



**Inter-Agency
Coordination**
Lebanon

INTER-AGENCY STANDARD OPERATING PROCEDURES (SOPS)

FOR SGBV PREVENTION
AND RESPONSE
IN LEBANON

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Additional guidance available:

- Practical Guidance for Child Protection Case Management Services In the Emergency Response in Lebanon, April 2014
- SGBV Case Management Minimum Standards, SGBV Task Force, November 2014
- GBVIMS Information Sharing Protocol, November 2014

The SOPs describe guiding principles, procedures, roles, and responsibilities for actors involved in the prevention of and response to SGBV in Lebanon within the framework of the Lebanon Crisis Response Plan. They are developed to guidance on the implementation of the prevention and response interventions to support individual SGBV survivors and communities for the members of the SGBV Task Force providing such services within the framework of the Lebanon Crisis Response Plan.

These SOPs provide basic information on what services are available and how services are delivered, including how partners coordinate with each other to provide quality and holistic care to SGBV survivors.

The content of the SOPs is enshrined in best practices and global guidelines on SGBV in emergencies and in the national legal framework, including

- GBV In Emergencies Guidelines, (IASC, 2005)
- Caring for Child Survivors of Sexual Violence in Emergencies (UNICEF/IRC, 2012)
- Ethical and Safety Guidelines on documenting and researching sexual violence in conflict (WHO, 2008)
- Handbook for Coordinating GBV in Emergencies (GBV AoR 2010)
- Practical Guidance for Child Protection Case Management Services In the Emergency Response in Lebanon, April 2014
- Law 422 of 6 June 2002 on “Protection of Minors in Conflict with the Law or At Risks”
- Law to Protect Women and all Members of the Family from Family Violence, April 2014

The term **Sexual and Gender-based Violence** is used in this document as an equivalent of Gender-based Violence (GBV) ‘an umbrella term for any harmful act that is perpetrated against a person’s will, and that is based on socially ascribed (gender) differences between males and females’¹.

Date of Review/Revisions:

1st Draft: 21 December 2012 (Emergency abbreviated SOPs – February 2013)

First Revision: November 2013

Final Endorsed by SGBV Task Force members: December 2014

Next Revisions: January 2015

Revision of repertory of services and referral pathways: depending on relevant changes in services providers (recommended verification every two months)

¹ IASC 2005 “Guidelines for Gender-based Violence Interventions in Humanitarian Settings”

GUIDING PRINCIPLES FOR WORKING WITH SURVIVORS

GUIDING PRINCIPLES FOR WORKING WITH SURVIVORS

All interventions aiming at preventing and responding to SGBV should be guided by the Survivor Centered Approach, meaning that **all actors, case management and specialized services providers engaged in GBV programming prioritize the rights, needs and wishes of survivors**. The survivor-centred approach is based on a set of principles and skills designed to guide professionals—regardless of their role—in their engagement with persons who have experienced GBV. The survivor-centred approach aims to create a supportive and empowering environment in which a survivor’s rights are respected and in which s/he is treated with dignity and respect. The approach helps to promote a survivor’s recovery and his/her ability to identify and express needs and wishes, as well as to reinforce his/her capacity to make decisions about possible interventions².

“According to the principles of humanitarian aid and the international legal framework related to GBV, the humanitarian community, host governments, donors, peacekeepers, the UN and all others engaged in working with and for affected populations are **collectively accountable** for preventing and responding to GBV”³.

Please refer to Annex I for a comprehensive overview of definitions of key terminology used in these SOPs.

Minimum standard:

All staff working in the response⁴ to the Syria crisis should receive basic training on the content of these SOPs including core principles of child-friendly and survivor-centered approaches.

All actors who may be in contact with survivors must be familiar with the guiding principles and put them into practice. These actors need to be aware of their responsibility to listen carefully, respect and give truthful information to survivors.

All actors who may come into contact with SGBV survivors are responsible to be knowledgeable about the SGBV referral pathways and what forms of assistance the survivor can expect through referral to other actors.

Follow these four Guiding Principles at all times when you are working with survivors

1. Ensure the **safety** of the survivor and her/his family at all times.

² GBV AoR Handbook for Coordinating GBV in emergencies

³ Ibid

⁴ i.e. Programmes implemented within the LCRP 2016

2. Respect the confidentiality of the affected person(s) and their families at all times. All actors recognize that Information about SGBV incidents is extremely sensitive and confidential. Sharing improperly any information about an SGBV incident can have serious and potentially life threatening consequences for the survivor and those helping her/him.

This means that precautions are taken to ensure confidentiality as follows:

All staff have a duty to protect information gathered about any individual of concern and a duty to ensure it is accessible only with a beneficiary's explicit permission (written consent).

After obtaining informed consent from the survivor, staff will share only pertinent and relevant information with others for the purpose of helping the survivor, such as referring to services indicated by the survivor, on a strict "need to know" basis (i.e. only information that are relevant for the provision of specific service requested by the survivor).

Staff should never reveal women or children's names or any identifying information (i.e. location, phone number, physical address, family member's names, etc.) to anyone not directly involved in the provision of services

Staff should never discuss cases with family, friends and colleagues (exceptions presented in case management standards under case conferencing and case management meetings)

Staff involved in identifying and referring cases, will collect, store and share information on individual cases in a safe way and according to agreed-upon data protection policies. All written information about survivors must be maintained in secure, locked files. Forms should not contain identifying information (use of coding system is a best practice) and should be password protected when electronic files are used.

3. Respect the wishes, choices and decisions, rights, and dignity of the survivor.

Consult the survivor on where she/he wishes to seek help and respect her/his wishes. Do not advise, push, suggest or otherwise guide in any specific direction, take decision on his/her behalf.

Ensure that any interaction with the survivor is done in private settings ensuring privacy and confidentiality.

Ensure the survivor does not have to repeat the story in multiple interviews

GUIDING PRINCIPLES FOR WORKING WITH SURVIVORS

- Inform about the possibility to accommodate preferences on the sex of the interviewers. Best practices recommend the following: for female survivors, always try to conduct interviews and examinations with female staff, including translators; for male survivors able to indicate preferences, it is best to ask if he prefers a man or a woman to conduct the interview. In the case of small children, female staff are usually the best choice.
 - Ensure a non-judgmental and respectful attitude is maintained throughout the process
 - Be respectful, maintain a non-judgmental manner. Do not laugh or show any disrespect for the individual or the culture, family, or situation.
 - Do not blame the survivor for what s/he is telling you, neither ignore, deny, and minimize the experience of violence.
 - Do not press for more information if the survivor is not ready to speak about the experience and respect his/her pace in telling you the story
 - Anyone who come into contact with a survivor who discloses SGBV should reassure survivor that they believe him/her and that s/he is not responsible for the violence experienced. Use statements like, "What happened was not your fault", or "You were right to ask for help."
 - Ask only relevant questions.
 - Use a language the survivor understands
 - Do not raise expectations (e.g. we will stop the violence). Instead provide specific information about what a service provider can and cannot do)
4. Ensure **non-discrimination** in all interactions with survivors and in all service provision. Every adult or child should be given equal care and support regardless of race, religion, nationality, ethnicity, sex, sexual orientation or political affiliation.

Guiding principles specific to working with child survivors In line with the National Child Protection SOPs, Law 422 and international standards, the principles below should be followed at all times.

1. Ensure the child's safety and comfort.

Ensuring physical and emotional safety of children is of utmost importance when working with child survivors. All case actions taken on behalf of a child must prioritize safeguarding the child's physical and emotional safety. This includes ensuring that children are only interviewed by those with specialized training, developing a safety plan immediately, and seeking out alternative care options when necessary.

Children who disclose sexual abuse should be comforted on an ongoing basis by all service providers who come into contact with them. This means that service providers reassure children that they believe them and that the child is not responsible for the abuse they experienced. Believe children and do not blame them for the sexual abuse they have experienced. Caseworkers can use statements like "You are brave for talking to me about this", "What happened was not your fault", or "You were right to ask for help."

2. Involve the child in decision-making.

Children have the right to say what they think should happen and have their opinions taken into account. Service providers are required to conduct interviews in a child-friendly manner and support the child to participate in decisions that affect their life. To ensure children's participation in decisions listen to the opinions of children, provide them with the necessary information and involve them in decision-making, as appropriate. The level of a child's participation in decisions should be appropriate to the child's level of maturity and age, and all children have the right to participate according to their capabilities.

3. Promote the child's best interest at all times.

In all decisions and actions involving children, the best interest of the child must be the primary consideration. All adults, including caregivers and parents, should do what is in line with the best interest of children to ensure their rights are respected and implemented. The best interest principle also means that in some cases, decisions may need to be taken against the child's wishes (e.g. removing a child from an abusive parent). When such decisions must be taken, caseworkers should explain why the decision must be taken to the child and reassure him or her.

Sharing Information on a Need-to-Know Basis (i.e. only information that are relevant for the provision of specific service requested by the survivor): When working with survivors, case management agencies should share information about a child's sexual abuse only with those service providers who need to know in order to protect the child. For example, a teacher will not need to know that the child is a survivor in order to provide educational support.

Informed Consent

Informed consent means making an informed choice freely and voluntarily by persons. Informed consent occurs when the person understands the consequences of the choice, and freely chooses to accept the consequences, and is based on equal power relations.

Obtaining informed consent means that before any information is shared with others, or any referral is made, in order to be able to make an informed decision, the survivor should be given honest and complete

information about possible referrals, their implication, and of any risks or implications of sharing information about her/his situation and of any limits to confidentiality.

1. How to obtain informed consent

- present all the options that are available;
- explain that information (as agreed with the survivor) will be shared with others in order to access other services;
- explain exactly what is going to happen as a result of accepting other services;
- present the benefits and risks of the service;
- explain that survivors have a right to decline or refuse any part of the service;
- explain the limits to confidentiality

Providing informed consent entails that the survivor

- retains the right to control how information about their case is shared with other agencies or individuals.

has the right to place limitations on the type(s) of information to be shared, and to specify which organizations can and cannot be given the information (for instance the survivor can request to share information with a certain service provider only).

has the right to withdrawn consent at any time

2. a) How to document consent – Frontline workers and non specialized actors

Can be obtained orally

It is only obtained for purposes of referral to services

2. b) How to document consent – specialized service providers

If after explanations above, survivor requests referral to services, the Consent Form should be signed before proceeding to the referral

Consent to conduct case management should be obtained immediately at the beginning of the first session and can be verbal while consent to be referred to other service providers should be obtained during/after development of action plan before any referrals are made. Consent should also be sought for sharing of non-identifying data about his/her case for data collection purposes.

Consent form should be signed in any case, even if the survivor declines access to services. In the event that survivors provide consent orally or declines access to services but does not wish to sign the consent form, this should be documented by the service provider but should not prevent access to services.

Using the Consent Form in Annex is recommended to case management agencies and specialized services providers as it gives the survivor the option to allow sharing of the information with none or only some agencies according to her/his needs and wishes.

The consent form also includes the option to allow sharing of non-identifiable information for the purposes of monitoring and data collection.

Informed consent should be sought at the beginning of any interaction with a survivor, to

Please refer to Annex II for standard form for Informed Consent

Consent for children

“During the registration process, case workers must request the child’s (and their parent or caregiver) permission to provide services and provide them with enough information to make an informed decision. Children above 15 years of age are able to participate in the informed consent process individual. However, their parent or caregivers should be included with the child’s permission, unless they are involved in the abuse.

Children under 15 years of age can participate in an informed assent process but require the permission of a parent or caregiver as well. In the case where no parent or caregiver is available (e.g. due to separation or role in the abuse), caseworkers should attempt to identify together with the child an alternative trusted adult, and, if this fails, can use the informed assent process, but should involve a supervisor⁵”

For more information on the legal framework applicable to children in Lebanon, please consult the Annex on Legal Framework and refer to the Practical Guidance for Child Protection Case Management Services in the Emergency Response in Lebanon.

Exceptions to confidentiality: Confidentiality and informed consent should always be given priority. However, limits to these can occur in very exceptional circumstances

If the survivor is a child, in situation where a child’s health or safety is at risk or a situation of abuse is suspected, limits to confidentiality exist in order to protect the child when it is in the best interest of the child⁶.

If the survivor is an adult who threatens his/her own life or who is directly threatening the safety of others, referrals to lifesaving services can be sought. This could only exceptionally happen when there are indications that the person is planning to take their own life. Suicidal thoughts can be common among survivors and are by themselves not sufficient to indicate that the person is planning to take their own life. If in doubt, case managers should consult a mental health professional⁷. In all cases, the potential harm caused by non-disclosure of the confidential information should be weighed against the potential harm caused by disclosure of the information.

When mandatory reporting rules apply (see below).

PSEA: The Secretary General Bulletin provides that all forms of Sexual Exploitation and Abuse by UN staff or UN contractor must be reported through established agency reporting mechanisms.

⁵ Quote from “Practical Guidance for Child Protection Case Management Services in the Emergency Response in Lebanon” CPWGiE 2014

⁶ From Jordan IA SOP on SGBV and CP, 2103

⁷ In all cases when a person reports thoughts of suicide they should be counseled on available mental health services

If case management agencies – Implementing Partners of a UN Agency – come across a case of SEA allegedly perpetrated by a UN Staff, consultant or independent contractor for UN Agencies, UNVs, UNOPS, interns and other individuals working for UN Agencies as well as Implementing Partner’s staff, they must inform the survivor of the duty to report. Case management agencies are encouraged to check for their partner agencies what procedures for reporting and investigation are in place.

In case any of the aforementioned exceptions to confidentiality apply, relevant service providers must inform a GBV survivor of the mandate to report to local authorities or on SEA before the beginning of a case management session or service provision, and in any case before soliciting any case information during an interview. E.g. “Before you proceed telling me what happened to you, I would like to clarify that if you are going to mention the involvement of any UN or NGO actor in an abuse, I might have to report this. If this happens, all measures will be taken to protect your safety and confidentiality. I wanted to you to know before you decided what to share with me”.

In all cases, consent should be sought to the extent possible.

Handling disclosure: frontline workers and other non specialized actors

General considerations/principles

A survivor has the freedom and the right to disclose an incident to anyone. She/he may disclose her /his experience to a trusted family member or friend.

She/he may seek help from a trusted individual or organization in the community.

Anyone the survivor tells about her/his experience has a responsibility to give **honest** and **accurate** information.

Type of information requested and templates vary according to the role of those receiving disclosure – for guidance see paragraphs below

Standards for identification and referral – Frontline workers/ community members/ Refugee outreach volunteers/ non specialized service providers.

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While frontline workers may come across survivors of SGBV and/or disclosure they should not carry out proactive identification activities (i.e. looking for SGBV survivors, asking about past abuse, pushing to disclosure), and only limit their functions to safe and ethical referral to services for survivors who approach them and seek help.

Frontline workers are not supposed to interview survivors or ask more details about the incident as this might lead to trauma and further harm

Organizations are responsible to ensure that Frontline workers have received trainings on safe and ethical referral, are knowledgeable about the SGBV services existing in their area (i.e. referral pathways) and are able to explain what forms of assistance the survivor can expect through referral to other actors.

Frontline workers may be confronted with two scenarios:

- Direct disclosure from survivors
- Report of an SGBV incident affecting a third party (e.g. neighbor) or suspicion of an SGBV case

The following two sections provide guidance on how to handle disclosure in both scenarios

1. Direct disclosure from survivors

Always ensure respect of the guiding principles. A survivor should be encouraged to seek help. However, the wishes of the survivor in where or with whom to seek help must always be respected, and the survivor shall not be urged into a particular course of action.

Use guidance provided in Annex III - Do and Don't for frontline workers.

Frontline workers will provide information on services available in a way that the survivor will understand and seek consent of the survivor for referral and will pay attention not to raise expectations about specialized services (i.e. costs, benefits, etc.).

If requested by the survivor to contact service providers, frontline workers should ask the survivor's informed consent to contact a primary focal point on the SGBV referral pathway and facilitate the contact between service provider and survivor. Only ask and share the minimum

information necessary for the referral (e.g. first name, contact number to be reached, best time to call). Best practice would require that the staff identifying the case is the one doing the referral.

Informed consent in this stage can be obtained orally

Frontline workers will also provide the survivor with the SGBV hotlines (available in the field SGBV WG).

If a survivor does not provide consent or does not request the frontline worker to contact the service providers, the frontline worker should limit his/her role to provide information on where to access services and share any relevant hotline numbers. It is essential to limit the number of persons with whom the details of the cases are shared.

Frontline workers are responsible at all times to ensure the information provided by the survivor is treated with confidentiality.

Note: some organizations require frontline workers to first do an internal referral to his/her supervisor who then makes the referral to the case management organization. **This practice is not recommended.** However, should the policy of the organization require that referral is made first to the frontline worker's supervisor who will then refer to case management agencies, the frontline worker has to inform the survivor about this before asking for consent.

2. Reports about an incident of SGBV affecting a third party (e.g. the sister of a beneficiary or a neighbour, etc.) or when they suspect a case of abuse based on their observations:

No referrals can be made as the consent of the survivor herself is necessary.

Frontline workers should limit themselves to providing accurate information about services available and contact details of service providers and encourage the beneficiary to pass this information along to the SGBV survivor or woman/girl at risk and support her/him in her/his decision to seek help.

Handling disclosure: Specialized actors

The section below applies to the following service providers:

- Case management
- Health care
- Legal assistance
- Mental Health
- Psychosocial support – e.g. group activities, emotional support groups, recreational activities, life skills and vocational training, livelihoods
- Safety options – e.g. mid way houses, shelters

All services that SGBV survivors can access to seek for help are safe, private, confidential and trustworthy.

Confidentiality and safety for the survivor are of primary importance and need to be discussed with the survivor. In any interaction with the survivor agree with her/him on the best way to get in touch with her/him.

Recommendations for staff dealing with survivors

- All specialized services providers should be knowledgeable on services available and know how to access them (phone numbers, opening hours, etc)
- All specialized service providers should accommodate survivors' preference for same sex staff (i.e. can offer trained female and male staff depending on the wishes of the survivor) at all times (or on call) in line with services provided by the organization.
- All specialized and case management service providers should offer to the survivor the possibility to talk to another social worker/trained staff if s/he is not comfortable

All services providers who interact with survivors should demonstrate proficient knowledge in core knowledge areas related to SGBV prevention and response, and as a minimum:

- Identify physical health, mental health, sexual and reproductive health, social consequences of SGBV
- Understand the potential health, safety, psychosocial and legal/justice needs that a domestic violence survivor may have.
- Explain the guiding principles
- Know survivor-centered services in their communities
- Understand and carry out their responsibilities related to helping obtain the necessary services (consent and referrals)⁸.

For more information about survivor centered skills please refer to Annex IV

Disclosure

Should a specialized service provider receive disclosure from a survivor who has not accessed yet case management, the service provider should:

- Provide the service requested from the survivor
- Describe case management services available
- Make referrals to the case management agencies after obtaining the survivor's consent in line with referral pathway
- Discuss the importance of receiving medical attention as soon as possible after an incident of sexual violence should be discussed with the survivor to prevent sexually transmitted diseases, HIV/AIDS and unwanted pregnancy; (more information on type and timeline for medical treatment available for survivors included under medical section)

⁸ Adapted from IRC, DRAFT Women's Protection and Empowerment Program, Case Management Guidelines, July 2013

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Inform the survivor of the support options (health care, psychosocial support, assistance), discuss the likely benefits and consequences of such support, and ask her/him if she/he wishes that any of these organizations be contacted to provide support.

If the survivor gives his/her informed and specific consent, share only pertinent and relevant information through the use of the Inter-Agency Referral Form (see section below on referrals)

Specialized service providers abide by the same rules for confidentiality as case management agencies and frontline workers:

All information should be stored in locked cabinets, no name or other identifying information appearing on the external sections of the files.

All specialized service providers should have in place a data protection protocol within their own organization.

Limit both the number of people informed of the incident and the amount of information shared. The service provider will share only pertinent and relevant information with others for the purpose of helping the survivor, such as referring to services indicated by the survivor, on a strict "need to know" basis (i.e. only information that are relevant for the provision of specific service requested by the survivor).

Names or any identifying information (i.e. location, phone number, physical address, family member's names, etc.) will not be revealed at any point in time to anyone not directly involved in the provision of services.

Identifying information about a survivor and individual cases should never be discussed in meetings

Physical Surroundings and recommended policy on home visits

Survivor-centered services are designed to encourage survivors to seek for help. (Some of the minimum recommended standards for physical spaces are presented in the SGBV TF minimum standards on case management).

Case management and specialized service provision for survivors of SGBV should not be provided through home visits given the potential risks for safety of the survivor and the service provider associated with home visits.

More information on this recommended policy and guidance for case management agencies is provided in the SGBV TF minimum standards on case management along with possible alternatives and an evaluation of the level or risk associated with spaces where case management is provided.

