directory.

National coordination body

In this section, the roles of the national coordination body⁴³ are described. This includes the authority responsible for coordination (as outlined in law or policy, or identified in practice).

The coordinated response mechanism is made up of the different national level bodies and organisations that have a responsibility to prevent and respond to VAWG. Generally, this mechanism is led by a body authorised by the Government in policy or law, and it includes representatives from different sectors, such as health, police and justice, social services, including both state and non-state actors and representative groups of vulnerable women (figure 5).



Figure 5: National coordination body members

43 The national coordination body in each country will have a unique name.

Some of the responsibilities of the national coordination body are as follows:

- Coordination and governance of coordination between key actors engaged in the prevention of and response to VAWG.
- Hold regular meetings.
- Lead the coordinated response between relevant stakeholders such as line ministries, NGO service providers and any relevant stakeholders linking service providers to work together to improve the response to VAWG:
 - Coordinate between sectors, police and justice, health, essential social services.
 - Coordinate between state and non-state actors.
 - Coordinate with non-EVAW specialised actors persons with disabilities, labour migration, trafficking, ethnic minority and indigenous groups and others.
 - Coordinate with cross-border actors.
- Build a common understanding of VAWG, including its dynamics, causes and consequences, and child protection issues, and apply a survivor-centred and evidence-based approach for effective responses between all members of the national coordination body.
- Promote the development of laws and policies that are guided by an understanding of gender equality and non-discrimination, applying a survivor-centred approach to all forms of VAWG, inclusive of knowledge and feedback from victims/survivors, NGOs and others working with victims/survivors and perpetrators.
- Seek appropriate allocation of resources to provide adequate financial support, personnel, expertise, and technical support at all levels. This will require estimated costs and advocacy for appropriate support for quality services based on the agreements of service providers. Tools for estimating the cost of essential services include [Guidance on Estimating Resource Requirements for a Minimum Package of Services](#) and the [Estimating Resource Requirements for Responding to Violence against Women in Southeast Asia](#).
- Set common standards for coordination for a national, provincial and local coordinated response, implementing strategies and interventions that are safe, effective and based on good practices. This includes defining the roles of participating agencies and developing and implementing systems for recording cases and reporting.
- Set/promote standards for quality essential services in each sector that are inclusive of vulnerable groups, such as women with disabilities, women migrant workers, indigenous women, ethnic minorities or other vulnerable groups that have been identified in the country as having greater difficulty in accessing services or encountering stigma and discrimination.

- Facilitate collaborative monitoring and evaluation of the coordination, analysing outcomes of the coordinated response and identifying barriers to successful coordination and possible solutions.
- Conduct / contribute to the analysis of secondary data to understand the specification situation of VAWG in the country. Secondary data, such as data on crimes such as femicide, data on the prevalence of VAWG, data on new types of VAWG or other available data can be analysed to understand trends and plan a coordinated response.

Health

In this section, national guidance, standards or protocols on the provision of health care for victims/survivors of VAWG should be summarised. The health sector requires a separate set of SOPs, that describe key responsibilities for health care providers at different levels of care (health centre, hospital, etc.) and that outline how to link with other sectors in the national coordination SOPs.

The health sector is a critical entry point for VAWG victims/survivors. Overall, it is the responsibility of the health and medical providers to deliver quality and compassionate clinical care, emotional support and referrals to survivors of VAWG.

If there is no national guidance on health response, the health sector may be guided by global guidance for quality essential health services: [Responding to intimate partner and sexual violence against women](#).

The World Health Organisation (WHO) has issued minimum health service standards for women subjected to intimate partner or sexual violence.⁴⁴ In the development of national coordination SOPs, these standards should be considered:

- Health care workers must be trained in understanding VAWG and its health impacts. Health care providers must be aware that woman's health problems may be caused or made worse by intimate partner or sexual violence. Often women seek health care for other conditions and do not disclose that they have been subjected to violence. They may fear they will be judged or they may fear their partner.
- Health care for VAWG should be available to all women regardless of ability to pay, background, or legal status. Health care must be tailored to the unique needs of various groups of women, such as women with disabilities and women from different backgrounds.
- Interpretation (by trained interpreters) and communication support is available if needed.
- Female staff should be made available to survivors if the survivor prefers.
- If mandatory reporting to police or immigration authorities is required of health care workers, women seeking health care must be informed of this before they disclose any information.

44 WHO [WHO_RHR_14.26_eng.pdf](#).

- Universal screening of all women seeking health care is not recommended. However, if a health-care worker suspects a woman has experienced violence, it is recommended to speak to her alone and ask simple and direct questions to understand her experience. The WHO guidance includes detailed questions.
- Health-care workers must provide first line support (listen, inquire about needs and concerns, validate her feelings, enhance safety, and support by helping to link her with resources).
- All health services must be provided using an informed consent process. Victims/survivors have the right to decline services.
- Health-care workers provide clinical care for any physical injuries and additional care for physical health after sexual assault, such as clinical care of injuries and urgent medical issues, preventive treatments for rape survivors, such as post-exposure prophylaxis for HIV, sexually transmitted infections, pregnancy prevention and mental health assessment and care (as required and appropriate).
- Provide medico-legal documentation (for forensic exam).⁴⁵
- Health-care workers are aware of other essential services and make referrals with the informed consent of victims/survivors and their needs, following the interagency referral process.

Police and justice

In this section, national guidance, standards or protocols on the provision of police and justice services for victim/survivors of VAWG should be summarised. The justice sector requires a separate set of SOPs that describe key responsibilities for police, security officers, courts and other justice actors. The way to link with other sectors will be outlined in the coordination SOPs.

A quality police and justice response are crucial to ensure that relevant laws on VAWG are enforced to keep women and girls safe from violence and prevent the re-occurrence of violence, hold perpetrators accountable and provide for effective reparations for victims/survivors.⁴⁶ Police and justice responses includes all of the interactions between victims/survivors and the justice system, from reporting or initial contact to ensuring appropriate remedies. The core elements include prevention, (collaboration with organisations seeking women's equality, awareness raising that VAWG is unacceptable and to encourage reporting), initial contact (meet needs such as health referrals), investigation (prioritizing VAWG, collecting information and evidence, pre-trial processes, trials (safe and friendly courtrooms), perpetrator accountability and reparations based on the crime and post-trial processes (interventions that prevent reoffending).