If survivor expresses that home visit is her/his preferred option for specialized service provision, guidance provided below should be followed:

- Discuss with the survivor potential risks associated with home visits.
- Specialized staff should also be conscious of the risks to their own safety and security when conducting home visits and discuss with their management how to mitigate those if they do choose to use this methodology.
- Home visits should be used as a last resort option, after having explored all possibilities to get in touch with the survivor – i.e. safe spaces, mobile safe spaces, SDCs, health facilities, a friend's home, municipalities, school, etc. etc.
- If home visit is identified as being the only option possible, ensure the visit is conducted after discussing with the survivor to guarantee her safety and the safety of the service provider. If the safety cannot be guaranteed, avoid conducting any home visits. Do not conduct any home visits if this action might put the survivor at risk or be stigmatizing.
- When conducting home visits always keep a low profile. Be aware that any information you request the survivor to disclose in the presence of relatives or other members of the community might put her/him at risk.

Referrals

All referrals are done by using the numbers and contacts indicated in the Inter-Agency referral pathways and the directory of services (for most up-to-date information, please consult the SGBV WG Coordinators in the field or the SGBV Task Force Coordinator)

All agencies mentioned in the SGBV Referral Pathway and the Directory of services should identify two referral focal points per agency (One referral Focal Point + One alternate who will manage referrals in absence of the primary referral focal point).

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All agencies will ensure that the focal points are trained and know how to receive and to make referrals.

Any change of Focal Points should be communicated promptly to the SGBV WG Coordinator.

Any referral must always prioritize confidentiality and security of the survivor.

1) Referrals from frontline workers (for instance Health or Education staff) to GBV case management agencies

Important: if survivor gives informed consent for referral, this referral needs to be done immediately (no delays)

Via phone: communicate in a quiet place, ensure only relevant information are for case management agencies to get in touch with the survivor are shared. Ask the survivor what are her/his preferred ways of communication (see above section on Disclosure from survivors). Indicate also if there are immediate risks – expressed by the survivors or observed.

Or use Inter-Agency Referral Form (following same rules as below)

Upon referral, specialized service providers will acknowledge that the case has been taken and is being assisted based on the provision of informed consent. Specialized services providers will not share information about type of services provided or consequent follow up actions.

Please refer to Annex V – Inter-agency referral form

2) Referrals between specialized services providers (for instance legal aid NGO) and GBV case management agencies

Using the Inter-Agency Referral Form (SGBV – for women at risk and SGBV survivors) or the Inter-Agency Protection Referral Form.

The referral form is sent by email and is password protected. Password is sent in a separate email or sms, ONLY to the referral focal point (i.e. without copying supervisors). Only focal points know the passwords for the referral forms.

3) Referrals from GBV specialized to non-specialized services providers (such as Basic Assistance and Shelter)

Should be done through the Inter-Agency Protection Referral Form – no info on the incident, on type of violence required; information sharing is done on a Need-to-Know basis (refer to the guiding principles)

Referral to specialized services is part of case management and should be only done based on request and consent of the survivor.

Referrals to specialized services as requested by the survivor (as per action plan) can be either provided through:

- Referral to an external organization
- Referral to other sections/services within the same organization

Important: case management agencies and specialized services providers are encouraged to ensure that phone numbers are assigned to the function rather than to the person.

Referrals and information sharing for service provision: Case Management agencies are responsible for documenting SGBV cases. The SGBV Task Force has agreed on a common Consent and Intake form to be used by the lead agencies when a SGBV case is reported, the form is attached. These forms are only compiled by specialised actors. Medical and other agencies use other forms for intake.

Agency staff charged with collecting the Initial Intake information from the survivor should be appropriately trained on how to fill out the forms and how to act in accordance with the guiding principles. Training on the proper completion of intake forms will include determining the appropriate case definition for each reported incident of SGBV⁹.

Intake forms contain extremely confidential and sensitive information and should not be shared with others (see section on consent and information sharing). Original completed Intake Forms and Consent Forms are maintained in locked files and do not include any identifying information or contact details.

Case management service providers and specialized service providers need to know which agencies are survivor-friendly and how to provide the survivors with complete information about the referral agencies (including the potentially negative as well as positive consequences of the referral). Explaining referral options fully and accurately is part of obtaining informed consent from the client for the referral, and preparing them for what will happen.

⁹ If staff from your organization requires training on the use of the Intake and Consent form, please contact the GBVIMS Coordinator or the SGBV Taskforce Coordinator.

GUIDING PRINCIPLES FOR WORKING WITH SURVIVORS

1. Explain What Will Happen/What could potentially happen/Benefits and Risks
2. Decide Together What Information Will Be Shared
3. Make Accompaniment Plans for the referrals or discuss how the survivor wants to be contacted to minimize safety risks

When referring cases, ensure to provide only the basic information needed for access to the specific service (e.g. if referral to CMR service, referring agency will only give information linked to the medical conditions and treatment sought by the survivor. No detailed description of the incident or background information will be needed)

Please refer to Annex VI – Interagency Referral Form SGBV
Please refer to Annex VII – Intake Form

Special procedures for child survivors

Children must be consulted and given all the information needed to make an informed decision using child-friendly techniques that encourage them to express themselves and understand the information provided to them. Their ability to provide consent on the use of the information and the credibility of the information will depend on their age, maturity and ability to express themselves freely. Case managers and others working with children should have or obtain training and guidelines on working with children.

All actors providing services to survivors should have staff adequately trained to handle the specific needs of child survivors.

Upon receiving the initial report from a child survivor, an assessment should be made of the child's medical, psychosocial, legal and security needs.

A social worker skilled in working with children about sexual abuse is recommended to make this assessment.

The parents or guardian of the child should be informed about the on-going interview and supported to provide the best care possible for the child. However, as the parent or guardian is implicated in the commission of the violence, consideration needs to be given to engaging an appropriate legal guardian.

At minimum, the child should be encouraged to have a trusted person (adult or child) to assist the child to understand what is going on and support them through the process. If child wishes, he/ she can privately talk with the social worker or counsellor.

When parents/ caregivers are not implicated in the abuse and it does not threaten the child's safety, parents/ caregivers should be included in the case management process. This includes working with children to tell parents/ caregivers about the abuse, if they are not already aware, and consulting parents/ caregivers on decisions taken on behalf of the child. Especially if the child is under the age of 12, a parent/ caregiver or other trusted adult should be involved in the case.

For more information on working with child survivors,

Please refer to Annex VIII – Best practices for communication.

As per endorsed Practical Guidance for Child Protection Case Management Services in the Emergency Response in Lebanon, "when referring cases of SGBV, call the receiving agency directly and do not attempt to investigate or obtain further information without support from an SGBV agency."

Coordination between SGBV and CP actors

Service-level coordination agreements are established across GBV and child protection case management organizations, in order to maximize SGBV and CP agencies' positive contributions to restoring safety and well-being.

For more information on how to work with child survivor please refer to National Child Protection SOPs

PREVENTION OF SGBV

Prevention of SGBV, means identifying, understanding and addressing its causes and contributing factors. All actors recognize that anyone can experience SGBV and that risks exist at individual, relationship, community, society level and these risks increase with displacement

Coordination of prevention activities

All organization parties to these SOPs recognize the importance of coordinating prevention interventions at field and national level, through the established coordination mechanisms. In particular, organizations recognize the importance of:

- Communicating new mass information initiatives, such as the production of videos, leaflets and other information, education and communication materials as well as high level advocacy initiatives and campaigns.
- Share with other members results of safety audits and focus groups discussions, to detect new concerns and contributing factors to inform adaptation of prevention programming
- Share information related to upcoming and produced assessments
- Coordinate and/or communicate the development of new IEC materials

SGBV prevention: guiding principles and approaches

Below the minimum set of elements to consider when designing and implementing a prevention strategy:

Address risk factors and root causes of SGBV not only at the individual level but also at family, communities and society levels.

All activities must target the refugee and host community, although not necessarily within the same activity or at the same time

Ensure a combination of short and long terms approaches to prevent SGBV and promote positive behaviour change.

Short term prevention measures such as gender-sensitive design of services and assistance programmes to reduce the risks of SGBV (e.g. advocate for sex-segregated latrines or lighting systems, increase capacities of refugees outreach volunteers and frontline workers to safely identify and refer cases, monitor protection concerns and assess risks faced by women and girls)

Long-term prevention strategies lead to a permanent change to social, cultural and traditional norms – and ultimately behavioural and policy change (e.g. high level advocacy for revision of legal framework, community based dialogue, work on masculinity)

All prevention activities must be informed by effective community participation in programme's design, implementation and evaluation. Community participation will minimize the risk of exclusion of certain groups during the design and delivery of services, help to recognize and understand the power relations within communities, promote greater respect for the rights of refugee women and gender equality and the participation by children, particularly adolescents, as well as elderly persons and persons with specific needs.

Ensure all staff working on the programmes' implementation are trained on SGBV prevention and response, on PSEA, communication skills, GBV guiding principles, human rights, women's rights. Acknowledge that each staff has their own attitudes and beliefs and these also need to be addressed through internal behavioural-change interventions, as well as stressing the importance of separating personal beliefs from professional conduct.

Develop prevention strategies & mechanisms that are adapted to each target groups, taking into account gender and age sensitive approaches and target children, adolescents, adults, women, girls, men and boys.

When collecting information from communities (e.g. through focus groups discussions and safety audits) ensure that feedback is given to community as per actions undertaken to address their concerns.

Ensure that all key messages, sensitization tools and other IEC materials produced are pre-tested with communities (separate consultations held with women, girls, men and boys) and their feedback is included in final design.

Programmes and activities target all the levels – address individual, relationship, community and society levels

Examples of prevention activities – risk mitigation and behavioral change (very often these activities are conducted simultaneously and are interrelate)

Risk mitigation activities

Safety assessment with women and girls to understand protection concerns and risks, followed by planning of risk mitigation activities and collective safety planning

Support to community-based safety planning and risk mitigation (advocacy campaigns led by community members; advocacy meetings with local leaders/authorities; presentation by community members at coordination/town hall meetings; community safety plan)

SGBV prevention mainstreaming across sectors

Establishment of safe spaces (static and mobile) where survivors and persons at risk can have access to information about services, support options available and can access emotional support.

Ensure awareness raising among communities on SGBV, its causes and consequences and on available services.

Programmes targeting specifically adolescent girls and boys: ensuring access to tailored services, to formal and non-formal education opportunities, support parents and caregivers with parenting skills building

Prevention/Behavioural change

Development of Information Education Communication materials with key messages for prevention; use of IEC materials to facilitate discussions on SGBV, gender roles, etc.

Mobilization of religious and community leaders to promote protection of women and girls and speak out against SGBV

Establishment of peer to peer support groups for women, girls, men and boys
Build the capacities and coach services providers, relevant government counterparts and institutions, grass root and community based organizations on prevention and response to SGBV

Engage men and boys in prevention and response through the establishment of men's groups, youth activities and centres, peer-to-peer support and role models to promote non-violent behaviour

Implement socio-economic empowerment activities – such as life skills, skills building activities, technical skills training. The primary purpose of these activities is to empower survivors and strengthen their self-support capacities. Actors working on prevention of SGBV implement/liaise with other livelihood actors to ensure that women at risks – including SGBV survivors, benefit from safe access to vocational training, livelihoods and economic empowerment activities and avoid singling out SGBV survivors only in line with Lebanese law.

Establishment of community networks/groups and committees with SGBV prevention and response goals

Capacity building/training of community members on SGBV prevention strategies, community dialogues on SGBV

Mainstreaming SGBV prevention and response

SGBV is a cross cutting issue therefore should be integrated into all aspects of emergency humanitarian response. All humanitarian actors share the responsibility to ensure that their activities do not lead to or perpetuate discrimination, abuse, violence, neglect or exploitation.

All organizations will promote integration of SGBV prevention in humanitarian activities including shelter, water and sanitation, NFIs, education, health and other relevant sectors.

Common actions for all sectors:

Staff working in the humanitarian response (all sectors, not only SGBV, Protection and/or Child Protection) are familiar with the SOPs and how/where to refer a survivor to the available services, understand and apply basic survivor-centred approaches.

Staff working in SGBV programming capture risks of SGBV linked to provision of assistance and report them to competent actors – also ensuring technical guidance is given as of how to address these and adapt programmes

Always consult with SGBV specialized actors when planning multi sectoral/sectoral assessment: This has two purposes:

Gender/age considerations are reflected in assessments and analysis of the results. Ensure that impact of programmes on women and girls is considered and reflected in programmes.

No questions specific to SGBV are included in multi sectoral assessment and no questions on protection concerns are asked by non protection actors (to avoid creating further risks for survivors). Support the provision of direct assistance to survivors (if referred by case management agencies) in a safe and ethical way.

Promote non stigmatizing, discriminatory behaviour/policy and assistance programmes (e.g. singling out SGBV survivors, or not considering specific needs of female headed households)

Organization's policy

Adopt policies that promote and ensure equal participation of the beneficiaries (women, girls, boys or men) in the design and delivery of services and facilities.

Adopt codes of conduct and standard operating procedures on the prevention of sexual exploitation and abuse (SEA) committed by staff. Measures to be taken include: establish and sign a Code of Conduct applicable to all staff, provide training on the Code of Conduct for all staff, establish safe and confidential reporting mechanisms and follow up on reports

Adopt policies that promote gender equality in the workplace

RESPONSE OF SGBV

Response to SGBV is about reducing the harmful consequences of SGBV and preventing further injury, trauma, and harm.

The Multi Sectoral Model also recognizes that no single actor can address SGBV prevention and response. The model calls for inter-agency efforts that promote the participation of people of concern and the cooperation, collaboration, coordination across agencies and sectors. For this reason, in addition to coordination and referral among service providers, case conferences with service providers already involved in the survivor's care may be one of the tools used in order to review activities, progresses and barriers towards the achievement of goals established by the survivor, adjust current service plans and ultimately ensure qualitative and adequate care to each survivor.

Please refer to Annex XIX for additional considerations for prevention, identification and response for at risk categories.

Case management

Case management is a collaborative, multi-sectoral process that takes place between the social worker and the GBV survivor which assesses, plans, implements/provides, coordinates, monitors, advocates and evaluates available resources, options and services to meet the survivor's needs and to promote quality, effective outcomes.

Case management ultimately aims at empowering the survivor - and where appropriate the caregiver – by giving him/her increased awareness of choices they have in dealing with the incident of violence, and assisting them to make informed decisions about how to address it.

Effective case management is predicated on the availability of a range of services and high-quality, survivor-centred care and relies on strong coordination mechanisms to ensure a functioning referral pathway, e.g. through development of GBV Standard Operating Procedures.

Case management for survivors of SGBV is focused primarily on meeting the survivor's health, safety, psychosocial and legal needs following the incident(s)¹⁰.

¹⁰ Excerpt from IRC, DRAFT Women's Protection and Empowerment Program, Case Management Guidelines, July 2013

Case management is part of the provision of individual psychosocial support to survivors through a survivor-centered approach (a psychosocial intervention in itself). Case managers/case workers can provide direct psychosocial interventions to the survivor¹¹.

In Lebanon case management services should be provided in line with standards established by the National Technical Task Force for ending violence against women in Lebanon. Additionally, and in line with these standards, the SGBV Task Force in Lebanon has developed minimum standards for case management and recommended practices (including on topics such as home visits, working with perpetrators, mediation) please refer “SGBV case management – minimum standards. SGBV emergency prevention and response in the Syria Crisis Response in Lebanon”

Medical Assistance

Medical providers ensure timely, confidential, accessible, compassionate, and appropriate medical care for survivors/victims of SGBV.

Access to medical care for survivors of SGBV is provided in all cases and to all survivors (Syrian refugee, Lebanese, Palestine refugee from Syria and Palestine refugee from Lebanon). If requested by the survivor, case manager should accompany survivors to the health facilities.

Note¹²: It is not the responsibility of the health care provider to determine whether a person has been raped. That is a legal determination. The health care provider's responsibility is to provide appropriate care, to record the details of the history, the physical examination, and other relevant information, and, with the person's consent, to collect any forensic evidence that might be needed in a subsequent investigation.

Health care providers will:

- Provide information on medical procedures
- Explain limits to confidentiality
- Provide emotional support to survivors according to their gender, age and circumstances.
■ Doctors and nurses should receive training on communication skills and working with survivors and training on specifics for working with child survivors

¹¹ Ibid

¹² From WHO/UNHCR Clinical Management of rape

Conduct examinations in rooms that ensure safety, privacy, dignity and comfort. **They must NOT be conducted in police stations**

Document information thoroughly, and store information in secure and confidential place;

Take the history and complete comprehensive examination promptly by a healthcare provider (of the same sex or as preferred by the survivor) trained in the clinical management of SGBV including pelvic/genital examination, if the patient consents

The first 72 hours following a rape can be critical to the survivor's physical health. Within the time window: Treatment of injuries, prevention of disease, including HIV post-exposure prophylaxis within 72 hours, STIs, hepatitis and tetanus; prevention of unwanted pregnancies.

Follow up care/Secondary referral with full transportation coverage, if need be; emphasizing closed-loop communication

Plan for the provision of follow up care and treatment

For more information on applying survivor centered skills to prepare survivors for examination, please refer to Annex IX.

Survivors should be referred to facilities that have received training on Clinical Management of Rape. Non-trained facilities will not have Post-Exposure Prophylaxis kits at their disposal and might not be aware of basic principles to deal with a case of GBV.

According to the Medical Ethics Law No. 288 of 1994 article 7 paragraph 13, if during an examination a doctor identifies a case of rape or sexual assault, he/she should notify the Public Prosecutor **provided he/she obtains the written consent of the survivor.**

Health services are life saving for a survivor, regardless when the incident occurs.

Note on timeliness of Health Services for survivors:

Within 72 hours after incident: PEP kit, Emergency Contraception, Vaginal examination, Hepatite B vaccine, STI testing and treating + tetanus shot + general examination

Within 120 hours after incident: Emergency Contraception, Vaginal examination, Hepatite B vaccine, STI testing and treating + tetanus shot + general examination.

Within 2 weeks after incident: Vaginal examination, Hepatite B vaccine, STI testing and treating + tetanus shot + general examination.

Within 5 weeks after incident: Hepatite B vaccine, STI testing and treating + tetanus shot + general examination

After 5 weeks: STI testing and treating + tetanus shot + general examination

Collection of Forensic Evidence

Accessing appropriate health care can facilitate access to justice for those who seek it.

If the survivor wishes to proceed to legal action: Collection of minimum forensic evidence with a safe and confidential transport to laboratories and Medical documentation/Provision of medical certificate admitted by courts by Forensic Doctor.

Whenever possible, forensic evidence should be collected during the medical examination so that the survivor is not required to undergo multiple examination that are invasive and may be experienced as traumatic.

The forensic doctor provides medico-legal support if the survivor wishes to pursue legal redress. The survivor may choose not to have evidence collected. Respect her choice.

Medical certificate

Medical care of a survivor of rape includes preparing a medical certificate. The medical certificate is a confidential medical document that the doctor must hand over to the survivor. The medical certificate constitutes an element of proof in legal proceedings. The survivor has the sole right to decide whether and when to use this document. This document should not be provided to case management agencies directly by the health facility, the survivor can provide a copy to them if and when she chooses.

Referrals (self-disclosure / cases not reported through case management agencies)

Health care workers will provide information on psychosocial/case management services according to the referral pathways and with the consent of the survivor refer her/him to appropriate services

Policy for coverage of fees

Currently in Lebanon, policies on coverage of fees for survivors may change depending on facilities and on nationality of survivors.

Please refer to Annex X and Annex XI for more detailed policy on coverage of fees for Syrian displaced, Palestine Refugee from Lebanon and Palestine Refugee from Syria.

Mental Health

Mental Health interventions are part of specialized services and consist of clinical management of mental disorders in survivors of SGBV by specialized mental health-care providers (e.g. psychiatrists, psychiatric nurses and psychologists) for survivors who require additional specialized supports¹³.

Target: small percentage of survivors whose suffering is intolerable and who may have significant difficulties in basic functioning

What: Psychological or psychiatric evaluation; treatment and care by trained professionals¹⁴

Provision of Mental health services: providers should be familiar with the Survivor centred guiding principles and be able to put them into practice. Survivors that require/request specialized mental health support should be referred to the mental health focal point in the area (as per referral pathways). This assistance includes psychological or psychiatric support. Individuals who are likely to need more specialized support includes those who are unable to take care of daily tasks, cannot maintain good relationships with others or are unable to take care of their physical health. Survivors who display clear intentions of terminating their own life or harming others should also be considered for referral to specialised mental health services. Individuals with pre-existing mental health problems are also more likely to need specialized support.

¹³ From Mental health and psychosocial support for conflict-related sexual violence: principles and interventions, UNFPA, UNICEF, WHO, World Bank

¹⁴ From UNFPA managing GBV programmes in emergency

Psychosocial Assistance

Mental Health and Psychosocial Support (MHPSS) is an intersectoral, inter-agency composite term that serves to unite a broad group of actors and underscore the need for diverse, complementary approach in

providing appropriate support. MHPSS is any type of local or outside support that aims to protect or promote the psychosocial well-being and/or prevent or treat mental disorders. These terms are closely related and overlap, but they reflect different, yet complementary, approaches for survivors. For more information about Mental Health – see medical section

Not all survivors have the same psychological and social needs following SGBV incidents. Not all survivors will need or want emotional support, counseling or help, nevertheless access to psychosocial support should always be available. The cornerstone of social work is trust. Like for health care services providers trust is required to disclose such sensitive issues, and as medical care, social work is to be considered a specialized treatment as well. Consequently as for medical profession, social workers are also bound by a professional obligation to client/patient confidentiality.

Community and family supports: for a smaller number of people who are able to maintain their mental health and psychosocial well-being if they receive help in accessing key community and family supports. Useful responses in this layer include supportive parenting programmes, formal and non-formal educational activities, livelihood activities and the activation of social networks, such as through women's groups and youth clubs.

Focused, non-specialized supports: supports necessary for the still smaller number of people who additionally require more focused individual, family or group interventions by trained and supervised workers (but who may not have had years of training in specialised care). This layer also includes psychological first aid (PFA) and basic mental health care by primary health care workers.

Specialized services are required for the small percentage of the population whose suffering is intolerable and who may have significant difficulties in basic daily functioning. This assistance should include psychological or psychiatric supports for people with severe mental disorders (see more under Health chapter)

Psychosocial services for survivors of SGBV include the following inter-related types of activities:

- Provision of psychosocial support by social workers to assist with recovery and healing, including through psychological first aid, through individual and group counseling
- Support and assistance with social re-integration, including vocational training and women's empowerment, literacy training; school reintegration; child friendly spaces, recreational activities, support to access other services and direct assistance
- Provide individual psychosocial support for survivors through trained staff and/or partners (which is often part of case management)
- Counsel those suspected of needing mental health services on available mental health services and, when they consent, refer to a specialized mental health provider

Links with case management – when to do referral to other agencies

Individual psychosocial support is part of case management services provided to survivors of SGBV. Counseling should be as much as possible provided by the case manager, with referral for specific psychosocial support activities such as vocational training, livelihoods, emotional support groups either within or outside the case management organization.

Life skills

Life skills and learning content that may be particularly relevant in emergencies includes hygiene promotion, non-violent conflict resolution, interpersonal skills, negotiation skills, safety planning, prevention of GBV, sexual and reproductive health, mine or explosive awareness and information about the

current situation. Life-skills needs are different between adult women and adolescent girls and programmes should be designed to reflect those.

Provision of one off emergency cash/basic assistance

Some organizations provide assistance to survivors who are in need of immediate material assistance (one off cash assistance). This option should be used in cases of urgent need, when the provision of cash assistance will support the survivors in reducing the threat of an SGBV incident which will likely occur, which is immediately linked to economic factors, and when the risk can be mitigated through an economic solution

Psychological First Aid

All persons who interact with survivors, independently from their role, should provide survivors with basic emotional support and accurate and easy to understand information about services.

All those who have an interaction with survivors, should be able to provide very basic psychological first aid (PFA). PFA is NOT a clinical or emergency psychiatric intervention. Rather, it is a description of a humane, supportive response to a fellow human being who is suffering and who may need support. PFA is very different from psychological debriefing in that it does not necessarily involve a discussion of the event that caused the distress. PFA reflects the principles of a survivor-centred approach.

Safety, Security and Protection Measures

Safety/Security assessment is part of SGBV case management. Case manager will support the survivors in defining the most appropriate safety and protection measures. This could include finding strategies that enable the survivor to stay with their family. Special consideration should be given to cases where safety/security risk is within the family. While considering all the options below, SGBV case managers and survivors always have to assess the security risks related to any of them

Underlying assumption is that all the options below are presented to the survivor, and that s/he decides the best course of action and s/he provides informed consent for any further referral.

The level of risk for a specific case may vary over time. Regular assessment and monitoring of each case will ensure that any change in the level of risk is timely identified and best course of action is determined with the survivor

Low risk: regularly assess and monitor protection and security risks, ensure you provide hotline to be used in case of emergency and that is run by trained personnel; maintain contact with survivors – as part of case management

Medium risk: regularly assess and monitor protection and security risks; ensure you provide hotline to be used in case of emergency and that is run by trained personnel; if need be, if safe and if possible, phone units can be provided to survivors; referral to legal services; contribute to financial support for renting an alternative shelter location, and for covering immediate basic needs. **Always assess the security risks related to this option and ensure ongoing monitoring of protection risks**

High risk (Survivors of GBV or women and adolescent girls at immediate risk of GBV including immediate and acute risk of honor killing, forced marriage, survival sex, trafficking or sexual exploitation and whose immediate safety and security is threatened)

Available options for high risk cases

1. **Referral to Mid-Way Houses and Safe Shelters:** the decision to refer a survivor to a shelter should be the last resort and should be made after all other possible alternatives have been explored. Always consider that the decision to recur to a safe shelter could further isolate the survivor and that there are limited long term solutions available. As well, some of these facilities have limited duration of stay.
2. **Referral to legal services in line with national legal framework**
3. **Advocate for inclusion in Basic Assistance programmes:** including support for renting alternative shelter and covering immediate basic needs - see section on Psychosocial Support

For Displaced Syrian - Referral to UNHCR for Resettlement (RST): Resettlement to a third country is part of UNHCR's protection tool for high risk cases within the framework of durable solutions. With the informed consent of survivor, referral including but not limited to rape, domestic violence, physical assault for whom all other options in the country of asylum have been exhausted and other groups at risk to be made to UNHCR SGBV focal point in your area using the Inter Agency referral form (password protect it and password to be sent separately).

For Displaced Syrian Children: "UNHCR should be included in the case conference along with the case worker and supervisor. In the case of removing a child from home, UPEL will need to be involved as they are the only legally mandated agency to do so. If UPEL is not responding in a timely manner and the child is at urgent risk, UNHCR and MOSA must be consulted. Children and parents/caregivers/legal guardians may not always be included in all case conferences, but their input should be sought in the decision making process¹⁵".

Other interventions linked to protection and safety

Raise awareness and capacitate security actors such as police and ISF on basic concepts of SGBV, guiding principles and survivor centered approach,
Safety assessment at community level – see chapter on Prevention

¹⁵ From Practical Guidance for Child Protection Case Management Services in the Emergency Response in Lebanon"

Legal Response, Police and Judicial Procedures

Legal Response is the provision of legal counseling, assistance and representation for adults and children when the survivor wants to press charges against perpetrator or in case of custody issue (divorce, child custody, alimony). This includes:

- Giving information about existing security measures that can prevent further harm by the alleged perpetrator;

- Information on available support in the event that legal proceedings are initiated;

- Giving information about procedures, timelines, and any inadequacies or problems in national justice (i.e. justice mechanisms that do not meet international legal standards)

- Information on documentation required to initiate legal procedures (e.g. residency permit for survivors); eventual costs that will have to be covered by the survivor, if any; and risks faced by the survivor linked to lack of documentation and/or personal status;

- After she/he has made an informed decision, provide legal representation before the police and the court and throughout judiciary proceedings. **Note:** for cases related to Domestic Violence Law 293 allows for assistance of a social worker during interviews. If the crimes are non-domestic SGBV crimes, survivors cannot request the presence of a social worker during the investigation – unless they are minor

- Personnel should be trained on how to communicate with children and on advocating for special measures to be taken by judiciary authorities when survivors are children.

- If possible, legal actors and others providing support for survivors should be covering all court-related costs and providing transportation to and from the courthouse when a survivor's case is being heard.

Police Procedures

Maintaining a safe and secure environment is another key preventive factor for GBV. Security is managed in Lebanon by the Police.

Minimum actions for case management actors:

Inform the survivor about the options available

Discuss with the survivors the risks and benefits of a referral to the police

If a survivor chooses to report her/his case to the police ensure referral is done to specialized legal aid providers.

Ensure emotional support is provided by a social worker.

For more information on

International Legal Framework, please refer to Annex XII

National Legal Framework, please refer to Annex XIII

Criminal Procedures – Domestic Violence please refer to Annex XIV

Criminal Procedures – Cases other than Domestic Violence please refer to Annex XV

Lawsuit Types (civil and criminal) please refer to Annex XVI

Other basic needs (shelter, food, NFIs, documentation, etc.)

In a variety of cases, survivors may be in need of some basic assistance in order to ensure their immediate wellbeing, safety and security. Assistance should never be stigmatising for SGBV survivors and should not expose them to additional risks (e.g. identifying them as survivors)

This can include material assistance, such as food, non-food items (NFI), shelter or medical assistance (other than medical treatment provided as a direct consequence of the SGBV incident).

Agencies providing these assistance services for basic needs should abide by the guiding principles in working with survivors.

Case managers and specialized services providers will refer to these services provided that they are survivor friendly and following the procedures established in the section Referrals of these SOPs.

Available resources to share information about SGBV services

Different materials are currently used to inform communities, frontline workers and non specialized service providers about available services to prevent and respond to SGBV:

■ Referral Pathways for frontline workers

Contains contact details for case management agencies and medical facilities and a guidance note on safe and ethical referral.

Contacts are updated at the field level and are presented per geographical area

■ Referral Pathways for case managers and specialized service providers

Contains detail for case management agencies, medical, psychosocial, mental health, protection, legal service providers

Are only for case managers and specialized service providers

Contacts are updated at the field level and are presented per geographical area

■ Directory of services

Includes all services available and a short description if possible of the type of service provided, accessibility (i.e. all nationalities accepted, restriction on children ect)

Contacts are updated at the field level and are presented per geographical area

■ Community leaflets

Include contact details for case management agencies, key messages agreed at the TF level, addressed for safe spaces. Communities need to be consulted in order to understand what information they wish to have on the leaflet.

In addition, organizations signatory to these SOPs ensure staff members and management of their own organization are informed about the content and agree to comply with them.

The SGBV Task Force and Working Groups ensure that these SOPs are disseminated to Inter-Agency coordination forums and with other relevant stakeholders.

Data Collection and Information Management

The highly sensitive nature of sexual violence poses a unique set of challenges for any data gathering activity that touches in this issue. A range of ethical and safety issues must be considered and addresses prior to the commencement of any data gathering/collection activity. Failure to do so can result in harm to the physical, psychological and social well being of those who participant and can even put lives at risk

Before starting any data collection/gathering activity is necessary ensure that the following aspects are carefully considered:

how information will be used,

- who will see it,
- how the information will be reported and to whom,
- for what purposes will it be reported, and
- who will benefit from it and when.
- whether the information that is being sought is truly needed.

For more information refer to the eight ethical and safety recommendations set out in WHO Ethical and safety recommendations for researching, documenting and monitoring sexual violence in emergencies (2007)

Recommended standards and practices – SGBV data management

All organizations who provide services for survivors or who refer survivors to services should have a data protection protocol including at least procedures to ensure the following:

Signed paper consent forms are being kept in a locked filing cabinet.

All staff working with data sign the data protection checklist/agreement as part of their hiring process.

Paper documentation for each incident is stored in its own individual file, clearly labeled with the incident number. Names of clients are NOT on the outside of the paper files.

Paper files are being kept in a locked cabinet / drawer, accessible only to responsible individuals specified by the Manager. No one else should be given independent access to the paper files without permission.

Rooms containing paper and electronic information are being locked securely when the staff leave the room. All staff are aware of the importance of being vigilant as to who is entering the room where they work and for what purpose.

All computers being used for data storage are password protected.

All staff are aware that information should be transferred by encrypted and password-protected files whether this is by internet or memory sticks.

Assessments

Need to be conducted before initiating any programmatic intervention

Should not aim at determining the prevalence of SGBV in an area/in the country

Should be coordinated with the SGBV TF and WG

The following standard tools are available: Please note that these tools need to be revised and adapted in light of the current context in Lebanon

The most important consideration before engaging in any type of SGBV data collection is how the information can be gathered in a safe and ethical way in line with WHO Ethical and safety recommendations.

There is not one "most recommended" and established tool for conducting SGBV assessments in Lebanon. There is a variety of that have been used in various field settings which can be used as a stand-alone or by assembling different parts from several of the assessment tools below.

Safety audits

To gather information protection concerns in a specific area/setting and identify solutions to address these. For sample tool, please refer to Annex XVII.

Semi-structured interviews

- ✓ To gather details such as legal or police procedures, security information, health care practices, staff training topics, codes of conduct, etc.

Individual interviews

- ✓ To seek information about personal experiences or knowledge
- ✓ Often target women/girls in the community who may – or may not – be SGBV survivors
- ✓ Results are of limited value unless the sample size is very large, which is usually impractical for a SGBV assessment.
- ✓ Individual interviews are not recommended and in any case should never expressly target survivors

Key informant interviews

- ✓ Interviewing someone who can provide in depth information
- ✓ Useful for gather information about actors and services available

Focus groups discussion

- ✓ A very popular method for obtaining a sense of a group's knowledge and attitudes about SGBV.
- ✓ Can be conducted with women, men, girls, and boys (in separate groups)
- ✓ A quicker way to gather information from a large number of people
- ✓ Can be logistically challenging

Knowledge, Attitude, Practices Surveys

- ✓ A structured survey with a rather large sample to investigate knowledge, attitudes, and practices among the population.
- ✓ Not recommended for rapid assessments.
- ✓ Require significant dedicated resources and time that is probably better used training staff and building local capacity.

Participatory Assessment Tool – focus on the involvement of communities and the importance of explaining to communities why we conduct assessments and the importance of giving feedback on how the information will be used.

Data collection – two types of data collection systems are currently used in Lebanon

Activity Info platform

To be used by all partners implementing SGBV programmes. Activity Info collects information related to the programme implementation according to a set of indicators defined by the SGBV TF.

GBV Information Management System (GBVIMS): The GBVIMS has been rolled-out in Lebanon in a phased approach. An Information Sharing Protocol has been developed in partnership with data gathering agencies to guide the safe, confidential and ethical collection, analysis and utilization of GBV IMS data (non-identifying statistical data) and was endorsed in November 2014.

Working with the media

Any efforts to document GBV for the purposes of media reporting must first prioritize survivors' safety and best interests. Considerations around a survivor's best interest must take precedence over other objectives, including drawing attention to particularly grave GBV violations, such as mass rape. Concretely this means that journalists, reporters and other media professionals, as well as those actors who may be supporting access to survivors, must prioritize survivors' rights to dignity, privacy, confidentiality, safety, security and protection from harm or retribution and should consider if and how a story could potentially violate any of these core principles.

Coordination Mechanisms

The **SGBV Task Force** is the national coordination mechanism that ensures that quality prevention and response services are delivered. The Task Force meetings are held in Beirut on a monthly basis, every second Wednesday of each month.

5 SGBV Field Working Groups have been established in Akkar (Qobayat), Bekaa (Zahle), North (Tripoli + 5), South (Tyr) and Mount Lebanon (Beirut).

Please refer to Annex XVIII – SGBV Task Force Calendar and Key Contacts

ANNEXES

ANNEX I: Definitions

Abuse: is the misuse of power through which the perpetrator gains control or advantage of the abused, causing physical or psychological harm or inciting fear of that harm. Abuse prevents persons from making free decisions and forces them to behave against their will

Actor(s) refers to individuals, groups, organizations, and institutions involved in responding to gender based violence or child protection

Child - a person under the age of 18 years

Child Abuse encompasses any physical, emotional or sexual violence towards a child including neglect.

Frontline worker is any staff involved in providing assistance who is not an SGBV case manager or a specialized service provider and part of an organization, NGO or other entity providing services that are not included in the SGBV referral pathways and directory of services (e.g. education, wash, shelter actors)

For the purpose of these guidelines, the term frontline workers will be used as inclusive of all other forms of outreach to communities that services providers may have as well as community members

Gender refers to the social characteristics assigned to men and women and girls, men and boys. These social characteristics are constructed on the basis of different factors, such as age, religion, national, ethnic and social origin. They differ both within and between cultures and define identities, status, roles, responsibilities and power relations among the members of any society or culture.

Gender- based violence: is an umbrella term for any harmful act that is perpetrated against a person's will, and that is based on socially ascribed (gender) differences between males and females. Acts of GBV violate a number of universal human rights protected by international instruments and conventions. Many — but not all — forms of GBV are illegal and criminal acts in national laws and policies.

Informed consent entails the voluntary agreement of an individual who has the legal capacity to give consent. To provide informed consent, the individual must have the capacity and maturity to know about and understand the services being offered and be legally able to give their consent.

Informed consent can only be present when full and accurate information is provided to the individual. There is no consent when agreement is obtained through the use of threats, force or other forms of coercion, abduction, fraud, deception, or misrepresentation.

Informed Assent: the expressed willingness to participate in services, for children over 12 years, requires the sharing information (in a child-friendly format) on services and potential risks, confidentiality and its limits, and information that will be collected and how it will be used. When parents/ caregivers/ legal guardians are not implicated in abuse, informed consent should also be taken from the parents/ caregivers/ legal guardians.

Incident refers to the act of gender based violence or child protection violation or rights violation

Mandatory Reporting: In some settings, mandatory reporting laws exist that require service providers to report cases of actual or suspected abuse to a central agency, limiting confidentiality between agencies and their clients. (more details on mandatory reporting laws can be found in the Annex – Definitions) Where these laws exist and are functioning, they should be explained to the survivor and/or caregivers in the case of children during the informed consent process. In some cases, mandatory-reporting systems may be seriously flawed (e.g. because of lack of clear procedures and guidelines, lack of capacity to respond, etc.) and can further jeopardize survivor's safety, particularly in emergency settings. Service providers should then consider the survivor's safety and best interests along with the potential legal implications of not reporting to determine the appropriate next steps. Decisions regarding compliance with mandatory reporting laws should be taken at the highest level of the agency involved.

MHPSS Composite term used to describe any type of local or outside support that aims to protect or promote psychosocial well-being and/or prevent or treat mental disorder (IASC, 2007). This may include support interventions in the health sector, education, community services, protection and in other sectors.

Mental Health Services: Services offered with the goal of improving individuals & families' mental health and functioning with a particular focus on mental disorders. Services may include psychotherapy, medication, counselling, behavioural treatment, etc.

Perpetrator - A person, group, or institution that directly inflicts, supports and condones violence or other abuse against a person or a group of persons. Perpetrators are in a position of real or perceived power, decision-making and/or authority and can thus exert control over their victims.

Psychosocial support includes all processes and actions that promote the holistic wellbeing of people in their social world. It includes support provided by family, friends and the wider community. It can be used to describe what people (individuals, families and communities) do themselves to protect their psychosocial wellbeing, and to describe the interventions by outsiders to serve the psychological, social, emotional and practical needs of individuals, families, and communities, with the goal of protecting, promoting and improving psychosocial well-being.

PSS intervention Activities with the explicit goal to change aspects of an environment or situation which impacts the social and psychological well-being of affected populations. This is usually achieved by working with the local community, sectors, and organisations to advocate for improved access to community supports and basic services and restore everyday recreational, social and vocational activities in order to promote psychosocial well-being. Psychosocial interventions usually aim to improve one or more of the following domains:

- a. Skills and knowledge e.g. knowing how to communicate and listen, knowing how to make decisions, using culturally appropriate coping mechanisms, vocational skills, conflict management, knowing who to go to for information.
- b. Emotional well-being e.g. feeling safe, trust in others, self-worth, hopeful for the future with realistic goals, not worrying about being hungry or sick.
- c. Social well-being, e.g. attachment to caregivers, relationships with peers, sense of belonging to a community, resuming cultural activities and traditions, willing and respectful participation in appropriate household responsibilities and livelihood support.

(UNICEF, 2011)

Sexual and Gender- based violence (S-GBV): Violence that is directed against a person on the basis of gender or sex. It includes acts that inflict physical, mental or sexual harm or suffering, threats of such acts, coercion and other deprivation of liberty. This definition is used by UNHCR which employs an inclusive conception that recognises that although the majority of victims are women and girls, boys and men are also targets of this type of violence.

For the purposes of the SOPs, the term “Gender based violence” is used interchangeably with the term and “sexual and gender based violence”.

SGBV case worker/manager is a specialized social worker who provides psychosocial support to the survivor and maintains overall responsibility for the case throughout the process. In addition to providing information, supporting for the development of action plan, facilitating referrals and

following-up on action taken, case managers also provide emotional support, and act as a survivor advocate throughout the case management process.

Specialized service providers are organizations or individuals providing specific services to SGBV survivors such as: case management agencies, medical service providers, legal and judicial service providers, psycho-social service provider. It implies that their staff is trained on how to deal with SGBV survivors and provide specialized care tailored to the specific needs of survivors and are in line with the survivor centered approach.