45 Ibid.

46 See the Essential Services Package for Women and Girls Subject to Violence, module 3.

As outlined in the Essential Services Package,⁴⁷ multiple tools and resources can guide good practice in the police and justice sectors. In addition, UN Women recently published a [Handbook on Gender-Responsive Police Services for Women and Girls Subject to Violence](#), and facilitation handbooks for a training course for law enforcement teams and investigators to apply [a gender-responsive and victim centred approach to cases of trafficking in persons and other criminal activities](#).⁴⁸

Minimum service standards for police and justice include the following:

- Justice actors (police, security, prosecutors, mediators and courts) are trained in the dynamics of VAWG, including working with groups and communication skills that are gender sensitive and survivor centred.
- Justice and policing are available to every victim/survivor regardless of her place of residence, nationality, ethnicity, caste, class, migrant or refugee status, indigenous status, age, religion, language, and level of literacy, sex, marital status, disability or any other characteristic that needs to be considered.
- Police are available 24 hours per day, 365 days per year and respond in a timely manner (this can be described and agreed upon locally).
- Service providers that are the same sex as the victim/survivor are available for those who prefer it.
- Interviews are conducted where privacy and confidentiality can be maintained, and the victim/survivor feels safe and comfortable to share her experiences.
- Immediate and urgent measures are accessible to all victims/survivors:
 - Free of charge;
 - Procedures for accessing are user friendly;
 - Justice providers assist in completing any application processes.
- Interpretation (by trained interpreters) or communication support is available.
- Lack of legal documentation does not prevent access to legal protections.
- Legal information is available for victim/survivors that describes:
 - Existing measures that can prevent further harm by the alleged perpetrator (criminal and civil actions);
 - Procedures, and any issues pertaining to national justice mechanisms, including timelines (as known);
 - Pros and cons of legal options;
 - Information on available support in the event legal proceedings are initiated.

⁴⁷ Ibid.

⁴⁸ See <https://asiapacific.unwomen.org/en/digital-library/publications/2022/03/facilitation-handbooks-applying-a-gender-responsive-and-victim-centred-approach-to-carry-out-investigations>.

- If court proceedings are initiated the victim/survivor is provided ongoing and timely information about the status of the case.
- Police or other security actors' priority is to ensure the safety of the victim/survivor and her children. Risk assessment and safety planning procedures must be in place to assess lethality and risk of repeated violence and identify options and resources for the victim's safety tailored to her situation.
- Emergency medical treatment, when deemed necessary, is provided prior to any interview with the survivor.
- When a request for help is made a full investigation is conducted, and a report written about the reported incident.
- Criminal cases are not diverted to informal justice mechanisms.
- Roles and responsibilities for enforcement of protection measures (such as protection orders) are clearly defined and any breach is responded to immediately and quickly.
- A coordination mechanism amongst justice agencies ensures consistent and coordinated case management, risk assessment and safety planning.
- Victims/survivors are made aware of the range of available services (service directory), linking with other sectors such as health and social services.

Due to the complexities of conducting investigations, prosecutions and adjudication of VAWG, justice services should consider establishing specialised and multidisciplinary units within the justice sector, such domestic violence courts, gender-based violence prosecution units and domestic violence units within police forces which include police officers and social workers.

Social services

In this section, national guidance, standards or protocols on the provision of social services for victim/survivors of VAWG should be summarised. The social services sector will require a separate set of SOPs that describe key responsibilities for available social services. The link with other sectors will be outlined in the coordination SOPs.

The provision of quality social services forms a vital component of coordinated multisectoral responses for women and girls subject to violence. The range of critical social services includes crisis information and helplines, shelters and safe accommodation, legal and rights information and advice.⁴⁹ Essential social services are underpinned by important foundation elements, such as referral, risk assessment and management, appropriately trained staff and workforce development, system coordination and accountability.⁵⁰ Social protection systems must be available that can serve as a safety net for survivors of VAWG and their children.

⁴⁹ See the Essential Services Package for Women and Girls Subject to Violence, module 4.

⁵⁰ Ibid.

Recognising the critical role of social workers in providing social services, ASEAN is working to improve the social services workforce by providing standards in health, justice and social protection.

Minimum service standards for social service providers⁵¹ include the following:

- Training on understanding the dynamics of VAWG, its causes and its consequences.
- Skills in VAWG case management include the assessment of safety and planning in addition to standard case management procedures.
- Training on gender-sensitive and trauma-informed approaches to service delivery and incorporation of a survivor-centred approach where the victim/survivor is provided with information on options, risks and benefits, and is supported to make her own decisions.
- Communication skills for working with survivors of VAWG, including psychological first aid and basic counselling.
- Training for staff in best practice responses to women and girls experiencing violence, including those from vulnerable groups.
- Lack of legal documentation does not prevent access to social services. Reports are not made to authorities (unless required by law) without consent.
- Services operate in a collaborative manner with other social services, health, police and justice services.
- Interpretation (trained) or adaptations for communication are available.
- Protocols for confidentiality, privacy, information sharing and referrals are in place.
- Referral pathways incorporate requirements for informed consent.

Component 8: Inclusive approaches to coordinated services and mechanisms for participation

In this component, the priority is to ensure access to services for vulnerable groups. The ASEAN RPA on EVAW⁵² has recognised that diverse groups of women suffer from inequalities that increase their risk of violence. These groups include women with disabilities; women living with and affected by HIV/AIDS; girls; older women; ethnic

⁵¹ The recent study, Ending Violence against Women and Violence against Children: Opportunities and challenges for collaborative and integrative approaches, identified the need to ensure that the social services workforce frontline workers can manage cases of both violence against women and children adequately. ASEAN is in the process of developing the ASEAN Road Map on Strengthening Social Work. This is an opportunity to link strengthening the social services workforce, ensuring appropriate skills for responding to violence against women, and also ensuring the appropriate linkages in the ASEAN guidance for national SOPs.