Survivor refers to the person against whom the act of violence was committed. The term victim could only be used to refer to the survivor in legal terms/procedures

Separated child: are those separated from both parents, or from their previous legal or customary primary caregiver, but not necessarily from other relatives. These may, therefore, include children accompanied by other adult family members.

Unaccompanied child: are children who have been separated from both parents and other relatives and are not being cared for by an adult who, by law or custom, is responsible for doing so.

GBV Classification Types as per GBVIMS

The six core GBV types were created for data collection and statistical analysis of GBV. They should be used only in reference to GBV even though some may be applicable to other forms of violence which are not gender-based.

Rape: non-consensual penetration (however slight) of the vagina, anus or mouth with a penis or other body part. Also includes penetration of the vagina or anus with an object.

Sexual Assault: any form of non-consensual sexual contact that does not result in or include penetration. Examples include: attempted rape, as well as unwanted kissing, fondling, or touching of genitalia and buttocks. This incident type does not include rape, i.e., where penetration has occurred. Female Genital Mutilation is an act of sexual violence that impacts sexual organs, and as such will be classified as a sexualized act. This harmful traditional practice should be categorized under sexual assault.

Physical Assault: an act of physical violence that is not sexual in nature. Examples include: hitting, slapping, choking, cutting, shoving, burning, shooting or use of any weapons, acid attacks or any other act that results in pain, discomfort or injury.

Forced Marriage: marriage of an individual against her or his will.

Denial of Resources, Opportunities or Services: denial of rightful access to economic resources/ assets or livelihood opportunities, education, health or other social services. Examples include a widow prevented from receiving an inheritance, earnings forcibly taken by an intimate partner or family member, a woman prevented from using contraceptives, a girl prevented from attending school, etc. Reports of general poverty should not be recorded.

Psychological / Emotional Abuse: infliction of mental or emotional pain or injury. Examples include: threats of physical or sexual violence, intimidation, humiliation, forced isolation, stalking, harassment, unwanted attention, remarks, gestures or written words of a sexual and/or menacing nature, destruction of cherished things, etc.

ANNEX II: Confidential: Consent for release of information

CONFIDENTIAL
Consent for Release of Information

This form should be read to the client or guardian in her first language. It should be clearly explained to the client that she / he can choose any or none of the options listed.

I, _____, give my permission for _____ 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 _____ 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, psychosocial, 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/organization as applicable)

Yes No

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Security 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"/> | UNHCR (specify to whom): _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Other (specify type of service, name, and agency): _____ |

1. Authorization to be marked by client:

Yes

No

(Or according to the capacity and best interest of client)

Annex III – Guidance note for Frontline Workers – Safe and ethical referrals

If approached by a survivor, who seeks help you should

- Be aware of the referral pathways and services available in their areas
- Ensure that discussion with survivors is done in a safe¹ and quiet place.
- Comfort the survivor using healing statements such as: “It’s not your fault”, “I believe you”, “This is not your fault”, “I am very glad you told me”, “I am sorry this happened to you”, “You are very brave for telling me”.
- Listen with a non-judgmental attitude.
- Inform the survivor about specialized services available in the area - either by giving the contact details of case management agencies or other services (sign posting), or if requested by the survivor by calling them directly (referral).
- Explain that case management agencies have specialized personnel that can best support the survivor and will work with her/him to find solutions to her/his needs
- Explanation of services available:
- If requested, provide the survivor with information on case management service providers, briefly explain that these service providers have specialized staff who will assist survivors in reaching the different type of assistance they need; including psycho-social assistance, medical assistance, legal assistance, and assistance to find safe shelter if needed. All these services are free of charge. Explain that specialized medical assistance is available and can be provided after the incident notwithstanding how long time elapsed since the incident. Service providers assist all refugees without any discrimination, information is confidential and nothing will be done without the express consent of the survivor.
- Should your organization’s policy require you to refer prior to your line manager/supervisor, this has to be explained to the survivor².
- Ask and receive the survivor’s consent prior to put her/him in touch with a primary focal point, using GBV Referral pathway and facilitating the contact between service provider and survivor (ie. date and time of appointment, means of transportation).
- Ask the survivor which would be the preferred option to be contacted by a specialized service provider.
- **Only after having the survivor’s consent proceed to referral.** Referral can be done:
 - Through the phone: by contacting directly the focal point on the referral pathway, ensuring confidentiality of information shared (i.e. private setting).

¹ Safe space: Space identified by survivors as a safe, confidential and relaxing space where they feel welcomed and accepted.
² It is preferable to limit the number of persons with whom the details of the cases are shared. Best practice would require that the staff identifying the case is the one doing the referral.

- o Through inter-agency referral form: addressed to the focal point on the referral pathway, password-protected³.

If approached by a survivor, who seeks help, you should not

- Advice/encourage the survivor to seek a certain types of services. Limit your interaction to providing information and not advising the survivor on your preferred option.
- Ask questions about the incident to the survivor. Remember that it is not your role to decide whether the person is saying the truth or not, whether she really needs help or not. Asking the survivor to tell her story several times with traumatize her/his unnecessarily since the service will not be provided by you.
- Raise expectations – be honest and accurate (e.g. they will give you money, they will solve all your problems).
- Raise expectations – be honest and accurate (e.g. don't say things like "they will give you money, they will solve all your problems").

Difference between Advising vs Informing⁴

Giving Advice is: telling someone what you think they should do and how you think they should do it (i.e.giving your personal opinion)

Giving advice **is not useful** because – among other - you might give the "wrong" advice and it can have a bad outcome for the survivor. This can lead to a survivor's problems getting worse. Counseling is about the **client's** opinions and judgments, not the counselors. Giving advice is based on your values and beliefs.

Providing assistance to a survivor is about empowering survivors to make their own decisions about their own lives. It is up to the survivor to decide the best way to solve her/his problems.

Giving Information is: telling someone facts so they can make an informed decision about what to do

Giving Information is useful because: it empowers a survivor to have control over her/his choices. The survivor has responsibility for making the right decisions about her/his life, not the service provider

³ Password should be sent in a separate email.

⁴ Adapted from RHRC Communication Skills Manual

Annex IV - Survivor centred skills

Survivor-centred skills are important in order to:

- Protect survivors from further harm.
- Provide survivors with the opportunity to talk about their concerns (including, if they wish, to describe what has happened to her/him) without pressure.
- Cope with the fear that survivors may have of negative reactions (from the community or their family), or of being blamed for the violence.
- Provide basic emotional support to the survivor.
- Assist survivors in making choices and in seeking specialized help, if they want to.
- Give back the control to the survivor, which s/he lost during the act of SGBV.

Three main survivor centred skills are:

Active listening is more than just listening. It is a skill that can be learned and improved and requires:

- the capacity to use open ended questions and ask broad questions
- a non-judgmental attitude towards the survivor (which in turn means also being aware of your own beliefs, attitudes and values and avoid letting them interfere with your work)
- using reassuring body language to demonstrate attentive, careful interest (e.g. making eye contact if culturally appropriate)
- repeating or restating what the person says to check whether you fully understand what the person means
- concentrating on what is being communicated instead of pretending to listen
- asking clarifying questions instead of jumping to conclusions
- allowing and respecting silence in the conversation
- building trust by protecting confidentiality
- offering emotional support

Listening roadblocks to avoid

- Lack of privacy or inadequate seating
- Asking leading questions (Are you worried about being pregnant?)
- Asking 'why' questions: they often put the respondent on the defensive and might sound accusatory
- Guessing what the person is saying or jumping into conclusions after a few sentences

- Not letting the person finish her/his sentence
- Using inappropriate body language or not being aware of your body language
- Making assumptions about the person: even if you don't express these explicitly, the person will pick it up
- Talking about oneself instead of listening, or responding with your own feelings instead of focusing on what the speaker is saying
- Touching the person inappropriately

Asking questions

Open ended do not guide the answer, they are not "yes" or "no" questions and give the freedom of expression to the respondent.

Leading or closed ended questions can be perceived as victim blaming and they suggest that there is a specific answer and they often restrict the respondent's capacity to express feelings or articulate facts.

For example, 'did you fight back?' suggests that a fight would have been appropriate. Instead, asking 'what did you do?' does not suggest that there was a specific action the survivor should have taken, but rather elicits information about what took place.

Other examples:

What happened next? (open)

Did you go to the hospital? (leading)

Did you look at him a certain way? (leading, blaming)

What were you wearing? (judgmental, blaming)

Other open-ended question include:

- What happened? Tell me what happened. (What)
- Where did this happen? (Where)
- When were you assaulted? (When)

Avoid asking « Why » questions as they may put the person on the defensive.

Other opening statements that may be used to encourage a person to speak freely are:

Tell me about...

Can you say more about...

Confidentiality

Confidentiality is one of the essential elements that lead to an increased sense of security for survivors; survivors feel comfortable reporting what happened to them, and therefore they are able to seek help.

The mechanisms and limitations of confidentiality should be very clear and should be explained to the interviewee.

ANNEX V: Interagency referral Form

Priority :	Referred via:	Referral Date:
<input type="checkbox"/> High (Follow up requested within 24 hours)	<input type="checkbox"/> Phone (High priority only)	
<input type="checkbox"/> Medium (Follow up within 3 days)	<input type="checkbox"/> Email <input type="checkbox"/> Fax	
<input type="checkbox"/> Low (Follow up within 7 days)	<input type="checkbox"/> In Person	

Referred To:	Referred By:
Agency/Clinic :	Agency:
Address:	Address:
Phone:	Phone:
Email:	Email:
	Contact:

Client Information		
Name:		UNHCR No.:
Address:	DOB: _ _	Nationality:
Phone:	Sex: Female	Language:

If Client Is a Minor	
Name of primary caregiver: _	Contact information for caregiver: _____/_____
Relationship to child: _____	
Caregiver is informed of referral? <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, explain) _____/_____	

SPECIFIC NEEDS	
Refer to NGO if:	Refer to UNHCR AND NGO if:
Child at risk <input type="checkbox"/> Child not attending school or at risk of not attending school <input type="checkbox"/> Child with special education needs <input type="checkbox"/> Teenage Pregnancy	Child at risk: <input type="checkbox"/> Survivor of or at risk of abuse/neglect <input type="checkbox"/> Child carer <input type="checkbox"/> Child spouse <input type="checkbox"/> Child engaged in worst form of child labour

Woman at risk: <input type="checkbox"/> Pregnant / lactating <input type="checkbox"/> Married woman at risk who lives with her disabled husband without any other family members in the household.	Unaccompanied / Separated Children: <input type="checkbox"/> Unaccompanied or separated child <input type="checkbox"/> Child in institutional care
Older Person at risk: <input type="checkbox"/> Older person caring for dependents <input type="checkbox"/> Single parents (dependents < 18)	Older Person at risk: <input type="checkbox"/> Unable to care for self
Disability <input type="checkbox"/> Moderate mental and/or physical disability	Disability <input type="checkbox"/> Severe mental and/or physical disability
Serious medical condition <input type="checkbox"/> Addition <input type="checkbox"/> Chronic Illness <input type="checkbox"/> Mental Illness <input type="checkbox"/> Difficult Pregnancy	Serious medical condition <input type="checkbox"/> Critical medical condition (emergency treatment required)
	Torture <input type="checkbox"/> Mental / physical impairment hindering functions in daily Specific legal and physical protection needs <input type="checkbox"/> At risk of physical and/or psychological violence, abuse or neglect or exploitation <input type="checkbox"/> Detained/held in country of asylum <input type="checkbox"/> Detained/held in country of origin <input type="checkbox"/> At risk of removal
IMPORTANT Also refer a case to UNHCR if more than one of the above specific needs categories apply AND/OR if you are unsure how to support a particular person	

Background Information/Reason for Referral: (problem description, duration, frequency, etc.)

Services already provided: (include any other referrals made)

Agency	Support	Date (incl. ongoing)

Services Requested:

- Physical Health Mental Health Protection Education Financial assistance
 Material assistance Home visit Other

Specify:

Consent to Release Information (Read with client and answer any questions before s/he signs below)

I, -----, understand that the purpose of the referral and of disclosing this information to -----
-- is to ensure the safety and continuity of care among service providers seeking to serve this family. The service
provider, -----, has clearly explained the procedure of the referral to me and has listed the exact information
that is to be disclosed. By signing this form, I authorize this exchange of information.

Signature of Responsible Party: Date:

Details of Referral:

Client has been informed of referral? Yes No (If no, explain) _____

Client has signed consent to release information? Yes No (If no, explain) Hotline Referral

Any contact or other restrictions? Yes No (If yes, explain) _____

Receiving Organization:

Referral received by: 	Response provided to referring agency by:
Date:	Date:

ANNEX VI: INTERAGENCY Referral Form Specialized Services for women and girls at risk and survivors of SGBV

Priority :	Referred via:	Referral Date:
<input type="checkbox"/> High (Follow up requested within 24 hours)	<input type="checkbox"/> Phone (High priority only)	
<input type="checkbox"/> Medium (Follow up within 3 days)	<input type="checkbox"/> Email	
<input type="checkbox"/> Low (Follow up within 7 days)	<input type="checkbox"/> In Person	

Referred To:	Referred By:
Agency/Clinic :	Agency:
Address:	Address:
Phone:	Phone:
Email:	Email:
	Contact:

Survivor Information		
Name:		UNHCR No.:
Address:	DOB: _ _ _	Nationality:
Phone:	Sex: Female	Language:

If the survivor is a Minor	
Name of primary caregiver: _	Contact information for caregiver: _____/_____
Relationship to child: _____	
Caregiver is informed of referral? <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, explain) _____/_____	

ADDITIONAL SPECIFIC NEEDS of the SURVIVOR

Child at risk

- Child not attending school or at risk of not attending school
- Child with special education needs
- Teenage Pregnancy
- Child spouse
- Child mother
- Child engaged in worst form of child labor
- Child formerly associated with armed forces/armed groups
- Unaccompanied/separated child
- Child living with disability

Woman

- Pregnant
- Women head of household
- Women living with disability

OTHER (Please specific):

IMPORTANT

Also refer a case to UNHCR if

- you are unsure how to support a particular person,
- immediate physical security options (including relocation) are required,
- Best Interest Assessment (BIA) for a child is necessary
- Police/Legal Action are required
- Emergency registration is necessary

Background Information/Reason for Referral: (problem description, duration, frequency, etc.)

Services already provided: (include any other referrals made)

Agency	Support	Date (incl. ongoing)

Services Requested:

Physical Health	Mental Health	Protection	Education	Financial assistance
<input type="checkbox"/> Material assistance	<input type="checkbox"/> Home visit	<input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>
Specify:	<input type="checkbox"/>	<input type="checkbox"/>		

Consent to Release Information (Read with client and answer any questions before s/he signs below)

I, -----, understand that the purpose of the referral and of disclosing this information to ----- -- is to ensure the safety and continuity of care among service providers seeking to serve this family. The service provider, -----, has clearly explained the procedure of the referral to me and has listed the exact information that is to be disclosed. By signing this form, I authorize this exchange of information.

Signature of Responsible Party: _____ Date: _____

Details of Referral:

Client has been informed of referral? Yes No (If no, explain) _____

Client has signed consent to release information? Yes No (If no, explain) Hotline Referral

Any contact or other restrictions? Yes No (If yes, explain) _____

Receiving Organization:

Referral received by:	Response provided to referring agency by:
Date:	Date:

CONFIDENTIAL معلومات سرية
Psychosocial Intake & Assessment Form
تمودج تقييم نفسي اجتماعي

Before beginning the interview, please be sure to remind the client that all information given will be kept confidential, and that they may choose to decline to answer any of the following questions.

قبل البدء بالمقابلة، يرجى تذكير العميل/ة على ان جميع المعلومات المعطاة سوف تبقى محفوظة بشكل سري و لديهم الحق برفض الجواب على أي من الاسئلة اللاحقة.

Administrative Information معلومات إدارية

Staff Code* رمز الموظف	Report Date* تاريخ المقابلة (يوم/شهر/سنة)	Incident Date* تاريخ الحادثة	Report by client*? هل تم تقرير الحادثة من قبل العميل/ة؟ <input type="checkbox"/> Yes نعم <input type="checkbox"/> No لا
----------------------------------	---	--	---

Client Information معلومات العميل/ة

Date of birth* تاريخ الولادة	Sex of Client* الجنس <input type="checkbox"/> Female أنثى <input type="checkbox"/> Male ذكر	Client's Country of Origin*? بلد الأصل؟ <input type="checkbox"/> Lebanon لبنان <input type="checkbox"/> Syria سوريا <input type="checkbox"/> Iraq العراق <input type="checkbox"/> Palestine فلسطين <input type="checkbox"/> Other: غير ذلك	Current civil / marital status*: الوضع العائلي <input type="checkbox"/> Single أعزب/عزباء <input type="checkbox"/> Married / Cohabiting متزوج/ة أو مع شريك <input type="checkbox"/> Divorced / Separated / منفصلة / منفصلة <input type="checkbox"/> Widowed / ارملة/ة
Displacement status at time of report*: حالة التشرد في وقت التقرير عن الحادثة: <input type="checkbox"/> Refugee لاجئ/ة <input type="checkbox"/> Asylum Seeker طالب/ة لجوء <input type="checkbox"/> Resident مقيم/ة <input type="checkbox"/> Foreign National أجنبي/ة <input type="checkbox"/> IDP نازح/ة <input type="checkbox"/> Stateless Person عديم/ة الجنسية <input type="checkbox"/> Returnee عائد/ة	Is the client a Person with Disabilities? * هل العميل/ة ذو احتياجات خاصة؟ <input type="checkbox"/> No لا <input type="checkbox"/> Mental disability إعاقة عقلية <input type="checkbox"/> Physical disability إعاقة جسدية <input type="checkbox"/> Both إعاقة عقلية و جسدية	Is the client an Unaccompanied Minor, Separated Child, or Other Vulnerable Child? * هل العميل/ة هو/هي طفل غير مصحوب * أو منفصل أو طفل معرض للأذى على نحو آخر؟ <input type="checkbox"/> No لا <input type="checkbox"/> Unaccompanied Minor طفل غير مصحوب <input type="checkbox"/> Separated Child طفل منفصل <input type="checkbox"/> Other Vulnerable Child طفل أشد ضعفاً على نحو آخر	

Details of the Incident تفاصيل عن الحادثة			
Stage of displacement at time of incident * مرحلة التشرد وقت وقوع الحادثة		Time of day that incident took place* : الوقت الذي وقعت فيه الحادثة	
<input type="checkbox"/> Not Displaced / Home Community / غير مشرد / من المجتمع المحلي		<input type="checkbox"/> Morning (sunrise to noon) صباحاً (من شروق الشمس و حتى الظهر)	
<input type="checkbox"/> Pre-displacement قبل التشرد		<input type="checkbox"/> Afternoon (noon to sunset) عصرًا (من الظهر و حتى غروب الشمس)	
<input type="checkbox"/> During Flight أثناء الفرار		<input type="checkbox"/> Evening/night (sunset to sunrise) مساءً/ ليلاً ((من غروب الشمس و حتى شروق الشمس))	
<input type="checkbox"/> During Refuge أثناء اللجوء		<input type="checkbox"/> Unknown/Not Applicable غير معروف/لا ينطبق	
<input type="checkbox"/> During Return / Transit أثناء العودة / العبور			
<input type="checkbox"/> Post-displacement بعد التشرد			
Incident location / Where the incident took place* : موقع الحادثة / أين وقعت الحادثة			
<input type="checkbox"/> Client's Home منزل العميل/ة		<input type="checkbox"/> Check Point حاجز امني	
<input type="checkbox"/> Perpetrator's home /منزل الجاني		<input type="checkbox"/> Security institution مؤسسة أمنية	
<input type="checkbox"/> Border الحدود		<input type="checkbox"/> Shelter / Safe House بيت آمن/مأوى	
<input type="checkbox"/> Garden/ Open Field الحديقة / مكان غير مأهول		<input type="checkbox"/> Street شارع	
<input type="checkbox"/> Health Center / Hospital / المركز الصحي / المستشفى		<input type="checkbox"/> Registration/Distribution Settings أمكنة توزيع المساعدات / التسجيل	
<input type="checkbox"/> Market / Shopping Center مركز التسوق		<input type="checkbox"/> Transportation وسيلة نقل	
<input type="checkbox"/> Police / Prison السجن / الشرطة		<input type="checkbox"/> WASH facilities مرافق المياه والصرف الصحي	
<input type="checkbox"/> Religious Center (Mosque, Church) مركز ديني (مسجد, كنيسة)		<input type="checkbox"/> Work Place (factory, office) مكان عمل (مصنع, مكتب)	
<input type="checkbox"/> School/Education institution / مؤسسة تعليمية / مدرسة		<input type="checkbox"/> Other غير ذلك: _____	
Incident Area* المنطقة التي وقعت فيها الحادثة		Incident Area* المنطقة التي وقعت فيها الحادثة	
<input type="checkbox"/> Syria سوريا		<input type="checkbox"/> Al-Hasakah الحسكة	
<input type="checkbox"/> Lebanon لبنان		<input type="checkbox"/> Aleppo حلب	
<input type="checkbox"/> Iraq العراق		<input type="checkbox"/> Ar-Raqqah الرقة	
<input type="checkbox"/> Other: غير ذلك		<input type="checkbox"/> As-Suwayda السويداء	
		<input type="checkbox"/> Daraa درعا	
		<input type="checkbox"/> Deir ez-Zor دير الزور	

Account of the incident/Description of the incident تقرير عن الحادثة/وصف الحادثة

Type of incident/violence* نوع العنف/الحادثة:

(Please select only ONE of the below. Refer to the GBVIMS GBV Classification Tool for further clarification.):

(يرجى اختيار خيار واحد فقط . من أجل التوضيح يمكن الرجوع الى أدوات التصنيف المتعلقة بنظام ادارة المعلومات للعنف القائم على النوع الاجتماعي)

Rape اغتصاب

(includes gang rape, marital rape)

(هذا يشمل الاغتصاب الجماعي والاعتداء الزوجي)

Sexual Assault اعتداء جنسي

(includes attempted rape and all sexual violence/abuse without penetration, and female genital mutilation)

(يتضمن محاولة الاغتصاب وجميع أشكال العنف/ الاستغلال الجنسي بدون حصول ولوج، وهو يتضمن ايضا تشويه الأعضاء التناسلية للإناث كالتختان)

Physical Assault اعتداء جسدي

(includes hitting, slapping, kicking, shoving, etc. that are not sexual in nature)

(يتضمن الضرب والصفع والركل والدفع وغير ذلك مما ليس له طابع جنسي)

Forced Marriage الزواج القسري

(includes early marriage) (هذا يشمل الزواج المبكر)

١. هل تضمنت الحادثة المبلغ عنها ولوجاً؟

إذا كانت الإجابة نعم ← صنف الحادثة على أنها «اغتصاب».