⁵² See <https://asean.org/wp-content/uploads/2021/01/ASEAN-Regional-Plan-of-Action-on-the-Elimination-of-Violence-against-Women-RPA-on-EVAW-2016-in-collaboration-with-ACWC.pdf>

minority and/or indigenous women; women in conflict with the law; women living in disaster or conflict affected areas; refugee and displaced women; documented and undocumented migrant women; stateless women; defenders of women's human rights/advocates of gender equality; and women who are trafficked for forced labour or sexual exploitation.

National coordination SOPs are critical to establish formal, interagency and institutional agreed ways of working and cooperating in practical terms. They are the practical guidance for working across agencies in safe ways on behalf of survivors. Importantly the national coordination SOPs must address violence against all women and girls. This requires an understanding of the risks for violence, the needs for services and barriers to accessing services for women of different backgrounds and life experiences. Recognising the challenges of stigma and discrimination faced by each group is important to understand the specific barriers and how to remove them so victims/survivors can access services.

Gender equality and social inclusion analysis

An important tool to understanding the risks and barriers for vulnerable groups to access services is a gender equality and social inclusion (GESI) analysis. A GESI approach considers unequal power relations and inequalities experienced by individuals as a result of their social identities, and how these identities intersect to create experiences of vulnerability and marginalization. It focuses on actions to address these unequal power relations and inequalities, reduce disparities and ensure equal rights, responsibilities, opportunities and respect for all individuals.⁵³

A GESI analysis builds understanding of the different roles and responsibilities of men and women to better understand and address gender inequalities, division of labour (productive, reproductive and community activities), access to and control over resources and benefits, level of participation in decision-making, power relations from the individual to the community level and intersectionality (how people with different characteristics, backgrounds are impacted).⁵⁴

Through this process the barriers and enablers to access services for different vulnerable groups can be identified and addressed.

Considerations for different groups of vulnerable women and girls

The adaptation of services for vulnerable groups should be based on the results of a GESI analysis. However, some areas are important to consider and understand as approaches are developed with different groups.

People with disabilities

- Women with disabilities are not a homogenous group. Disability encompasses a wide range of impairments and a wide spectrum of capacities.

⁵³ International Development Partners Group Nepal, 2017, *A Common Framework for Gender Equality and Social Inclusion*.

⁵⁴ See www.care.org.au/wp-content/uploads/2015/02/Good-Practices-Brief.pdf.

- Women and girls with disabilities often face greater risk of VAWG, while experiencing additional barriers to access services.
- Generally, women with disabilities are able to give informed consent if adaptations (communication for example) are made. If the woman does not have the capacity to provide informed consent, the principles of best interest of the survivor should be applied to determine the next steps.
- Always consult with a survivor before involving caregivers or other family members. In some cases, the caregiver is the perpetrator, so it is important to understand if it is safe to engage the caregiver.
- Ensure information on services is available in various formats so that women with disabilities can access the information.
- Ensure services are physically accessible.

Women migrant workers

- Women migrant workers come from diverse backgrounds.
- Women migrant workers have a higher risk of VAWG with or without documentation.
- Culture, language, lack of social supports can be barriers to help-seeking.
- Legal barriers such as mandatory reporting can prevent help-seeking.

Older women

- Older women have distinct health needs and experiences.
- Older women face age-based discrimination and barriers to accessing care.

Ethnic minority and indigenous Women

- Ethnic minority and indigenous women may face language barriers.
- Ethnic minority and indigenous women may distrust with formal justice mechanisms or authorities based on stigma and discrimination.
- Ethnic minority and indigenous women may have barriers such as distance if they live in remote areas away from services and supports.

Adolescent girls

- Adolescent girls face increased risk of VAWG such as sexual violence and IPV; trafficking; on-line harassment and bullying; and child, early and forced marriage.
- Adolescent girls have elevated risks for VAWG in humanitarian settings.
- Adolescent girls have distinct needs that are adequately addressed in child protection or services for women.
- Adolescent girls are less likely to access services.

Training for providers of services to vulnerable groups

Service providers must understand the barriers and enablers that women in vulnerable groups face in accessing services. It is not uncommon to hear statements such as “our services are open to all women”, yet when the women who access services are examined, they do not represent the diversity of vulnerable groups. Training is required for service providers to understand the barriers and enablers identified in the GESI analysis to ensure that all groups of women are able to access services safely and the services are adapted to be accessible and available to them.

Collaborating with advocates and organisations that specialise in marginalised groups is an effective way to build understanding of the needs of specific populations through training.

Challenge stigma and discrimination against vulnerable groups

Generally, women in vulnerable groups face stigma and discrimination from the wider community, from their families and from service providers. Importantly, a rights-based approach requires that service providers remove these barriers so that women are able to seek services. This likely requires community awareness raising, training for service providers and work with families.

Component 9 Preparing for and adapting to emergencies

In this component, key actions that must be taken in an emergency to adapt the SOPs are described. While there is significant guidance for SOPs concerning VAWG in emergencies, these primarily guide the emergency response of actors such as humanitarian agencies and departments, international NGOs and United Nations agencies. However, many emergencies – such as the COVID-19 pandemic – showed that national Governments and service providers must also be ready to adapt quickly. Other emergencies might include natural disasters, conflict or other crises. The leading global guidance regarding responding to VAWG in humanitarian contexts and emergencies is the [Minimum Standards for Gender-Based Violence in Emergencies Programming](#). These standards are followed globally during crises, emergencies and humanitarian situations, and share common principles and approaches with the [Essential Services Package for Women and Girls Subject to Violence](#). Some key priorities for responding to an emergency that can be considered in the national coordination SOPs are as follows:

- **As national emergency response plans are developed, ensure that VAWG response is prioritised at the highest levels.** This prioritization will mean that service and response to VAWG will be continued instead of delayed for other priorities – for example the police will be required to respond, health-care providers will be required to respond and safe shelters will continue to operate. Continuing operation may require adaptations, but if VAWG services are prioritised then the budgets can be sought for continued service delivery.