إذا كانت الإجابة لا ← استمر لتصل إلى نوع الحادثة التالي في القائمة.

٢. هل تضمنت الحادثة المبلغ عنها اتصالاً جنسياً غير مرغوب فيه؟

إذا كانت الإجابة نعم ← صنف الحادثة على أنها «اعتداء جنسي».

إذا كانت الإجابة لا ← استمر لتصل إلى نوع الحادثة التالي في القائمة.

٣. هل تضمنت الحادثة المبلغ عنها اعتداءً جسدياً؟

إذا كانت الإجابة نعم ← صنف الحادثة على أنها «اعتداء جسدي».

إذا كانت الإجابة لا ← استمر لتصل إلى نوع الحادثة التالي في القائمة.

٤. هل كانت الحادثة الواقعة زواج قسري؟

إذا كانت الإجابة نعم ← صنف الحادثة على أنها «زواج قسري».

إذا كانت الإجابة لا ← استمر لتصل إلى نوع الحادثة التالي في القائمة.

٥. هل تضمنت الحادثة المبلغ عنها حرماناً من الموارد أو الفرص أو الخدمات؟

إذا كانت الإجابة نعم ← صنف الحادثة على أنها «حرمان من الموارد أو الفرص أو الخدمات».

إذا كانت الإجابة لا ← استمر لتصل إلى نوع الحادثة التالية في القائمة.

<p><input type="checkbox"/> Denial of resources, opportunities or services حرمان من الموارد والفرص والخدمات (includes denial of inheritance, earnings, access to school or contraceptives, etc) هذا) يشمل الحرمان من الإرث او الملكية او الحرمان من الذهاب للمدرسة او الحصول على حبوب منع الحمل الخ...)</p> <p><input type="checkbox"/> Psychological / Emotional Abuse الاساءة النفسية / العاطفية</p> <p>(includes threats of violence, forced isolation, harassment / intimidation, gestures, etc) هذا يشمل التهديد بالعنف, العزلة (..) الاجبارية, التخويف</p> <p><input type="checkbox"/> Non-GBV (specify) لا يوجد عنف قائم (على النوع الاجتماعي حدّد)</p>	<p>٦. هل تضمنت الحادثة المبلغ عنها إساءة المعاملة النفسية/ العاطفية؟</p> <p>إذا كانت الإجابة نعم ← صنف الحادثة على أنها «إساءة معاملة نفسية/عاطفية».</p> <p>إذا كانت الإجابة بلا ← استمر لتصل إلى نوع الحادثة التالية في القائمة.</p> <p>٧. هل الحادثة المبلغ عنها حالة من حالات العنف القائم على النوع الاجتماعي؟</p> <p>إذا كانت الإجابة نعم ← ابدأ مرة ثانية عند الرقم ١ وحاول إعادة تصنيف الحادثة (إذا كنت حاولت تصنيف الحادثة عدة مرات، اطلب من المشرف عليك مساعدتك في تصنيف الحادثة).</p> <p>إذا كانت الإجابة لا ← صنف الحادثة على أنه لا يوجد عنف قائم على النوع الاجتماعي".</p>
<p>Was this incident a Harmful Traditional Practice*? هل كانت هذه الحادثة ممارسة تقليدية ضارة ؟</p> <p><input type="checkbox"/> No لا</p> <p><input type="checkbox"/> Honor Violence عنف الشرف</p> <p><input type="checkbox"/> Threat of Honor Violence تهديد بجريمة شرف</p> <p><input type="checkbox"/> Forced Marriage زواج قسري</p> <p><input type="checkbox"/> Forced Prostitution البغاء القسري</p> <p><input type="checkbox"/> Other غير ذلك : _____</p>	<p>Were money, goods, benefits, and / or services exchanged in relation to this incident*? هل تم تبادل مال و/أو سلع و/أو منافع و/أو خدمات مقابل هذه الحادثة</p> <p><input type="checkbox"/> No لا</p> <p><input type="checkbox"/> Yes نعم</p>
<p>Type of abduction at time of the incident*? نوع الاختطاف وقت الحادثة</p> <p><input type="checkbox"/> None بدون <input type="checkbox"/> Forced Conscripton تجنيد إجباري <input type="checkbox"/> Trafficked إجتار <input type="checkbox"/> Other Abduction / Kidnapping نوع آخر من الاختطاف</p>	
<p>Has the client reported this incident anywhere else*? (If yes, select the type of service provider) (إذا كان الجواب نعم يرجى اختيار نوع مزود الخدمة)</p> <p><input type="checkbox"/> No لا</p> <p><input type="checkbox"/> Yes, other GBVIMS organization, specify: منظمة تعمل على نظام ادارة المعلومات GBVIMS نعم، وغيرها من المتعلقة بالعنف القائم على النوع الاجتماعي، حدد</p> <p><input type="checkbox"/> Yes, non-GBVIMS organization, specify: منظمة لا تعمل على نظام ادارة المعلومات المتعلقة GBVIMS نعم، غير المتعلقة بالعنف القائم على النوع الاجتماعي، حدد</p>	

هل تعرض العميل لأي *? Has the client had any previous incidents of GBV perpetrated against them?
نوع من أنواع العنف المبني على النوع الاجتماعي مسبقاً؟

No لا Yes نعم

If yes, include a brief description: إذا كانت الإجابة بنعم، أرفق وصفاً موجزاً:

معلومات عن مرتكب الحادثة المزعوم Alleged Perpetrator Information

عدد مرتكبي * Number of alleged perpetrator(s)
الحادثة المزعومين

- 1
 2
 3
 More than أكثر من 3
 Unknown غير معروف

جنس مرتكب/مرتكبي * Alleged perpetrator(s) sex
الحادثة المزعوم

- Male ذكر
 Female أنثى
 Both ذكور و إناث

العمر * Age

- Adult راشد
 Minor قاصر
 Adult & Minor راشد وقاصر

* Alleged perpetrator relationship with survivor
علاقة مرتكب الحادثة المزعوم بالعميل/ة

- Intimate partner / Former partner/ شريك حميم / شريك سابق
 Primary caregiver مقدم الرعاية الرئيسي
 Family other than spouse or caregiver عضو من العائلة غير الزوج أو مقدم الرعاية
 Supervisor / Employer مشرف / صاحب العمل
 Teacher / School official مدرس / مسؤول بمدرسة
 Service Provider مقدم خدمة
 Host Family عائلة مستضيفة
 Landlord صاحب البيت
 Cotenant / Housemate مشارك في الإيجار / زميل في السكن
 Schoolmate زميل دراسة
 Family Friend / Neighbor صديق للعائلة / جار
 Other refugee / IDP / returnee لاجئ / شخص نازح / داخلياً / عائد
 Other resident community member عضو آخر من المجتمع المقيم
 Other غير ذلك
 No relation لا توجد علاقة
 Unknown غير معروف

وظيفة أو عمل المرتكب المزعوم * Main occupation of alleged perpetrator		
<input type="checkbox"/> Armed Forces القوات المسلحة الحكومية	<input type="checkbox"/> UN Staff موظف بالأمم المتحدة	<input type="checkbox"/> Faith Based Worker موظف بمنظمة غير حكومية دينية
<input type="checkbox"/> Armed Group مجموعات مسلحة غير تابعة للدولة/ميليشيا	<input type="checkbox"/> Community Leader قائد مجتمع محلي	<input type="checkbox"/> Unemployed عاطل عن العمل
<input type="checkbox"/> Farmer مزارع	<input type="checkbox"/> Religious Leader زعيم ديني	<input type="checkbox"/> Unknown غير معروف
<input type="checkbox"/> Teacher مدرّس	<input type="checkbox"/> Service Provider مقدم خدمة	<input type="checkbox"/> Other غير ذلك
<input type="checkbox"/> NGO Staff موظف بمنظمة غير حكومية	<input type="checkbox"/> Civil Servant موظف دولة	

Planned Action / Action Taken: Any action / activity regarding this report	
الاجراءات المتخذة او التي سيتم اتخاذها : اي اجراء متعلق بهذا التقرير	
<p>Who referred this survivor to you? * من أحال هذا ؟* العميل إليك؟</p> <p><input type="checkbox"/> Self-Referred إحالة ذاتية</p> <p><input type="checkbox"/> Health/Medical Services مراكز الخدمات صحية/طبية</p> <p><input type="checkbox"/> Community or Camp Leader قائد مجتمع محلي او مخيم</p> <p><input type="checkbox"/> Legal Services مراكز الخدمات قانونية</p> <p><input type="checkbox"/> Police/Other Security Actor الشرطة/ اي جهة أمنية أخرى</p> <p><input type="checkbox"/> Psychosocial/Counseling Services مراكز الخدمات النفسية الاجتماعية</p>	<p><input type="checkbox"/> Teacher/School Official مدرّس/مسؤول بمدرسة</p> <p><input type="checkbox"/> Safe House/Shelter ملجأ آمن/مركز إيواء</p> <p><input type="checkbox"/> Livelihood Program برنامج سبل العيش</p> <p><input type="checkbox"/> Other Humanitarian / Development Actor جهة اخرى في مجال العمل الإنساني أو التنموي</p> <p><input type="checkbox"/> Other Government Service مركز خدمات حكومية أخرى</p> <p><input type="checkbox"/> Other (specify): غير ذلك (حدّد):</p>
<p>Was client referred to a safe house/ shelter? * هل أحيل العميل إلى ملجأ آمن/مركز إيواء؟</p> <p><input type="checkbox"/> Yes نعم</p> <p><input type="checkbox"/> No - Service provided by your agency لا/ الخدمة قدمتها ووكالة</p> <p><input type="checkbox"/> No - Service already received from another agency لا / تم تقديم الخدمة من قبل وكالة اخرى</p> <p><input type="checkbox"/> No - Service not applicable لا/ الخدمة لا تنطبق</p> <p><input type="checkbox"/> No - Referral declined by survivor لا/ تم رفض الإحالة</p> <p><input type="checkbox"/> No - Service unavailable لا/ الخدمة غير متاحة</p>	<p>Referral Details: تفاصيل الإحالة</p>

<p>Was client referred to medical services? *</p> <p>هل أحيل العميل إلى الخدمات الصحية/الطبية؟</p> <p><input type="checkbox"/> Yes نعم</p> <p><input type="checkbox"/> No - Service provided by your agency لا / الخدمة قدمتها وكالتك</p> <p><input type="checkbox"/> No - Service already received from another agency لا / تم تقديم الخدمة من قبل وكالة اخرى</p> <p><input type="checkbox"/> No - Service not applicable لا / الخدمة لا تنطبق</p> <p><input type="checkbox"/> No - Referral declined by survivor لا / تم رفض الإحالة</p> <p><input type="checkbox"/> No - Service unavailable لا / الخدمة غير متاحة</p>	<p>Referral Details: تفاصيل الإحالة</p>
<p>Was client referred to psychosocial services? *</p> <p>هل أحيل العميل إلى الخدمات النفسية؟</p> <p><input type="checkbox"/> Yes نعم</p> <p><input type="checkbox"/> No - Service provided by your agency لا / الخدمة قدمتها وكالتك</p> <p><input type="checkbox"/> No - Service already received from another agency لا / تم تقديم الخدمة من قبل وكالة اخرى</p> <p><input type="checkbox"/> No - Service not applicable لا / الخدمة لا تنطبق</p> <p><input type="checkbox"/> No - Referral declined by survivor لا / تم رفض الإحالة</p> <p><input type="checkbox"/> No - Service unavailable لا / الخدمة غير متاحة</p>	<p>Referral Details: تفاصيل الإحالة</p>
<p>Does the survivor want to pursue legal action?* هل يرغب العميل/ة بمتابعة الإجراءات القانونية؟</p> <p><input type="checkbox"/> Yes نعم <input type="checkbox"/> No لا <input type="checkbox"/> Undecided at Time of Report لم يقرر بعد في وقت التقرير</p>	
<p>Did you refer the survivor to legal assistance services?* هل تمت الإحالة إلى مراكز الخدمات القانونية؟</p> <p><input type="checkbox"/> Yes نعم</p> <p><input type="checkbox"/> No - Service provided by your agency لا / الخدمة قدمتها وكالتك</p> <p><input type="checkbox"/> No - Service already received from another agency لا / تم تقديم الخدمة من قبل وكالة اخرى</p> <p><input type="checkbox"/> No - Service not applicable لا / الخدمة لا تنطبق</p> <p><input type="checkbox"/> No - Referral declined by survivor لا / تم رفض الإحالة</p> <p><input type="checkbox"/> No - Service unavailable لا / الخدمة غير متاحة</p>	<p>Referral Details: تفاصيل الإحالة</p>

<p>Was client referred to a security / protection services? *</p> <p>هل أحيل العميل إلى الشرطة أو إلى جهة أمنية أخرى؟</p> <p><input type="checkbox"/> Yes نعم</p> <p><input type="checkbox"/> No - Service provided by your agency / لا / الخدمة المقدمة من قبل وكالتك</p> <p><input type="checkbox"/> No - Service already received from another agency / لا / تم تقديم الخدمة من قبل وكالة أخرى</p> <p><input type="checkbox"/> No - Service not applicable / لا / الخدمة لا تنطبق</p> <p><input type="checkbox"/> No - Referral declined by survivor / لا / تم رفض الإحالة</p> <p><input type="checkbox"/> No - Service unavailable / لا / الخدمة غير متاحة</p>	<p>Referral Details: تفاصيل الإحالة</p>
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نقاط التقييم Assessment Points	
<p>Describe the client's emotional state at the beginning of the interview (mark all that apply): صف الحالة النفسية للعميل في بداية المقابلة (يمكن تحديد أكثر من خيار واحد)</p> <p><input type="checkbox"/> Scared / Fearful (خائف(ة))</p> <p><input type="checkbox"/> Sad / Depressed (حزين(ة)/مكتئب(ة))</p> <p><input type="checkbox"/> Anxious / Nervous (قلق(ة) ومتوتر(ة))</p> <p><input type="checkbox"/> Angry (غاضب(ة))</p> <p><input type="checkbox"/> Calm (هادئ(ة))</p> <p><input type="checkbox"/> Other: غير ذلك</p>	<p>Describe the client's emotional state at the end of the interview (mark all that apply): صف الحالة النفسية للعميل في نهاية المقابلة</p> <p><input type="checkbox"/> Calmer than at the start of interview / أهدأ مما كانت عليه في البداية</p> <p><input type="checkbox"/> Similar to that at the start of interview / تماماً كما كانت عليه</p> <p><input type="checkbox"/> More upset than at the start of interview / أكثر غضباً واضطراباً</p> <p><input type="checkbox"/> Other, specify / غير ذلك، حدد</p>
<p>Will the client be safe when she or he leaves? هل سيكون العميل/ة بأمان عند الانصراف؟</p> <p><input type="checkbox"/> Yes نعم <input type="checkbox"/> No لا If no, why not: إذا لا، لماذا لا؟</p>	<p>What actions were taken to ensure client's safety? (mark all that apply) ما الإجراءات المتخذة لضمان سلامة العميل؟ (يمكن تحديد أكثر من خيار واحد)</p> <p><input type="checkbox"/> Safety Plan Created / تم تصميم خطة سلامة</p> <p><input type="checkbox"/> Referral to Community Based Support / تمت الإحالة للحصول على دعم مجتمعي</p> <p><input type="checkbox"/> Referral to Safe House / تمت الإحالة لملجأ آمن</p> <p><input type="checkbox"/> Service provider to follow-up / سوف يقوم مقدم الخدمة بمتابعة الحالة</p> <p><input type="checkbox"/> Other Action Taken (يرجى التحديد) / غير ذلك (يرجى التحديد)</p>
<p>If raped, have you explained possible health consequences of rape to the client (and/or to guardian based on assessment capacity and best interest of client if under 14)? في حالة الاغتصاب، هل شرحت العواقب الصحية المحتملة للاغتصاب للعميل/ة (أو الوصي إذا كان(ة) تحت 14 عاماً)؟</p> <p><input type="checkbox"/> Yes نعم <input type="checkbox"/> No لا</p> <p><input type="checkbox"/> No - Not Applicable (not rape) / لا ينطبق (لا يوجد اغتصاب)</p>	
<p>Did the client give their consent to share her/his non-identifiable data in your reports? * هل وافق/ت* العميل/ة على إمكانية تبادل المعلومات التي لا تكشف عن الهوية الموجودة في هذا التقرير؟</p> <p><input type="checkbox"/> Yes نعم <input type="checkbox"/> No لا</p>	

ANNEX VIII: Working with child survivors - Best practices for communication

Adapted from IRC Caring for Child Survivors of Sexual Abuse - Guidelines for health and psychosocial service providers in humanitarian settings

Be nurturing, comforting, supportive

A child's capacity to disclose is impacted by several factors, including the child's age, sense of safety, available resources and other factors relevant to a particular context.

Often, disclosure of sexual abuse is a process; in other words, children may first "test the waters" to see how adults react to hints about their sexual abuse before full disclosure.

Adults who react with anger, blame or other negative responses may cause a child to stop talking and/or later deny the abuse disclosed by the child.

Service providers are responsible for responding to child sexual abuse disclosure with compassion, care and calm.

Reassure the Child: Children need to be reassured that they are not at fault for what has happened to them and that they are believed.

Children rarely lie about being sexually abused and service providers should make every effort to encourage them to share their experiences.

Healing statements such as "I believe you" and "It's not your fault" are essential to communicate at the outset of disclosure and throughout care and treatment.

Service providers communicating with child survivors need to find opportunities to tell them that they are brave for talking about the abuse and that they are not to blame for what they have experienced.

It is required for service providers to tell children that they are not responsible for the abuse and to emphasize that they are there to help them.

Do NO Harm: be careful not to traumatize the child further. Service providers should monitor any interactions that might upset or further traumatize the child. Do not become angry with a child, do not force a child to answer a question that he or she is not ready to answer, do not force a child to speak about the sexual abuse before he/she is ready, or have the child repeat her/his story of abuse multiple times to different people.

Talk in a way Children will Understand: Every effort should be made to communicate appropriately with children; information must be presented to them in ways and language that they understand, based on their age and developmental stage.

Age-appropriate lengths of time to talk with children about sexual abuse are:

- 30 minutes for children under the age of 9;
- 45 minutes for children between 10–14 years;
- One hour for children 15–18 years old.

Help the Child Feel Safe: find a safe space, one that is private, quiet and away from any potential danger. Offer children the choice to have a trusted adult present, or not, while you talk with them. Do not force a child to speak to, or in front of, someone they appear not to trust.

Tell Children Why You Are Talking to Them: Every time a service provider sits down to communicate with a child survivor, he/she should take the time to explain to the child the purpose of the meeting. It is important to explain to the child why the service provider wants to speak with them, and what will be asked of the child and his/her caregiver.

At every step of the process, explain to children what is happening to help secure their physical and emotional well-being.

Use Appropriate Interviewers: In principle, only female service providers and interpreters should speak with girls about GBV. Male child survivors should be offered the choice (if possible) to talk with a female or male provider, as some boys will feel more comfortable with a female service provider. The best practice is to ask the child if he or she would prefer to talk to a woman or a man.

Pay Attention to Non-Verbal Communication: It is important to pay attention to both the child's and your own non-verbal communication during any interaction. Children may demonstrate that they are distressed by crying, shaking or hiding their face, or changing their body posture; in such cases take a break or stop the interview altogether.

Conversely, adults communicate non-verbally as well. If your body becomes tense or if you appear to be uninterested in the child's story, he or she may interpret your non-verbal behavior in negative ways, thus affecting his or her/his trust and willingness to talk.

Respect Children's Beliefs & Thoughts: Children have a right to express their opinions, beliefs and thoughts about what has happened to them as well as any decisions made on their behalf. Service providers are responsible for communicating to children that they have the right to share (or not to share) their thoughts and opinions. Empower the child so he/she is in control of what happens during communication exchanges.

The child should be free to answer "I don't know" or to stop speaking with a service provider if he/she is in distress. The child's right to participation includes the right to choose not to participate.

ANNEX IX: Preparing the survivor for the examination

Clinical Management of Rape Survivors, WHO, UNHCR revised edition 2004.

A person who has been raped has experienced trauma and may be in an agitated or depressed state. S/he often feels fear, guilt, shame and anger, or any combination of these.

The health worker must prepare her/him and obtain her/his informed consent for the examination, and carry out the examination in a compassionate, systematic and complete fashion.

To prepare the survivor for the examination:

- Introduce yourself.
- Ensure that a trained support person or trained health worker of the same sex accompanies the survivor throughout the examination.
- Explain what is going to happen during each step of the examination, why it is important, what it will tell you, and how it will influence the care you are going to give.
- Reassure the survivor that s/he is in control of the pace, timing and components of the examination.
- Reassure the survivor that the examination findings will be kept confidential unless s/he decides to bring charges.
- Ask her if s/he has any questions.
- Ask if s/he wants to have a specific person present for support. Try to ask her this when s/he is alone.
- Review the consent form with the survivor. Make sure s/he understands everything in it, and explain that s/he can refuse any aspect of the examination s/he does not wish to undergo. Explain to her/him that s/he can delete references to these aspects on the consent form. Once you are sure s/he understands the form completely, ask her/him to sign it. If s/he cannot write, obtain a thumb print together with the signature of a witness.
- Limit the number of people allowed in the room during the examination to the minimum necessary.
- Do the examination as soon as possible.
- Do not force or pressure the survivor to do anything against her/his will. Explain that s/he can refuse steps of the examination at any time as it progresses.

ANNEX X: Guiding Notes on Special Procedures for Medical Referral of SGBV Cases/Survivors at referral care level

I. Rational

This note provides guidance for UNHCR, SGBV case management agencies and GlobeMed (GML) within the broader access to health services for SGBV survivors .

This procedure only applies to UNHCR/GlobeMed Lebanon contracted facilities (see annex: I)

II. Objective:

Outline roles and responsibilities of various entities and provide guidance to undertake medical referral of survivors SGBV at field level and to ensure cover all of fees.

III. Target beneficiaries:

- Registered Syrian and non-Syrian refugees

Note: For undocumented persons, UNHCR procedures require that they undergo nationality and family composition interview and assessment.

IV. Eligibility for 100% medical coverage:

- All reasonable medical investigations and most conservative treatment in line with SOP resulting directly from SGBV incident (including CMR, forensic examination, STIs, injuries, and hospitalization whenever required).
- All subsequent appointments and treatments related to the initial SGBV incident (within GML contracted facilities).
- Long term consequences of SGBV incidents such as fistula, etc. will not be covered but will fall under UNHCR/GML existing health SOPs (annex - II).
- Pregnancies as a result of early marriage are not considered prima facie SGBV and covered 100% but will follow regular procedures i.e. 75% coverage

NOTE: Transportation will not be covered by GML.

V. Referral process/practicalities (Applies to referrals by case management agencies):

- Applies to working hours during weekdays
- Communication from case management agencies to UNHCR Focal Point and GlobeMed has to include the following:
- UNHCR proGres individual registration ID
- Generic standard code indicating the incident (proposed code: SGBV)
- Noting that all survivors have to receive immediate and timely care, special indication as to be provided if case is within 72 hours and/or requires urgent medical attention including treatment for STIs and pregnancy prevention (see attached CMR brief)

VI. Communication modalities

- Mails: send email to UNHCR Focal Point and to GlobeMed. NOTE: GlobeMed has set up special email addresses for each region to facilitate timely communication between case management agencies, UNHCR focal points and GlobeMed (see annex: III).
- Phones calls: if the case is urgent (email to be sent later), refer to contact details of GML Regional Delegates, UNHCR Focal Points and back up (Annex: IV).

VII. Proposal for emergency cases reported during weekends and holidays, after working hours

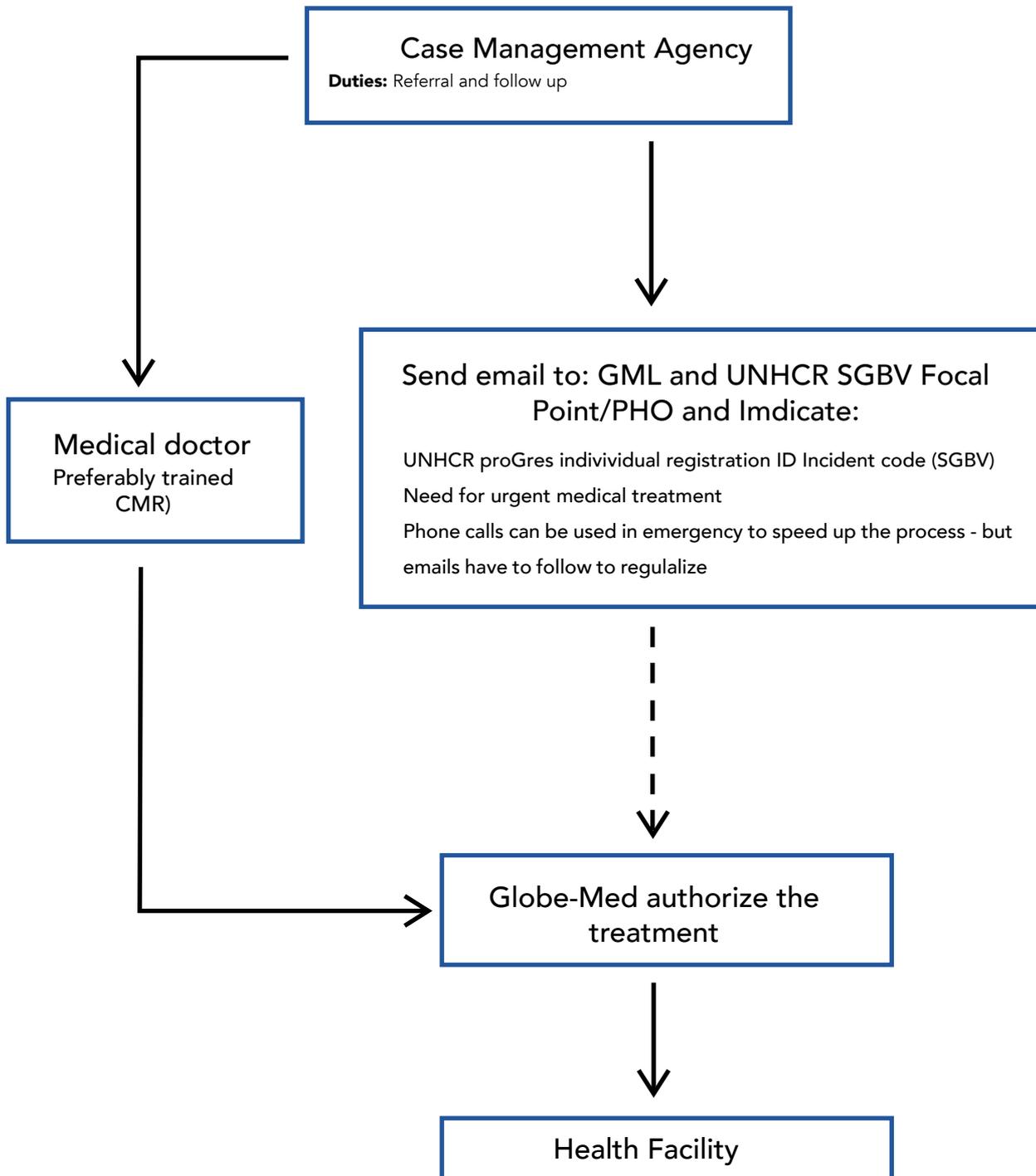
1. Case management agencies has the contacts and numbers of trained CMR doctors and they contact the doctors directly before accompanying survivor to the health facility
2. Case management agency will contact GlobeMed (phone call followed by email)
3. GlobeMed has the list of contacts and numbers of case management agencies and doctors trained on CMR. GlobeMed requested to prioritize such calls.
4. Authorization is granted and formalities regularized the first working day after incident

VIII. Retro-information – Follow up

After treatment, the physician and/or patient should communicate to the survivor any follow up visits needed. If first treatment was provided at a PHC or in any other facility not contracted by Globemed it will not be covered but follow up visits are undertaken in GML contracted facilities, coverage for the follow up visit is provided by GML.

XI. Monitoring Mechanisms:

Periodic field level meetings with be held with case management agencies to review the procedures on quarterly basis.



Other possible scenarios

While the above flow chart represents the standard procedures for coverage, the below scenarios provide guidance on how to deal with disclosure and coverage of fees in other situations:

Scenario 1: Self-referral to a GML contracted facility

If the survivor discloses to the attending physician, the physician should communicate to GML regarding 100% coverage (using same set of information as in flowchar 1)

In case of non-disclosure, the 100% coverage cannot be guaranteed however if GML considers that based on the medical report submitted by the physician it could be a case of SGBV, GML should inform the doctor that survivor will be covered 100%.

Doctors provide information about available services as per SGBV referral pathways

In all other cases of non-disclosure, coverage of fees for survivors will follow regular procedures i.e. 75% coverage.

Scenario 2: Referral through case management agency to GML contracted facility

If the survivor goes through a case management agency to a GML contracted health facility, with no trained personnel on Clinical Management of Rape, the case management agency should send an email to GML indicating that they are referring an SGBV case according to the set of information provided above in flow chart 1 (UNHCR proGres ID, incident code –SGBV, case urgent or not). When GML receives the medical report from the physician, GML covers 100%.

Scenario 3: Survivor directly contact GML

If GML is approached by a survivor or received a phone call through the hotlines, GML should inform the survivors on available services including facilities trained on CMR and case management agencies based on the SGBV referral pathways (see annex: V)

ANNEX XI – Procedures for coverage of fees for survivors – UNRWA

Palestine refugee survivors, including Palestine refugees from Syria, will receive 100% coverage for Clinical Management of Rape and, if needed, transportation costs. Costs for forensic examinations are not included. Case management agencies should contact:

Helene Skaardal: (+961) 766 49492 / H.SKAARDAL@UNRWA.ORG for coverage of CMR services for PRS and PRL survivors.

Clinical management of rape for Palestine refugee survivors, including Palestine refugees from Syria are currently not included in MOU's between UNRWA and contracted hospitals and are covered through either advance payment or reimbursement of costs to the case management agency or health facility.

ANNEX XII – International Legal Framework on the protection against SGBV

International Refugee Law		
Date	Instrument	Why is it relevant to SGBV
1951	<p>Convention Relating to the Status of Refugee (and 1967 Protocol)</p> <p>Status in Lebanon: Not Ratified</p>	<p>Provides the definition of a refugee and establishes the main rights and obligations of refugees and the treatment, by the country of asylum, to which they are entitled.</p> <p>The provisions of the 1951 Convention apply to “any person” who comes within the refugee definition</p> <p>The Convention does not refer specifically to gender in relation to the refugee definition.</p> <p>However, even though gender is not specifically referenced in the refugee definition of the Convention, it is now widely accepted that it can influence, or dictate, the type of harm suffered and the reasons for this treatment. The refugee definition properly interpreted includes claims based on gender-related persecution.”</p> <p>Gender related claims “have encompassed, but are by no means limited to, acts of sexual violence, family/ domestic violence, coerced family planning and female genital mutilation.”</p>
International Human Rights Law		
Date	Instrument	Why is it relevant to SGBV
1948	<p>International Bill of Human Rights:</p> <ul style="list-style-type: none"> • Universal Declaration of Human Rights • International Covenant on Political and Civil Rights • International Covenant on Economic, Social and Cultural Rights 	<p>All these instruments state that the rights they set up apply without distinction of any kind and prohibit discrimination, including discrimination on grounds of sex or other status.</p>

1966	Status in Lebanon: ICCPR ratified	<p>They recognize the equal right of women and men to enjoy all the rights that they contain.</p> <p>ICESCR establishes rights to health, education, labour and adequate standard of living.</p> <p>ICCPR: established right to life (article 6). = ban on torture or other cruel, inhuman or degrading treatment or punishment (article 7), declared slavery and forced or compulsory labour unlawful (article 8); established the right to freedom of movement, freedom of thought, conscience and religion, freedom of expression, freedom of assembly freedom of association (articles 18-21). Going beyond the classic dimension of protection against interference by State authorities, articles 23 and 24 proclaim that the family and the child are entitled to protection by society and the State.</p>
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<p>1979</p>	<p>Convention on the Elimination of all forms of discrimination against women</p> <p>Status in Lebanon: ratified</p> <p>Reservations: article 9 (2) States Parties shall grant women equal rights with men with respect to the nationality of their children.</p> <p>article 16 (1) (c) (d) (f) and (g) (regarding the right to choose a family name).</p> <p>States Parties shall take all appropriate measures to eliminate discrimination against women in all matters relating to marriage and family relations and in particular shall ensure, on a basis of equality of men and women:</p> <p>(c) The same rights and responsibilities during marriage and at its dissolution;</p> <p>(d) The same rights and responsibilities as parents, irrespective of their marital status, in matters relating to their children; in all cases the interests of the children shall be paramount;</p> <p>(f) The same rights and responsibilities with regard to guardianship, wardship, trusteeship and adoption of children, or similar institutions where these concepts exist in national legislation; in all cases the interests of the children shall be paramount;</p> <p>(g) The same personal rights as husband and wife, including the right to choose a family name, a profession and an occupation;</p> <p>Article 29, paragraph 1</p>	<p>...“[D]iscrimination against women” shall mean any distinction, exclusion or restriction made on the basis of sex which has the effect or purpose of impairing or nullifying the recognition, enjoyment or exercise by women, irrespective of their marital status, on a basis of equality of men and women, of human rights and fundamental freedoms in the political, economic, social, cultural, civil or any other field.</p> <p>...the Convention urges States to take positive measures in the field of public administration, education, health, employment and the family to ensure women enjoy fully equality with men.</p> <p>While CEDAW does not address the issue of SGBV specifically, General Recommendation 19 of the Committee provides that the full implementation of the convention requires state parties to take positive measures to eliminate all forms of violence against women and makes the link between violence against women and the enjoyment of other rights protected by the convention.</p> <p>In General Recommendation n.19 it is recognized that “gender based violence amounts to discrimination under CEDAW.”</p> <p>Note: where CEDAW does not provide specific provisions or does not address a particular right or situation, gaps can be filled by referring to general non-discrimination provision or other provisions contained in ICESCR or ICCPR</p>
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1989	<p>Convention on the Rights of the Child (and Optional Protocols 2000)</p> <p>Status in Lebanon: ratified</p>	<p>There are three fundamental principles underlying the CRC: The right to non-discrimination; best interest of the child; and the right to participation.</p> <p>A number of provisions of CRC and Optional Protocols require State Parties to:</p> <ul style="list-style-type: none"> • Protect children from violence, exploitation, abuse, abduction and trafficking • Take all effective measures with a view to abolishing traditional practices prejudicial to the health of the children • Take all measures to promote the physical, psychological and social reintegration of children who have been victims of any form of neglect, exploitation or abuse, torture or armed conflicts
Principles, Declarations, Conclusions, Resolutions part of the International Legal Framework		
1993	<p>Declaration on the Elimination of Violence Against Women Vienna Conference</p>	<p>Recognizes violence against women as a result of historically unequal power relations between women and men.</p> <p>Recognizes that violence against women is not only a grievous human rights abuse in itself but is a serious impediment to the realization of many other rights.</p> <p>Article 4 requires States to take measures to eliminate violence against women "whether those acts are perpetrated by the State or by private persons."</p> <p>Article 5 define responsibilities of UN entities : cooperating to develop regional strategies to eliminate violence against women, raise awareness, analyze trends, formulating guidelines and manuals, cooperate with NGOs.</p>
1994	<p>International Conference on Population and Development (Cairo)</p>	<p>Established that sexual and reproductive rights are human rights.</p>

1995	Beijing Declaration and Platform for Action	<p>Adopted unanimously by 189 countries, sets as its goal the empowerment of women recognizing that the full realization of all human rights and fundamental freedoms of all women is essential for achieving this objective.</p> <p>In adopting it, governments committed themselves to implementing the Platform of Action and ensuring that a gender perspectives are reflected in all policies and programmes</p>
2000	UN Security Council Resolution 1325 on women, peace and Security	<p>First Resolution that addresses the disproportionate impact of armed conflict on women and stresses the importance of their participation as agents for peace and security.</p> <p>Calls on all parties to take special measures to protect women and girls from gender based violence and all other forms of violence in situations of armed conflict. Calls for action to end impunity for war crimes against women, including sexual and gender based violence.</p>
2005	World Summit	<p>The World Summit Outcome document, adopted by the General Assembly on 24 October 2005, contains provisions reaffirming or strengthening of a number of commitments, including those:</p> <ul style="list-style-type: none"> • to promote gender equality, the empowerment of women, and the elimination of all forms of discrimination and violence against women and girls; • that include women in work to prevent and resolve conflicts and to build peace; • that aim to protect children in situations of armed conflict; • aimed at mainstreaming human rights throughout the UN system and that focus on advancing the rights of women and children.
2006	UN Security Council Resolution 1674 on Protection of Civilians	<p>Condemns in the strongest terms all sexual and other forms of violence committed against civilians in armed conflict, in particular women and children.</p>

2008	UN Security Council Resolution 1820 on Women, Peace Security	<p>First SCR to recognize conflict-related sexual violence as a matter of international peace and security, requiring a peace keeping, justice, and peace negotiation response.</p> <p>UNSCR 1820 mentions “that all parties to armed conflict immediately take appropriate measures to protect civilians, including women and girls, from all forms of sexual violence”.</p> <p>In several paragraphs this SCR addresses the issue of sexual violence in armed conflicts at a general level. In other parts of the Resolution, the focus is on sexual violence against, in particular “women and girls”, or the protection of civilians “including women and girls”. The approaches used by the Resolution understand that sexual violence may be committed against anyone</p> <p>Defines the scope for addressing root causes as “debunking myths that fuel sexual violence”</p> <p>Calls for ensuring survivor centered services (health, judicial, psychosocial)</p>
2009	UN Security Council Resolution 1888 on Women, Peace Security	<p>An action-oriented follow-up to SCR 1820 through assigning leadership, aims to build judicial response expertise, system for conducting gaps analyses and reporting mechanisms on the protection of civilians</p> <p>The vast majority of UNSCR 1888 is phrased so as to be inclusive of all victims of sexual violence</p>
2010	UN Security Council Resolution 1960	<p>Creates institutional tools to combat impunity and outlines specific steps needed for both the prevention of and protection from sexual violence in conflict. The new monitoring and reporting mechanism (listing) mandated in the Resolution is a step forward in bringing justice for victims and recognition that sexual violence is a serious violation of human rights and international law.</p>

ANNEX XIII: Criminal Procedures – Domestic Violence

Flow chart explaining the criminal procedure for SGBV cases related to domestic violence.

Judicial Police

The Survivor reports at the police desk that there is a confidential matter to discuss. A police officer will take the survivor's statement and obtain information relevant to the investigation of the alleged crime(s).

The case manager or legal aid provider should request, if possible, that a woman police officer takes the statement and request that the interview is conducted in a private room where confidentiality is guaranteed.

If the SGBV crimes are related to domestic violence Law no. 293 on the Protection of Women and Other Family Members from Domestic Violence from 2014 is applicable. The Law establishes through its article 5 a special unit on domestic violence at the Directorate General of the Internal Security Forces (ISF). The unit is composed of three women adequately trained to solve conflicts and able to provide social support.

After consultation with the Public Prosecutor, the unit shall carry the investigations in presence of social assistants who are acquainted with domestic violence and conflict resolution and who shall be selected from a list prepared by the Ministry of Social Affairs.