- **Data collection and assessment of risks of VAWG during emergencies.** At the beginning of emergencies, understanding the changing risks for women and girls is important. Evidence is clear that risks of VAWG increase during emergency times. At the same time, data collection can also be risky for women and girls. To understand if data collection is safe, the guide for [data collection during COVID-19](#) can be reviewed. At the same time, if women and families are displaced, new risks should be identified by asking key informants, being guided by calls for help and other safe sources of information.
- **Develop a risk mitigation strategy to address the increased risk.** Based on the learnings from the assessments, a risk mitigation strategy can be adapted. For example, if movement in an area is unsafe for women due to poor lighting or other barriers, these can be addressed.
- **Conduct a rapid assessment of the referral pathway and update it to ensure continuity of service provision and protections.** Importantly the disruption to services such as police and justice, health and other social services must be understood. The referral pathway should be assessed to understand if the services are functioning, and plans for adapting services should be made as soon as possible.
- **Support capacity development to respond to the emergency.** Each emergency is unique. A health emergency is different from a natural disaster and will require some of the same responses but some that are different. Based on the emergency, training should be adapted so that service providers can continue to respond.

Component 10 Data collection and management

In this component, the system for data collection and management are described. Administrative data are collected by Governments and other organisations primarily for administrative purposes, usually during the delivery of a service. Administrative data on VAWG are gathered as part of the provision of VAWG services and support by the police, prosecutors, courts, social welfare agencies, social services providers, women’s shelters, violence hotlines and the health sector.⁵⁵ A sample reporting form for administrative data is contained in Annex 4.

Minimum data set

In this section of this component the minimum data set is described. Generally, each sector has its own system of case management with case files and points where data are collected. This guide does not describe a detailed case management process, though the steps are described briefly in the section on the social services sector and can be further detailed in each sector SOP.

⁵⁵ See www.unwomen.org/sites/default/files/2022-05/Global-technical-guidance-for-collection-and-use-of-administrative-data-on-violence-against-women-en_0.pdf.

Often each sector or service provider commonly keeps their own set of data using different definitions of VAWG and different terms for services, resulting in limited comparability in administrative data. To be able to compare and summarise data, a recommended minimum for data collection by all sectors has been adapted from the global guidance [Improving the Collection and Use of Administrative Data on Violence Against Women](#). These are described in figure 6, which includes additional recommendations for data collection in ASEAN in addition to those in the global guidance (shown in italics).

Case # with administrative information

- Date of registry of incident
- Identification of person recording
- Sector/agency of person recording

Type of VAWG (incident definitions) (see below)

- Types of VAWG: physical, psychological, sexual, economic

Survivor

• Age	• Country of birth
• Sex	• Country of citizenship
• Disability status	• Current residence

Survivor-perpetrator relationship

• Current intimate partner	• Employer
• Former intimate partner	• Authority figure/care provider
• Family member	• Other (known to survivor)
• Friend/colleague/peer/ acquaintance	• Other (unknown to survivor)

Alleged perpetrator (s)

- Age
- Sex

Expanded minimum data set

Geography

- Administration identification of where VAWG occurred (city/village, state, province, etc..)

Location

- Type of location where the VAW occurred: home, public space, school, work, online Services/referrals provided

Figure 6: Minimum data set for VAWG data collection

In the minimum data set, it is necessary to define the common terms so that all stakeholders are applying the same definitions. A common area for ensuring that the definitions are consistent are the incident definitions. Using common incident definitions helps to collect standardised and comparable data for better analysis of the types of VAWG that occur. A sample case form with a minimum data set is provided in Annex 3. This form also has a brief section on initial assessment for services and referral.

Some common incident definitions are:

- **Rape** is non-consensual penetration of the vagina, anus, or mouth with an object or body part.
- **Sexual assault** is any form of non-consensual sexual contact/touching that does not result in or does not include penetration. Examples include attempted rape, as well as unwanted kissing, fondling, or touching of genitalia and buttocks.
- **Sexual harassment:** Sexual harassment is a sex-based behaviour that is unwelcome and offensive to its recipient. Sexual harassment may take two forms: 1) quid pro quo, when a job benefit – such as a pay rise, a promotion, or even continued employment – is made conditional on the victim acceding to demands to engage in some form of sexual behaviour; or 2) hostile working environment in which the conduct creates conditions that are intimidating or humiliating for the victim. Behaviours that qualifies as sexual harassment include physical violence; touching; unnecessary close proximity; comments and questions about appearance or lifestyle; offensive phone calls; wolf-whistling; sexually suggestive gestures; and display of sexual materials.
- **Physical assault is physical violence that is not sexual in nature.** Examples include hitting, slapping, cutting, shoving, honour crimes of a physical nature (not resulting in death).
- **Emotional/psychological abuse** includes name-calling, threats of physical assault, intimidation, humiliation, forced isolation by preventing a person from contacting their family or friends.
- **Economic abuse** includes the withholding of money or household resources by an intimate partner or family member (to the detriment of the family's well-being), preventing one's intimate partner from pursuing livelihood activities, or preventing a widow from accessing an inheritance.
- **Forced marriage** is the marriage of individuals against their will (including early marriage).
- **Female genital mutilation/cutting** is the cutting of healthy genital tissue.

Data management

In this section the focus is on the ways that data are stored, shared, reported. It describes how confidentiality should be protected. Some recommendations are provided below.

Case files

As described earlier, each organisation will keep case files on the victims/survivors based on their own case management process. The roles and responsibilities of each sector will inform the specific data that must be collected. It is recommended to collect the minimum data set described above. The case file will hold the basic case data and any consent granted by the victim/survivor for releasing information, case follow-up, or other case related information.

Data storage

Case files – or case data that include identifying information – must be stored securely. If the data/case files are kept on paper, they must be stored in a locked file cabinet with access limited to authorised staff. If the data/cases files are stored electronically, data protection systems must be implemented that prevent access to data – especially identifying information.

Data privacy and protocols for data sharing

In this section of this component the protocol for data sharing will be described. Data privacy is an important principle for protecting the the privacy and confidentiality of survivors. Data should not be shared without the consent of the victim/survivor and only on a need-to-know basis. A sample consent form is provided in Annex 4: Data sharing protocol: Consent for release of information.