The police officer will start with the investigation and contact the Public Prosecutor who can request a forensic doctor report, also the victim can request to be examined by a forensic doctor in order to start the investigation;

"The Judiciary Police shall upon receiving complaints - and upon the review of the Attorney General entrusted with matters of domestic violence and under the supervision thereof:

- listen to the victim and the suspect upon their wish in presence of the social assistant referred to in Article 5 of the present law, and shall inform them with this right as well as with all their rights stipulated in Article 47 of the Criminal Code Procedure (CCP)
- listen to all witnesses of domestic violence including minor children, in presence of the social assistant as per Article 34 of Law 422, dated June 6, 2002." (Art9- Law 293/2014)

"The Judicial police shall inform the victim with his/her right to obtain a restraining order as per Article 12 of the present law and to assign an attorney if he/she wishes to. It shall also inform the victim with all other rights stipulated in Article 47 of the CCP". (Art-10 Law 2014/293)

Public Prosecutor

"The Public Attorney shall receive all complaints related to domestic violence and prior to the issuing of the restraining order by the relevant authority, shall entrust the judiciary police under his/her supervision to take one of the measure below:

1- Ensure that the defendant undertakes to refrain from causing harm to the victim and other persons established in Article 12 of the present law or refrains from instigating anyone to cause them harm subject to implementing clause 1, paragraph (b) of the present Article.

2- Where the same persons are exposed to violence:

a. the defendant shall be prohibited from accessing the household for a period of 48 hours renewable once, if no other means is available to protect the victim, his/her children and the persons enumerated in Article 12 of Law 293/2014 ;

b. the defendant shall be held in custody as per Article 12 of the CCP;

c. the victim and the persons enumerated in Article 12 shall, upon their request, be transferred to a safe place at the expense of the defendant and with due consideration of his/her means.

3- Where violence results in medical or hospital therapy, the victim of violence shall be transferred to an hospital provided the defendant pays for treatment expenses in advance.

Where the defendant refrains from paying treatment expenses in advance as per clause "c" paragraphs (2) and (3) of the present Article, he/she shall be subject to the provisions applicable to alimony in the Code of Penal Procedures .

Contrarily to Article 999 of the Code of Civil Procedures, the decision to lock the defendant having refrained from paying the aforementioned expenses shall be made by the Public Prosecution". (Art11- Law 293/2014)

The restraining order

"A restraining order is a temporary measure made by the relevant authorities as per the provisions of the present law and in the course of examining the cases of domestic violence.

The restraining order aims at protecting the victim and his/her children. As for other descendants and persons living with him/her, they shall benefit from the restraining order where they are in danger. Social assistants, witnesses and any other person providing the victim with assistance shall as well benefit from the restraining order in order to prevent violence or the threat thereof from continuing or recurring.

Children involved de facto in the restraining order mean those children who are in the age of legal custody as per the provisions of the Personal Status law and other applicable laws".

(Art -12 Law 2014/293)

Relevant authority to issue the restraining order

“The request to obtain a restriction order shall be filed before the relevant investigating judge or the Penal Court entrusted with the same and shall be examined in the deliberation room.

The request may as well be submitted before the judge in chambers to apply for summary procedures.

The decision made by the investigating judge or the single appellate magistrate as per the CCP provisions shall be accepted.

Lodging an appeal to challenge the decision relevant to the restraining order shall not stop implementation thereof unless the relevant court decides otherwise.

The decision issued by any of the legal authorities mentioned in the present Article shall not be challenged.

The decision shall be rendered in the cases established in paragraphs one and two of the present article within no more than forty eight hours”. (Art13- Law 293/2014)

“The restraining request shall compel the defendant to take one or more of the measures below:

- 1- Refrain from holding prejudice to the victim and other persons established in Article 12 of law 293/2014 or instigating the same;
- 2- Refrain from holding prejudice to the continued presence of the victim and persons living with him/her and covered by the restraining order in the household;
- 3- Compel the offender to leave the house temporarily and for a period determined by the relevant authority when the victim is found to be in danger;
- 4- Move the victim and other cohabitants outside the house when they are believed to be in danger and subject to a threat that could be the result of a continued presence in the household and transfer them to a temporary safe and convenient residency.

When the victim moves out, children who are of a legal age shall move out with him/her along with any other at risk children or cohabitants.

The defendant shall pay the accommodation fees in advance according to his/her means.

- 5- Compel the defendant, with due consideration of his/her capacities, to pay in advance an amount of money adequate to cover the fees for food, cloth and education fees for dependent persons. Compel the defendant as per his/her capacities to pay the fees necessary for medical treatment or the hospitalization of the victim and other persons established in Article 12 of the present law where violence resulted in the need for therapy”. (Art14- Law 293/2014)

“Trial shall be held secretly before the competent authorities”. (Art19- Law 293/2014)

Disclaimer: The procedure described below/above for domestic SGBV cases are those prescribed by the law. It is not possible to highlight implementation gaps or concerns in light of the relevantly recent adoption of the Law 293/2014.

ANNEX XIV: Criminal Procedures – Cases other than Domestic Violence

Public Prosecutor

The Public Prosecutor may conduct the preliminary investigation himself. If he does, the suspect's counsel may be present with his client during interrogation. With the exception of interrogating the suspect or person complained of, if the Public Prosecutor does not carry out the investigation himself, he shall scrutinize the preliminary investigations carried out by the Judicial Police officer. If he finds that the offence is a felony or a misdemeanor necessitating further investigation, he shall bring charges before the Investigating Judge. If the investigation of a misdemeanor proves to be sufficient, he shall bring charges before the competent Single Judge. The Public Prosecutor establishes a legal file and proceeds to indictment or other decisions. (Art 49- Code of Criminal Procedure, Law no. 328/2001)

If the Public Prosecutor determines that the SGBV crime is a misdemeanor the suit will come before a Single Penal Judge.

If the Public Prosecutor determines that the SGBV crime is a felony, the suit will be heard before an Investigating Judge.

The Public Prosecutor may decide not to proceed with the preliminary investigation:

- Act does not constitute an offence
- There is insufficient evidence that an offence has occurred
- Public Prosecution has lapsed for one of the reasons set out in Article 10 of this Code (case dropped) (Art50- Code of Criminal Procedure, Law no. 328/2001)

Misdemeanors
-Single Penal Judge -

The Single Judge hears cases involving misdemeanors and petty offences, with the exception of offences to which special legal provisions are applicable. The Public Prosecution Office is not represented before him. (Art 150- Code of Criminal Procedure, Law no. 328/2001)

Cases are referred to the Single Judge in one of the following ways:

- (a) Charges laid by the Public Prosecution Office;
- (b) Charges laid directly by the aggrieved party, who assumes the status of a civil party;
- (c) A committal order by the Investigating Judge or the Indictment Chamber;
- (d) An action for damages on the ground of a stay of proceedings, acquittal or discharge;
- (e) A decision to designate a judicial authority or to transfer the case;
- (f) Commission of a misdemeanor during a trial hearing;
- (g) Petty offences for which a record has been issued.

(Art 151- Code of Criminal Procedure, Law no. 328/2001)

The Public Prosecutor brings charges of a misdemeanor before the Single Judge in cases involving a person whose identity has been ascertained.

The statement of charges contains a description of the alleged misdemeanor and of the place in which it was committed, and is accompanied by the record of the preliminary investigations, the complaint, and all documents supporting the prosecution. The Public Prosecutor may subsequently bring charges against a person whom he failed to charge so long as the case remains pending before the Single Judge. The latter may draw his attention to his failure to bring charges against a person against whom evidence exists, without being bound to do so.

The Public Prosecutor may ask to examine the case file, provided that he returns it not more than three days after the date on which it is entrusted to him.

The Public Prosecutor shall sign the document containing his charges and he may not withdraw it or drop the charges.

He may not charge a person with an offence before the Single Judge if he has already charged the person with the same offence before the Investigating Judge.

(Art152- Code of Criminal Procedure, Law no. 328/2001)

Felonies
- Investigating Judge-

In the case of a flagrant delit- the Investigating Judge can go straight to the crime scene without waiting for the Public Prosecutor-

When the defendant appears before him for the first time, the Investigating Judge shall inform him of the charges against him, summarizing the facts and informing him of the evidence in his possession ... The Investigating Judge shall inform the defendant of his rights, particularly the right to the assistance of one lawyer during the questioning. (Art79- Code of Criminal Procedure, Law no. 328/2001)

As an exception to the provisions of Articles 78 and 79 of this Code, the Investigating Judge may take a reasoned decision to begin questioning the defendant forthwith if there is a risk that a trace or evidence may disappear. He may question the defendant without the presence of a lawyer in the case of an offence discovered in flagrante, or the equivalent thereof. (Art 80- Code of Criminal Procedure, Law no. 328/2001)

The Investigating Judge may decide to prohibit communication for a period not exceeding five days with a defendant who is being held in custody. The prohibition shall not be applicable to communications between the defendant and his lawyer. If an arrest warrant issued in the defendant's absence is executed, the Investigating Judge, on being apprised of the arrest, shall summon the detained defendant and question him concerning the charges against him, provided he complies with the rules set out above. (Art83- Code of Criminal Procedure, Law no. 328/2001)

With the exception of a person previously sentenced to at least one year's imprisonment, the period of detention for a misdemeanor may not exceed two months. This period may be extended by, at a maximum, a similar period where absolutely necessary. With the exception of homicide, felonies involving drugs and attacks against State security, felonies which represent a global danger and offences of terrorism and cases of detained persons with a previous criminal conviction, the period of detention may not exceed six months for a felony. This period may be renewed once on the basis of a reasoned decision. The Investigating Judge may decide to prohibit the defendant from travelling for a period not exceeding two months for a misdemeanor and a year for a felony, from the date of being released or set at liberty. (Art108- Code of Criminal Procedure, Law no. 328/2001)

If a person is apprehended in the act of committing a misdemeanor that is punishable with imprisonment, he shall be brought before the Public Prosecutor, who shall question him, charge him and refer him to the Single Judge before whom he will be tried either immediately or on the following day, while respecting Article 108 of this Code. Before referring the case to the Single Judge, the Public Prosecutor may issue an arrest warrant, which shall be enforced forthwith.

If the defendant requests a deferral in order to appoint a lawyer, the Single Judge shall grant him a maximum period of three days for this purpose, which is non-renewable.

In the case of a misdemeanor discovered in flagrante, the Public Prosecutor shall record the names of the witnesses. The Single Judge may order that they be served with oral notice of the time of the hearing, either through the Judicial Police, the security forces or the Bailiffs' Office. If one of them fails to appear, the Single Judge may issue an enforceable summons. (Art153- Code of Criminal Procedure, Law no. 328/2001)

If the Single Judge ascertains that the case pertaining to an offence discovered in flagrante is not ready for trial, he shall order its deferral for a period not exceeding ten days. He may release the defendant of his own motion in the absence of a civil action or in response to an application from the defendant, with or without surety, if he finds that there is no need to keep him in detention, provided that the released defendant elects a domicile in the city or town in which the Single Judge's office is located. In such cases he may, if he considers it necessary, issue a travel ban for a period not exceeding two months.

If the defendant files a request for release, a copy of his application shall be served on the civil party at his actual place of residence within the area of jurisdiction of the Single Judge or at his elected domicile, and he shall submit his observations thereon within twenty-four hours of the date of service. The Single Judge shall decide whether to grant or reject the application within a similar time limit.

The civil party and the defendant may file an appeal against the Single Judge's decision before the Appeal Court within twenty-four hours of the date of notification. The Public Prosecution Office may file an appeal against it within twenty-four hours of the date of its delivery. (Art154- Code of Criminal Procedure, Law no. 328/2001)

Investigating Judge
- Decision

If the Investigating Judge decides to stay proceedings against the defendant, he shall base his decision on either a legal or factual ground.

The ground shall be legal if there is no qualification of the alleged act under criminal law, if a new law was enacted after the charge was laid under which it is no longer qualified as an offence, if the qualification of the act as an offence is no longer valid on a legally justifiable ground, or if the public prosecution in respect of the charge has been extinguished on any of the legally established grounds for extinguishment.

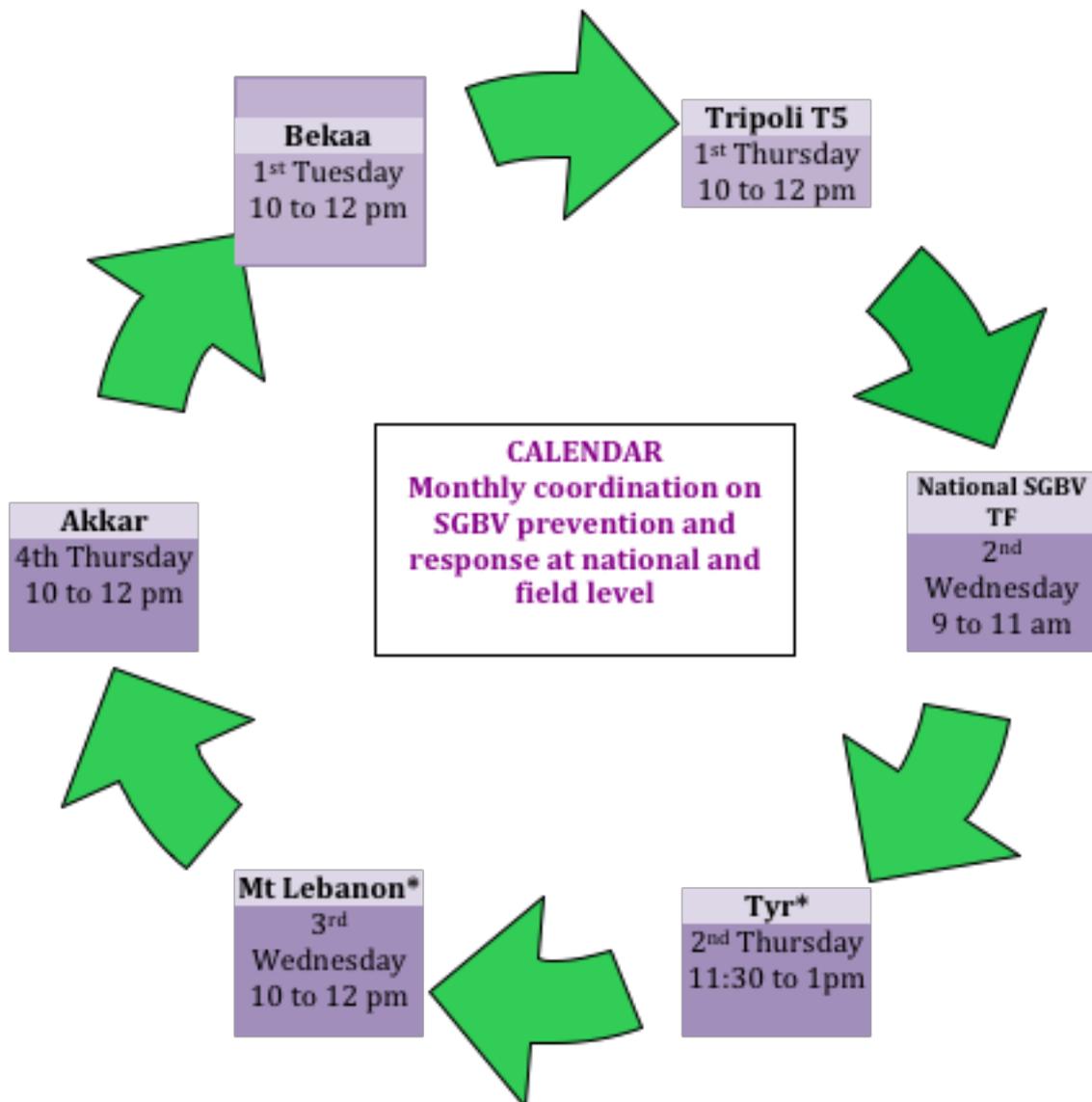
The ground is factual if the investigation fails to establish that the alleged offence actually occurred, if there is no evidence of the existence of a causal link between the alleged offence and the defendant, or if the public prosecution was brought against an unknown person and the investigation failed to detect him or to ascertain his identity. In the latter situation, the Investigating Judge shall issue a permanent wanted notice with a view to detecting the perpetrator or ascertaining his identity.

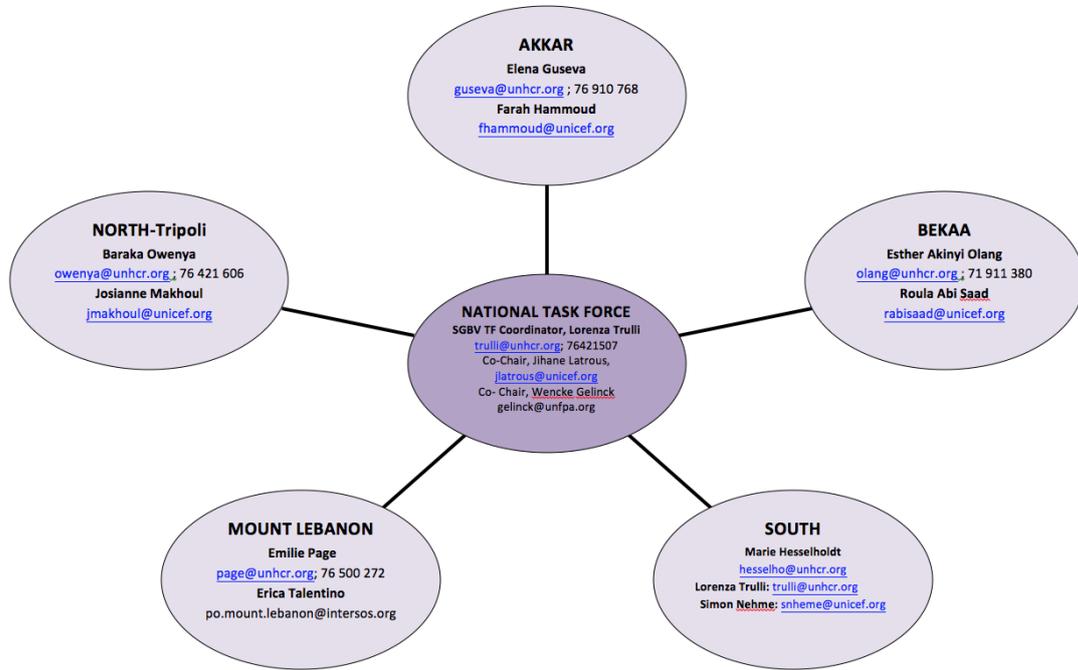
If the Investigating Judge orders a stay of the proceedings against the defendant, he shall order his immediate release if he is in custody. An appeal against this decision shall not stay its enforcement. (Art122- Code of Criminal Procedure, Law no. 328/2001) If the Investigating Judge decides that the alleged act is a petty offence or a misdemeanor that is not punishable by imprisonment, he shall immediately release the defendant if he is in custody and refer the case file to the Single Judge through the Public Prosecution Office. (Art123 Code of Criminal Procedure, Law no. 328/2001)

If the Investigating Judge considers that the act he has investigated amounts to a felony, he shall issue a decision setting out the facts of the case, the evidence available and the legal qualification applicable thereto. He shall refer the file to the Public Prosecution Office for transmission to the Indictment Chamber, which is the authority responsible for the indictment.

If the Investigating Judge decides that the charge of a felony is not applicable to the facts of the case, but that the charge of a misdemeanor is applicable, the Public Prosecutor may appeal his decision. The civil party is not entitled to appeal the decision. (Art125- Code of Criminal Procedure, Law no. 328/2001)

ANNEX XIX: SGBV task force coordination calendar and key contacts





ANNEX XV: Lawsuit Type

Lawsuit type	Law in Muslim religions	Competent court	Procedure	Documents
Divorce	Personal status law of the community who has the jurisdiction to conclude the contract	Chariaa court who has the jurisdiction to conclude the contract	- divorce case - to proof divorce case - disperse lawsuit	- marriage contract and certificate - family record - any other document as proof for the facts
Alimony	Personal status law of the community who has the jurisdiction to conclude the contract	Chariaa court who has the jurisdiction to conclude the contract	Alimony lawsuit for the wife	-any financial document as proof
Post pay المؤخر	Personal status law of the community who has the jurisdiction to conclude the contract	Chariaa court who has the jurisdiction to conclude the contract	Lawsuit for the wife	Marriage contract as proof of the amount
Travel ban	Personal status law of the community who has the jurisdiction to conclude the contract	Chariaa court who has the jurisdiction to hold the divorce case	-lawsuit in the Chariaa court or before the general prosecutor judge - execution in front of the executive bureau if issued by the Cahriaa court and SG	- ID or passport or travel document for the concern person - any other proof
Proof of marriage	Personal status law of the community who has the jurisdiction to conclude the contract	Chariaa court who has the jurisdiction to conclude the contract	Joint lawsuit to proof the marriage	-marriage contract - marriage certificate from Mukhtar if any - both parties avowal
Guardianship (وصاية محكمة شرعية ولاية (محكمة مدنية)	Personal status law of the community of the parties And civil law	-Chariaa court of the community -Civil court	-Guardianship lawsuit in the Chariaa court -guardianship in the civil court for the financial side	Any document that proves this right such as medical report, ID,....