There are multiple circumstances where data sharing will benefit the victim/survivor, yet this is only done with the consent of the victim/survivor.

Reporting

Reporting is an example of sharing data. For reporting purposes – for example on the number and types of cases, only aggregated data can be reported. This data must also be de-identified – there can be no names shared. The reporting would be on the basic information in the minimum data set, so that analysis can occur to understand who seeking help, for what type of violence, who perpetrators are, and what kinds of services and referrals have been made. Data is being collected from the interactions of service providers with victims/survivors, and they must be informed of the reporting process.

Case management/case conference

In case management, a common process is to have a case conference or consultation with the supervisor or other team members. If this occurs within the agency in the routine case management process, the same rules of non-disclosure of information apply to the other staff.

If a case conference is required with a service provider that is outside the organisation, then consent must be obtained from the victim/survivor to discuss the case.

Referral to other services

When referring a victim/survivor to other service providers, it is beneficial in some cases to share information. This prevents the victim/survivor from having to repeat their story. However, the case information cannot be shared without the consent of the victim/survivor.

Monitoring and evaluation of services

In this section, the national coordination SOPs should identify the monitoring and evaluation methods applied in the multisectoral coordination mechanisms. During the development of the SOPs, the plan for periodic monitoring of services should be discussed and agreed upon. It should be reasonable and provides information.

A key objective of monitoring and evaluating current services is to understand if the needs of survivors are being met, and how to improve services or respond to changes in patterns of violence or survivor needs. For example, monitoring of services may reveal that responders have a specific need for training, that referrals and coordination of services have a specific need for strengthening, that investigations and documentation of femicide cases have a specific need for strengthening, or that child protection services have a specific need for further coordination.

The analysis of response services will help to identify approaches to prevent violence and intervene earlier, such as through the use of risk assessments by police responding to family violence.

Strategies include the following:

- The analysis of summary data collected from each sector will help to understand who is accessing services, what type of violence they have experienced and what type of services were provided and referrals made. This will help to show how the referral system is working and factors such as whether vulnerable groups are accessing services.
- Qualitative data can be collected from members of the national coordination body to understand the enablers and barriers they are experiencing in delivering services.
- Input can be gathered from victims/survivors through consultations, focus group discussions or survivor satisfaction surveys. To collect input directly from victims/survivors, mechanisms should be in place that protect the anonymity of the response – for example, service providers or government officials should not lead the consultations or focus group discussions if it will inhibit free and open discussion. Such data collection should be led by a professional trained in conducting the interviews.
- A time should be set for conducting the analysis. For example, collect administrative data quarterly, and gather feedback from victims/survivors and advocates annually.
- Service delivery should be monitored in line with the gender-sensitive and rights-based approach. This can be self-monitoring or monitoring by a responsible body. A sample checklist for quality coordinated services is contained in Annex 6.

**Component 11
Training**

In this component, the training for members of the national coordination mechanism and sectors is outlined. Training must be continuous to ensure that all participants have access to it and that they have a common understanding of VAWG and good practices in response to VAWG.

Planning multisector training that includes various sectors has a very high value in terms of broadening learning about the experiences, rights and options of survivors who interact with a range of sectors and agencies. Each discipline should conduct specific training for personnel that interact with survivors. It is a good practice to blend training with other disciplines. For example, a multi-day workshop for health providers can include a half-day (or more) with service providers from social welfare agencies and departments, police, justice and other response services. This approach builds a stronger understanding among sectors and strengthens coordinated approaches.

A key priority is to link training to the workforce training priority actions in the ASEAN region for social workers. They must have the overall training below and supervision training to ensure that issues of VAWG are addressed.

Training topics for all sectors

- Understanding VAWG definitions, dynamics, causes and consequences
- Gender awareness and integration in SOPs
- Orientation to SOPs for each sector
- Orientation to the Essential Services Package
- Ensuring at-risk, vulnerable women and members of vulnerable groups are able to access information and services
- Basic and friendly/effective communication skills
- Psychological First Aid
- Applying a survivor-centred approach
- Safety assessment and planning
- VAWG in emergencies
- Data collection and management
- Understanding of the referral pathway and role of other service providers

Additional training for police

- National legislation on VAWG
- Sexual assault and step-by-step procedures for handling sexual assault cases
- Interviewing victims and witnesses
- Basic survivor-centred response skills
- Providing sensitive and appropriate responses to vulnerable groups, including women migrant workers, people with disabilities and in women in emergencies
- Coordination with other sectors

Additional for health

- Providing first line support
- Clinical management of and care for victims/survivors of VAWG, including rape
- Coordination with other sectors

Annexes

Annex 1
Sample referral pathway

Annex 2
Sample service directory

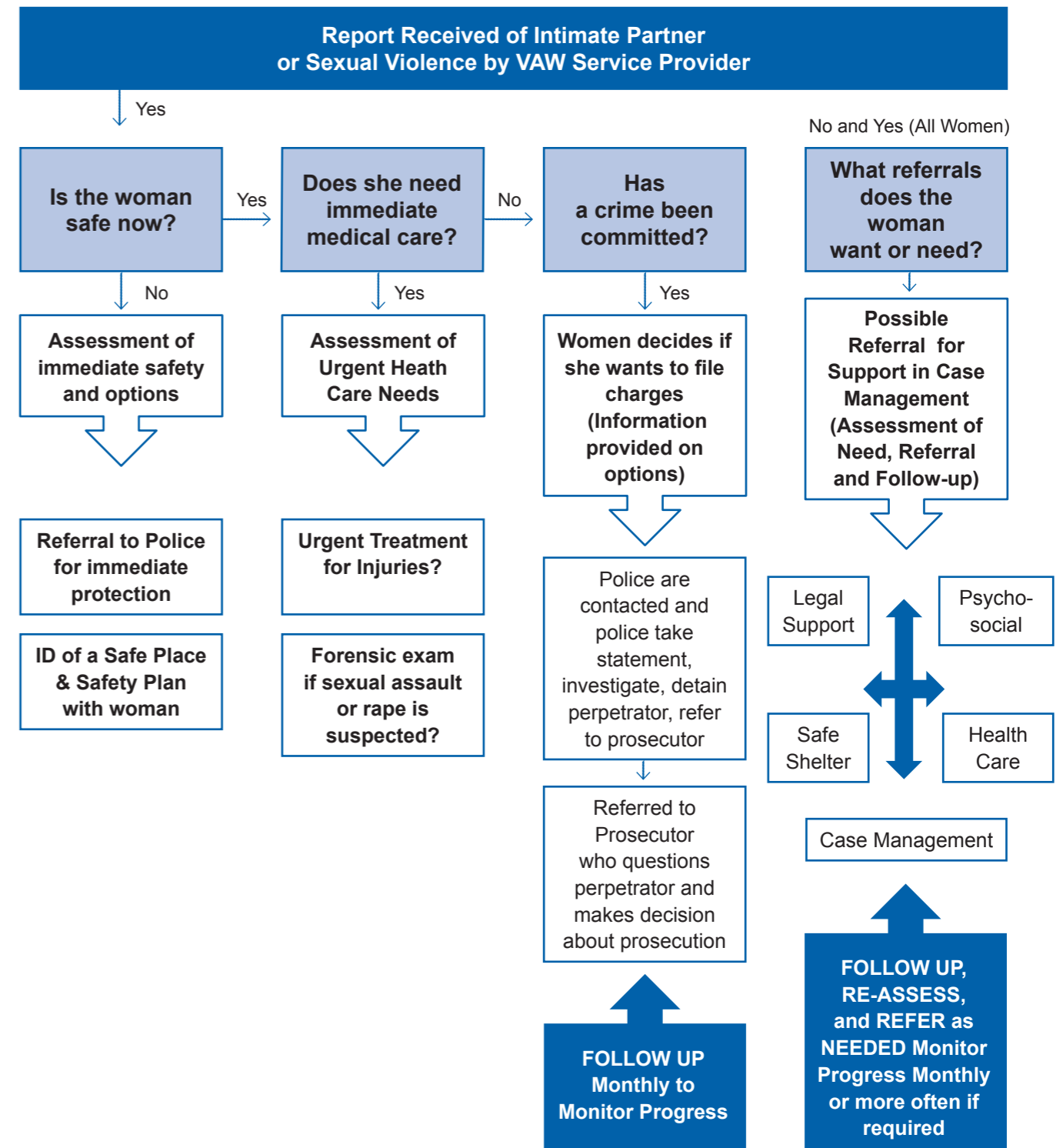
Annex 3
Sample case intake/registration form and initial assessment form

Annex 4
Sample administrative data reporting form

Annex 5
Data sharing protocol – Consent for release of information

Annex 6
Checklist for quality coordinated services per sector

Annex 1. Sample referral pathway



Annex 2. Sample service directory

A service directory is a key tool for documenting referral sources and should be updated regularly.

Name of Service Provider	Services Provided	Location	Contact Information / Person	Hours/Days
Hotlines				
Health Services				
Forensic Exam				
Police				
Legal Aid				
Women's Affairs				
Social Affairs				
Local authorities				
Safe Shelter				
Psycho-social Support				
Economic Support				
Disability Rights Organisation				
Migrant Rights Organisations				
Consular or Foreign Service Officers				
Migrant Resource Centre				
Other				

Annex 3: Sample case intake/registration form and initial assessment form

This is a sample case intake form. The variables in red are from the minimum data set described earlier. The additional variables, provide more information for analysis of cases of VAWG in the ASEAN region.

Administrative Information:	
Organisation:	
Case Worker ID:	
Case Number:	
Date of Report:	
Reported by Survivor	Yes <input type="checkbox"/> No <input type="checkbox"/>
Part I – Victim/Survivor Information	
Name of the victim/survivor:	Sex: Female <input type="checkbox"/> Male <input type="checkbox"/>
Date of Birth:	Civil Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widow Other (specify):
Country of Birth	
Country of Citizenship	
Current Address including country:	
Ethnic or Indigenous Group:	Education attained: <input type="checkbox"/> No formal education <input type="checkbox"/> Some elementary <input type="checkbox"/> Completed elementary <input type="checkbox"/> Some secondary <input type="checkbox"/> Completed secondary <input type="checkbox"/> College degree <input type="checkbox"/> Vocational Technical certificate <input type="checkbox"/> Masters Degree <input type="checkbox"/> Other
Number of Children:	
Part II: Details of the Incident	
Type of incident to VAWG – Please check only 1 Sexual violence <input type="checkbox"/> Rape (includes gang rape, marital rape) <input type="checkbox"/> Sexual assault (includes attempted rape, and all sexual violence without penetration) <input type="checkbox"/> Sexual harassment (includes harassment intimidation, gestures or written words of a sexual menacing nature) <input type="checkbox"/> Forced marriage <input type="checkbox"/> Physical violence/assault (includes hitting slapping, kicking, shoving, that are not sexual in nature) <input type="checkbox"/> Economic/Financial Abuse (Denial of Resources inheritance, earnings, access to school, general poverty should not be recorded) <input type="checkbox"/> Psychological/Emotional Abuse (threats of physical or sexual violence, force isolation, Non-GBV)	
Has the victim/survivor reported this incident anywhere else?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where was it reported?
Where did the incident occur? (geographic location?)	Address:

What was the location of the incident?	<input type="checkbox"/> Home <input type="checkbox"/> Public Place <input type="checkbox"/> School <input type="checkbox"/> Institution <input type="checkbox"/> Institutional care setting <input type="checkbox"/> Work <input type="checkbox"/> On-line <input type="checkbox"/> Other
Has the victim/survivor had any previous incidents of VAWG against them?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, briefly describe:
Notes and Observations	

Part III: Alleged Perpetrator Information			
Number of alleged perpetrator(s)*	Alleged perpetrator sex*	Alleged perpetrator relationship with survivor *	
<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> More than 3 <input type="checkbox"/> Unknown	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Both Age* <input type="checkbox"/> Adult <input type="checkbox"/> Minor <input type="checkbox"/> Adult & Minor	<input type="checkbox"/> Intimate partner / Former partner <input type="checkbox"/> Primary caregiver <input type="checkbox"/> Family other than spouse or caregiver <input type="checkbox"/> Supervisor / Employer <input type="checkbox"/> Co-worker <input type="checkbox"/> Teacher / School official <input type="checkbox"/> Service Provider	<input type="checkbox"/> Family Friend / Neighbour <input type="checkbox"/> Other <input type="checkbox"/> No relation <input type="checkbox"/> Unknown
Notes and Observations			

Part IV: Assessment, Service and Referral Planning Guide	
Who referred this client to you? *	
<input type="checkbox"/> Health/Medical Services <input type="checkbox"/> Community Leader <input type="checkbox"/> Teacher/School Official <input type="checkbox"/> Safe House/Shelter <input type="checkbox"/> Family member <input type="checkbox"/> Other Government Service	<input type="checkbox"/> Police/Other Security Actor <input type="checkbox"/> Psychosocial/Counselling Services <input type="checkbox"/> Legal Services <input type="checkbox"/> Livelihood Programme <input type="checkbox"/> Self-Referred <input type="checkbox"/> Other (specify)
What are the services she needs and wants? Share with her the different options for actions/services (Use additional pages if needed for more services). All Services and referrals are provided with consent.	

Date.....

What are the services or actions that she needs or wants? Share with her the different options for actions/services (Use additional pages if needed for more services). All Services and referrals are provided with consent.				
Possible Needs of Survivor	Check if she needs	Planned Actions		Referral Details
		Provide	Refer to Other	
Health				
Emergency Care for Injuries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Forensic Exam	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other Health Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Safety				
Safe Shelter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Police or Security	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other (list)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Legal				
Legal Information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Legal Representation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Legal accompaniment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other				
Psychological services				
Primary Counselling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Longer-term Counselling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other (List)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Economic				
Emergency Aid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Occupational Guidance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Vocational Training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other services (list)				
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Caseworker signature

Date.....

Caseworker signature

Annex 4: Sample administrative data reporting form

Sample Common Report of Administrative Data Minimum Data Set

Administrative Data is collected in the routine provision of services to victim/survivors of VAWG. Each organisation will likely have its own case management system and procedures. Through a coordinated response using common definitions and a minimum data set, service providers can begin to understand the help seeking patterns of victim/survivors. This data can be reviewed and analysed to understand bottlenecks in service, or areas where there is a lower/higher use of services. This will help to understand how the coordinated response is working. For example, if there are 50 women that are identified as experiencing sexual assault in a month, but only 5 referrals for forensic exam, this can be identified as an area to explore why there are few referrals to this service for women that may need the service.

Date of Report:				
Person Completing Report:				
Contact Information:				
Organisation Administrative Information:				
Organisation:				
Type of Organisation	<input type="checkbox"/> Government <input type="checkbox"/> NGO <input type="checkbox"/> Private Sector			
Reporting Month:				
Service Area	<input type="checkbox"/> National Level <input type="checkbox"/> Province (Please add): <input type="checkbox"/> District (Please add): <input type="checkbox"/> Other (Please add):			
Sector:	Health	<input type="checkbox"/> Public Health Centre <input type="checkbox"/> Public Hospital <input type="checkbox"/> Private Clinic <input type="checkbox"/> Private Hospital <input type="checkbox"/> NGO Clinic <input type="checkbox"/> Other please describe:		
	Police and Justice	<input type="checkbox"/> Police (add level) <input type="checkbox"/> Prosecutor <input type="checkbox"/> Court <input type="checkbox"/> Other please describe:		
	Social Services	<input type="checkbox"/> Crisis Counseling <input type="checkbox"/> Helpline/Hotline <input type="checkbox"/> Safe Accommodation <input type="checkbox"/> Legal Aid (Legal and Rights Information and Representation) <input type="checkbox"/> Longer Term Counseling Service <input type="checkbox"/> Economic Empowerment Service <input type="checkbox"/> Other please describe:		

Summary of New Cases this Month	
Summary of Types of New VAWG Cases in Reporting Month	
Type of VAWG	Enter Number of New Cases
Physical	
Psychological	
Sexual	
Economic	
Other (non-VAWG)	
Total:	
Location of Incident	Enter number of new cases that occurred in each type of location
Home	
Workplace	
Community	
On-line	
Total:	
Geography of Incident	Enter number of new cases that occurred in each geographic location (add country to understand if incident occurred in another country)
District	
Province	
Country	
Total:	
Victim/Survivors Information	
Age of Victim/Survivors	Enter number of new cases by age
< 18	
18 to 24	
25-49	
50-65	
65+	
Total:	
Sex of Victim/Survivors	Enter number of new cases by sex
Female	
Male	
Total:	
Disability Status of Victim/Survivors	Enter number of new cases by disability status
Yes, reports disability	
No, does not report disability	
Total:	
Alleged Perpetrator Information	
Age of Alleged Perpetrator	Enter number of new cases by age
< 18	
18 to 24	
25-49	
50-65	

65+		
Total:		
Sex of Alleged Perpetrator	Enter number of new cases by sex	
Female		
Male		
Total:		
Victim/Survivor Perpetrator Relationship (enter number of new cases by relationship)		
Current intimate partner		
Former intimate partner		
Family Member		
Authority figure/care provider		
Employer		
Friend/colleague, peer/acquaintance		
Other (known to survivor)		
Other (unknown to survivor)		
Total:		
Summary of Services Provided and Referrals		
	Number of Services Provided	Number of Referrals
Health		
Emergency Care for Injuries		
Forensic Exam		
Other		
Safety		
Safe Shelter		
Police or Security		
Other		
Psychological Services		
Primary Counseling		
Longer-term Counseling		
Other		
Economic Services		
Emergency Aid		
Occupational Guidance		
Vocational Training		
Other		
Other Services		

Submitted by: _____

Date: _____

Annex 5: Data sharing protocol – Consent for release of information

The data privacy and sharing protocol components was described in Component 11. Following is a sample

form for information sharing

CONFIDENTIAL CONSENT FOR RELEASE OF INFORMATION

I, _____, give my permission for (*Name of Organisation*) to share information about the incident I have reported to them as explained below:

I understand that in giving my authorization below, I am giving (*Name of Organisation*) permission to share the specific case information from my incident report with the service provider(s) I have indicated, so that I can receive help with safety, health, psycho-social, and/or legal needs.

I understand that shared information will be treated with confidentiality and respect, and shared only as needed to provide the assistance I request.

I understand that releasing this information means that a person from the agency or service ticked below may come to talk to me. At any point, I have the right to change my mind about sharing information with the designated agency / focal point listed below.

I would like information released to the following:

(Tick all that apply, and specify name, facility and agency/organisation as applicable)

- | | | |
|--------------------------|--------------------------|--|
| Yes | No | |
| <input type="checkbox"/> | <input type="checkbox"/> | Police Services (specify): _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Psychosocial Services (specify): _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Health/Medical Services (specify): _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Safe House / Shelter (specify): _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Legal Assistance Services (specify): _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Livelihoods Services (specify): _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Other (specify type of service, name, and agency): _____ |

1. Authorization to be marked by client: (or parent/guardian if client is under 18)	Yes	No
--	-----	----

I have been informed and understand that some non-identifiable information may also be shared for reporting. Any information shared will not be specific to me or the incident. There will be no way for someone to identify me based on the information that is shared. I understand that shared information will be treated with confidentiality and respect.

2. Authorization to be marked by client: (or parent/guardian if client is under 18)	Yes	No
--	-----	----

Signature/Thumbprint of client:

(or parent/guardian if client is under 18)

Caseworker Code: _____

Date: _____ Consent for Release of Information Form

INFORMATION FOR CASE MANAGEMENT

Client's Name: _____

Name of Caregiver (if client is a minor): _____

Contact Number: _____

Address: _____

Annex 6: Checklist for quality coordinated services per sector

This checklist was developed based on the Essential Services Package, available at www.unwomen.org/en/digital-library/publications/2015/12/essential-services-package-for-women-and-girls-subject-to-violence.

Survivor-Centred Approach	Yes	No	In Process	Comments
Do you provide women and adolescent girls that have experienced violence (victim/survivors) with information on options, risks and available support such as health police and justice and other social services?				
Do you provide Information on services and response for vulnerable groups?				
Do you provide information in a format/language that the victim/survivor understands?				
Do you provide information on mandatory reporting and any risks that it may have to the victim/survivor based on their unique background (women migrant workers)?				
Does you/your organisation conduct an urgent assessment of health and safety at first contact?				
Do you have a service directory?				
Do you provide services or referrals through an informed consent process that provides information on the benefits and consequences and give woman time to assess and decide what she wants to do?				
Can Victims/survivors refuse services?				
Accessibility and Availability of Services	Yes	No	In Process	Comments
Do you have any visible IEC materials (E.g.. Posters, leaflets, booklets, etc.) for victim/survivors for awareness of services or understanding of VAWG in formats, languages they can understand, and in locations they will be				
Are your services physically accessible to women with disabilities?				
Do you have interpreters trained in VAWG response and available?				
Safety				
Do you/your organisation conduct a safety assessment with victim/survivors of VAWG?				
Do you/your organisation develop a safety plan with victim/survivors of VAWG?				
In providing information about service options do you consider safety risk factors?				

Privacy and Confidentiality	Yes	No	In Process	Comments
Do you have a private space to talk to victim/survivors				
Do you ask about violence only when no one else is present?				
Do you get consent to share any information about the case with other organisations?				
Are you careful about talking about cases in the community even if you don't use names?				
Does your org store VAWG files safely so others cannot access them?				
Coordination and Referral	Yes	No	In Process	Comments
Does your organisation participation in a national coordination mechanism?				
Does the national coordination mechanism have SOPs that guide service provision, referrals and information sharing?				
Are the SOPs guided by a common set of principles and definitions?				
Does the national coordination mechanism link with other sectors?				
Does the national coordination mechanism link with cross-border actors?				
Does the coordination mechanism analyse data on quality of services and plan adaptations based on the learnings?				
Is there a mechanism for getting input/feedback from diverse groups of victim/survivors?				
Health	Yes	No	In Process	Comments
Are there specific SOPs for health care response?				
Do health care workers provide first line support?				
Are victim/survivors assessed for urgent health care needs for injuries?				
Are victim/survivors of sexual violence provided information on the forensic exam?				
Are victim/survivors of sexual violence given information on the importance and timeliness of preventive treatments for HIV transmission, unwanted pregnancy, and Sexually Transmitted Infection (STI)?				
Do health care workers make referrals to other essential services?				
Police and Justice- Legal Support	Yes	No	In Process	Comments
Are there specific SOPs for police and justice response?				
Are police available 24 hours per day 365 days per year				

Do police respond in a timely way?				
Are victim/survivors provided response free of charge?				
Are female police officers available for those that want to talk to a female?				
Are victim/survivors provided information on legal options (including risks and benefits)?				
Are reports taken and documented for all cases?				
Are criminal cases referred to justice process and not diverted to mediation?				
Social Services	Yes	No	In Process	Comments
Are there specific SOPs for the social services sector ?				
Is there a VAWG case management process that includes safety assessment and planning?				
Are services available to women without documentation?				
Are there protocols for information sharing?				
Are there referral pathways that use informed consent?				
Data Collection and Management	Yes	No	In Process	Comments
Are there organisational protocols for data storage?				
Are there organisation protocols for data privacy and data sharing?				
Is data gathered used for monitoring of services?				
Training: Staff are trained on				
Understanding VAWG, dynamics, causes and consequences				
Applying a survivor centred approach				
Gender awareness and integration in SOPs				
Orientation to SOPs for each sector				
Providing sensitive and appropriate response to vulnerable groups including women migrant workers and people with disabilities, or in those in emergencies				
Basic and friendly/effective communication skills				
Safety assessment and planning				
VAWG in Emergencies				
Data collection and management				
Understanding of the referral pathway and other service providers role				
National legislation on VAW				



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