Lawsuit type	Law in Muslim religions	Competent court	Procedure	Documents
Nullity of marriage- divorce or body separation	Procedural law and personal status law for each community	Religious court who has the jurisdiction to conclude the contract	Lawsuit	- marriage certificate or marriage document from the church - family record
Alimony	Personal status law of the community who has the jurisdiction to conclude the contract	Religious court who has the jurisdiction to conclude the contract	Alimony lawsuit for the wife as an addition to the main lawsuit of divorce...	- any financial document as proof
Travel ban	Personal status law of the community	Religious court who has the jurisdiction to hold the divorce case	- lawsuit in the religious court or before the general prosecutor judge - execution in front of the executive bureau if issued by the religious court and SG	- ID or passport or travel document for the concern person - any other proof
Proof of marriage	Personal status law of the community who has the jurisdiction to conclude the contract	religious court who has the jurisdiction to conclude the contract	Joint lawsuit to proof the marriage	- marriage contract - marriage certificate from Mukhtar if any - both parties avowal
Guardianship (وصاية محكمة شرعية (ولاية) محكمة مدنية)	Personal status law of the community of the parties And civil law	- Religious court of the community - Civil court	-Guardianship lawsuit in the religious court - guardianship in the civil court for the financial side	Any document that proves this right such as medical report, ID,....

Lawsuit type	Law in Muslim religions	Competent court	Procedure	Documents
Divorce	Procedural law and family law of the country where the contract was done	Civil court who has the jurisdiction to hold civil family law cases	Lawsuit from one of the parties or joint case	- marriage certificate - family record
Alimony	Procedural law and family law of the country where the contract was done	Civil court who has the jurisdiction to hold civil family law cases	Alimony lawsuit for the wife as an addition to the main lawsuit of divorce...	-any financial document as proof
Travel ban	Civil and criminal laws	General prosecutor	- criminal application	- ID or passport or travel document for the concern person - any other proof such as copy of the divorce case
Proof of marriage	Procedural law and family law of the country where the contract was done	Civil court who has the jurisdiction to hold civil family law cases	Joint lawsuit to proof the marriage	-marriage contract - marriage certificate from Mukhtar if any - both parties avowal
Guardianship (وصاية محكمة شرعية) (ولاية محكمة مدنية)	Lebanese civil law	- Civil court who has the jurisdiction to hold civil family law cases	Guardianship in the civil court for the financial side	Any document that proves this right such as medical report, ID,....

Lawsuit type	Law in Muslim religions	Competent court	Procedure	Documents
Alimony	Personal status law for each community or family law of the country if the marriage is civil	Chariaa or religious or civil court depending the marriage contract	Lawsuit must be submitted by the party who has the legal custody	- Family record - custody decision
Guardianship	Personal status law for each community or family law of the country if the marriage is civil	Chariaa or religious or civil court depending the marriage contract	Lawsuit	- family record - any proof that the legal guardian cannot anymore hold this responsibility such as death certificate, medical report...
Custody	Personal status law for each community or family law of the country if the marriage is civil	Chariaa or religious or civil court depending the marriage contract	Lawsuit based on an initial divorce lawsuit	Any proof that can support the demand
Visitation	Personal status law for each community or family law of the country if the marriage is civil	Chariaa or religious or civil court depending the marriage contract	Lawsuit based on an initial divorce lawsuit	No need to any document. It is a right to the party who doesn't have the custody
Paternity	Personal status law for each community or family law of the country if the marriage is civil	Chariaa or religious or civil court depending the marriage contract	Lawsuit from one of the parties or joint lawsuit	- marriage contract - marriage certificate from Mukhtar if any - both parties avowal -birth certificate from Mukhtar if any or birth notification from the hospital - DNA in many cases.

ANNEX XVI: National legislation relevant to SGBV

Refugees have access to the courts on the same terms as nationals; however, realizing this right is often difficult. Private legal services are costly and legal aid services are not geared towards meeting the needs of refugees. In addition to that, refugees with no legal stay in Lebanon are under risk of being arrested even when approaching Internal Security Forces stations or courts to file complaints or take legal actions.

The Law on the Protection of Women and Other Family Members from Domestic Violence

Signed by the president under the number 293 on 7 May 2014 and published in the official gazette on 15/04/2014.

The law has amended several articles in the Penal Code relevant to domestic violence.

Article 3 of the above mentioned law:

Crimes of domestic violence shall be punished as follows:

1- Article 618 of the Penal Code shall be amended as follows: (related to children and begging)

Article 618: Whoever shall incite a minor aged less than 18 year to begging shall be sentenced to a term of imprisonment of no less than one month and no more than one year and shall be subject to a fine of no less than the minimum wage and no more than double its amount.

2- Article 523 of the Penal Code shall be amended as follows:

Article 523: (related to prostitution)

Whoever shall instigate one person or more, male or female, that has not completed the age of twenty one to engage in prostitution or corruption, and whoever shall facilitate the same by aiding or abetting, shall be sentenced to imprisonment between one month and one year and shall be subject to a fine varying between the minimum wage and three folds the same.

Shall be subject to the same sentence whoever is involved in secret prostitution or engages in the facilitation thereof.

Without prejudice to the provisions of Article 529 annexed to Article 506, the sentence shall be

increased as per the provisions of Article 257 of the present Law where the crime is committed within the family regardless the age of the person against whom the crime is committed.

3- Article 527 of the Penal Code shall be amended; a new paragraph shall be added thereto as follows: (related to prostitution)

Whoever shall rely on the prostitution of a third party to gain his/her living, whether fully or partially, shall be sentenced to a term of imprisonment of no less than six months and no more than two years and shall be fined not less the minimum wage and not more double its amount.

Without prejudice to the provisions of Article 529 added to Article 506 of the Present law, the sentence shall be increased where the crime involves violence or threat.

4- A new paragraph shall be added to Article 547 of the Penal Code as follows: (related to homicide)

Article 547: Whoever shall commit homicide purportedly shall be sentenced to hard labor between fifteen and twenty years. The sentence shall vary between twenty and twenty five years, where homicide is committed by one spouse against the other.

5- Amending Article 559 of the Penal Code to read as follows:

The sentences herein shall be increased as per the provisions of Article 257 where the offense is committed in one of the cases established in Paragraph two of Articles 547 and 549 of the Present Law.

6- Articles 487, 488 and 489 of the Penal Code shall be amended as follows:

Article 487: Adultery committed by one of the spouses shall be sentenced to a term of imprisonment of no less than three months and no more than two years. The same sentence shall apply to partners in adultery where they are married; otherwise they shall be sentenced to imprisonment for not less than one month and not more than one year.

Article 488: The spouse shall be punished to imprisonment for not less than one month and not more than one year where he/she takes a lover in public. The partner shall be subject to the same sentence.

Article 489:

- Adultery shall only be prosecuted upon the complaint of one of the spouses and where the plaintiff associates in a court action with the public prosecutor;
- Partners or accomplices shall only be prosecuted together with the adulterer;
- A complaint filed by the spouse having given his/her consent to the adultery shall be null;
- A complaint filed three months after the plaintiff became informed of the crime shall not be accepted;
- Depriving the spouse of his/her right, results in annulling public and private actions against the offenders;
- Where the plaintiff accepts to resume life in common, charges are dropped.

7- a) Whoever shall with the intent of redeeming marital rights to intercourse or because of the same, beat the spouse or inflict harm thereto, shall be subject to one of the sentences established in Articles 554 to 559 of the Penal Code.

Where beating or harming recurs, the sanction shall be increased as per the provisions of Article 257 of the Penal Code.

Where the plaintiff drops charges, public action subject to Articles 554 and 555 of the Penal Code shall be refuted.

Provisions governing recidivism shall remain applicable, where conditions are satisfied.

7- b) Whoever shall with the intent of redeeming marital rights to intercourse or because of the same, threaten the spouse, shall be subject to one of the sentences established in Articles 573 to 578 of the Penal Code.

Where threat recurs, the sanction shall be increased as per the provisions of Article 257 of the Penal Code.

Where the plaintiff drops charges, public action subject to Articles 577 and 578 of the Penal Code shall be refuted.

Provisions governing recidivism shall remain applicable, where conditions are satisfied.

Voluntary harm done to people related to domestic violence

Provisions remain applicable to domestic violence as per Article 3 paragraph 7-a of the Law on the Protection of Women and Other Family Members from Domestic Violence

Article 554:

A person who undertakes on purpose to beat, wound or harm another person, without causing any disease or work incapacity for a period not exceeding ten days, shall be punishable, based on the complaint filed by the harmed person, by six months imprisonment or custody and a fine of 10 thousand to fifty thousand Lebanese pounds, or one of these two penalties.

A waiver from the part of the plaintiff extinguishes the prosecution right and what is applied from the penalty is what is foreseen by the personal plaintiff's advice.

Article 555:

If the harm causes a disease or work incapacity for a person for a period exceeding ten days, the perpetrator is sentenced to imprisonment for not more than a year and a fine of one thousand Lebanese pounds maximum, or to one of these penalties.

A waiver from the part of the plaintiff leads to half the sentence.

Article 556:

If the disease or work incapacity exceeds twenty days, a penalty of three months to three years imprisonment is applied in addition to the fine aforementioned.

Article 557:

If the act causes the cutting or removal of an organ or the amputation or disablement of one limb or the dysfunction of any of the senses, or if it causes a serious mutilation or any other permanent defect or an apparently permanent defect, the perpetrator shall be punishable to a maximum of ten years of temporary hard labor.

Medical Ethics Law No. 288 issued on 22/2/1994 - Professional secrecy

Article 7 para. 13: if during an examination a doctor identifies a case of rape or sexual assault, he should notify the Public Prosecutor provided he obtains the written consent of the victim.

Article 7 para. 15: if during an examination a doctor identifies arbitrary detention of a minor, ill treatment or deprivation, he should notify the competent authorities.

Sexual Violence Penal Code

Article 503:

A person who forces sex upon someone who is not his spouse, by means of violence and threat is sentenced to five years of hard labor at least. The sentence shall not be less than seven years if the victim is under fifteen years of age.

Article 504:

Is sentenced to forced labor a person who has sex with a person who is not his spouse and who cannot resist because of a physical or mental deficiency or because of means of deception used against this person.

Article 505:

A person who has sex with a minor who is under the age of fifteen shall be sentenced to temporary forced labor. The sentence shall not be less than five years if the victim is under twelve years of age. A person who has sex with a minor above fifteen years of age and under eighteen years of age shall be sentenced to two months to two years imprisonment.

Article 506

A sexual act committed against a minor between fifteen years and eighteen years of age by one of his/her parents, whether legal or illegal, or one of his/her in-laws, and any person who has a legal or effective act on him/her or any of the servants of those people, shall be sentenced to temporary hard labor.

Law 422 on Protection of Juveniles in Violation of the Law or Exposed to a DangerArticle 25

A minor is considered to be in a threatening situation:

- If found in an environment exposed to exploitation or where his mental and physical health and safety, education and morals are at risk.
- If he is sexually aggressed or physically aggressed (cruel discipline beyond acceptable limits)
- If he is begging or is homeless

A minor will be considered as beggar if he is soliciting charity by any means. And is considered homeless if he has left his home and is living in the streets and public places; or if he is living as such and had no home initially.

Article 26

The judge in any of these cases, shall take in the interest of the mentioned juvenile the protection, supervised freedom or rehabilitation measures, when necessary.

The judge intervenes in this case based on the juvenile's complaint or on the complaint of the parents, guardians, custodians or persons responsible for him, the social worker or public prosecutor or upon an information. He shall automatically intervene in cases that require urgent measures. The public prosecutor or the juvenile judge shall order a social investigation and hear the juvenile, his parents or one of them, the guardian or persons responsible for him, before taking any action against him unless there is urgency where the appropriate measure may be taken before the completion of the abovementioned procedures. The judge may resort to the judicial police to investigate on the matter.

Shall not be deemed a divulcation of a professional secret and shall not be subject to the provisions of the criminal law, any information provided to the competent authority by a person who as a result of his situation, job or occupation is aware of the circumstances of the juvenile who is exposed to a danger in the cases specified in Article 25 of this Law.

Fornication (forms of sexual exploitation -penal code)

Article 507:

A person who by violence and threats forces another person to undergo sufferings or undertake an indecent act is to be sentenced to hard labor for not less than four years.

The minimum sentence shall be of six years if the victim is under fifteen years of age.

Article 508:

A person, who, by means of deceit or exploitation of a physical or mental problem of a person, commits an indecent act against this person, shall be sentenced to ten years of temporary hard labor.

Article 509:

A person who commits an indecent act against a minor under fifteen years of age shall be sentenced to temporary hard labor.

The sentence shall not be less than four years if the child is under twelve years of age.

Article 510:

Every person as described in Article 506 who commits against a minor who is between fifteen and eighteen years of age, an indecent act, shall be sentenced to a maximum of ten years of hard labor.

Incitement to immorality

Article 523 of the penal code:

Amended by the Law on the Protection of Women and Other Family Members from Domestic Violence

Whoever shall instigate one person or more, male or female, that has not completed the age of twenty one to engage in prostitution or corruption, and whoever shall facilitate the same by aiding or abetting, shall be sentenced to imprisonment between one month and one year and shall be subject to a fine varying between the minimum wage and three folds the same.

Shall be subject to the same sentence whoever is involved in secret prostitution or engages in the facilitation thereof.

Without prejudice to the provisions of Article 529 annexed to Article 506, the sentence shall be increased as per the provisions of Article 257 of the present Law where the crime is committed within the family regardless the age of the person against whom the crime is committed.

Article 524:

A person who undertakes, for the pleasure of other persons, to seduce, attract or exclude a person with his/her consent, shall be punishable by at least one year imprisonment and a fine that is not less than half the official minimum wage.

Article 525:

A person who undertakes to detain another person in a brothel, against his/her will, and for a debt bondage, shall be punishable by two months to two years and a fine of the tenth of the official minimum wage to the total of it.

Article 526:

A person who undertakes to facilitate, for the purpose of achieving profit, the incitement of people to commit immoral acts with others, shall be punishable by one month to one year imprisonment and a fine of twenty thousand to two hundred thousand Lebanese pounds.

Child marriage (religious family law)

Minimum age for marriage in Lebanon according to religious family laws

Catholic Church: 16 for men, 14 for women (a higher age can be imposed by the head of Church)

Orthodox Church: 18 for men and women (This can be reduced to 17 for men and 15 for women)

Evangelical Church: 18 for men and 17 for women (This can be reduced to a lower age)

Sunnis: 18 for men and 17 for women (This can be reduced to a lower age)

Shia: Puberty is the main criteria and is theoretically set at 15 for men and 9 for women.

Druze: 18 for men and 17 for women and the head of the sect can reduced it to 16 for men and 15 for women.

Jews (very few if none are living in Lebanon, but their family law is still officially recognized by the State): 18 for men and 12 for women. The age requirement for men can be reduced to 13

Penal Code Provisions

Article 483

A fine varying from 50 000 l.l. to 500 000 l.l. will be imposed on any religious authority conducts the marriage of a minor less than 18 years old, without mentioning in the marriage form the consent of the minor's guardian, or the permission of the judge.

Article 484

The above-mentioned fine is also applicable when a marriage is contracted without the respect to public announcements and procedures stipulated in the relevant family law. The fine also applies when the period of abstention from marriage imposed on women (widows or divorcees) is not respected.

Trafficking in persons (penal)

Article 586 – a: "Trafficking in persons" is:

- a) the recruitment, transportation, receipt, detention or harboring of a person
- b) by means of threat or use of force, abduction or deception, abuse of power or of a position of vulnerability, or of the giving or receiving of payments or benefits, or using such means to achieve the consent of a person who has control over another person
- c) for the purpose of the exploitation of others or facilitating this exploitation by someone else.

In case any of the means above described is used, the consent of the victim shall not be considered as valid.

- “victim of trafficking”:

For the purpose of this law, the “victim of trafficking” means any physical person who has been subject to human trafficking or who is reasonably considered by the competent authorities as a victim of human trafficking, regardless of whether the perpetrator has been identified, arrested, judged or indicted.

According to the provisions of the present article, is considered as an abuse any act of forcing another person to participate in any of the following deeds:

- a) acts punishable by the Law;
- b) Prostitution or exploitation of others for prostitution purposes;
- c) Sexual exploitation;
- d) Begging;
- e) Slavery or practices similar to bondage;
- f) Forced or compulsory labor;
- g) Including forced or compulsory recruitment of children in armed conflicts;
- h) Forced involvement in terrorist acts;
- i) Removal of organs or tissues from the victim.

- The consent of the victim, or any of his/her ascendants or legal tutor or any other person who has a legal or de facto control over him/her, for the intended exploitation as described in this paragraph.

- The recruitment, transfer, detention or harboring a person for the purpose of exploitation are considered, when perpetrated against persons under eighteen years of age, as trafficking in persons, even without any of the means mentioned in paragraph 1 b of the present article being used.

Article 586 – 2 punishes the crime stipulated in Article 586 – 1 as follows:

1- by five years imprisonment and a fine of one hundred to two hundred times the official minimum wage in case such acts occur for the purpose of giving, promising or receiving payments or other benefits.

2- by seven years detention and a fine of one hundred and fifty to three hundred times the official minimum wage in case such acts occur through deceit, violence, duress or influence on the victim or any member of his/her family.

Article 586 –3The penalty is a ten years detention and a fine of two hundred to four hundred times the official minimum wage in case the perpetrator of the crime mentioned in Article 586 – 1 or the

accomplice, the intervener or the instigator is:

- 1- a public servant, a person in charge of a public service, the director or an employee of a recruiting agency;
- 2- one of the ascendants of the victim, legal or illegal, one of the members of his/her family, any person exerting a direct or indirect, legal or de facto power over him/her.

Article 586 –4 The penalty is a fifteen years detention and a fine of three hundred to six hundred times the official minimum wage in case the crime mentioned in Article 586 – 1 is perpetrated:

- 1- By a group of two persons or more, undertaking criminal acts whether in Lebanon or in more than one country;
- 2- If the crime concerns more than one victim.

Article 586 – 5 In case of any of the following conditions occurring, the criminal acts mentioned in Article 586 – 1 shall be punishable by ten years to twelve years imprisonment and a fine of two hundred to four hundred times the official minimum wage:

- a) When the crime includes a serious harm to the victim or to another person or the death of the victim or another person, including death resulting from suicide;
- b) When the crime concerns a particularly vulnerable person, including pregnant women;
- c) When the crime exposes the victim to a life threatening disease, including HIV/AIDS;
- d) When the victim is physically or mentally disabled;
- e) When the victim is under eighteen.

Article 586 – 6 Is exempted from penalty any person who undertakes to notify the administrative or judicial authorities of the crimes mentioned in this Chapter and provides them with information which allows either the disclosure of the crime plan before it happens or the arrest of the perpetrators, accomplices, interveners or instigators if the informing person does not bear any liability as perpetrator of the crime mentioned in Article 586 – 1.

Article 586 – 7 Mitigating circumstances are applied to the person who provides the competent authorities, after the perpetration of the crimes mentioned in this Chapter, with information that prevents the extension of those crimes.

Article 586 – 8 The victim who has been evidently obliged to perpetrate acts that are punishable by the Law or has broken the terms of residence or work, shall be exempted from penalty.

The examining magistrate may, by virtue of a decision he/she issues, allow the victim to reside in Lebanon during the period of the investigations procedure.

Article 586 – 9 The Minister of Justice may hold agreements with specialized institutions or organizations which offer assistance and protection to the victims of the crimes mentioned in this Chapter.

The terms and procedures of assistance and protection provision by these institutions and organizations are fixed by virtue of a decree issued by the Council of Ministers upon a proposal by the Minister of Justice.

Article 586 – 10 The proceeds of the crimes mentioned in this Chapter are seized and deposited in a special account of the Ministry of Social Affairs for assistance to such victims.

The regulations of such account are fixed by virtue of a decree issued by the Council of Ministers upon a proposal by the Minister of Social Affairs.

Article 586 – 11 The Lebanese courts are competent when any of the crime elements is perpetrated on the Lebanese territories.

ANNEX XVII: Sample Safety Audit Tool

GBV Assessment Tools – From IRC Community Mobilization Toolkit

4: SAFETY AUDIT

Focus: Reducing Risks for Women and Girls in the Camp/Site Environment

Note: This tool is based upon observation. In areas of insecurity, you should not fill in the questionnaire while walking around the site/community; rather, take mental note of questions and observations and fill in the form later, after leaving the site/community. It is intended for informal peri-urban settlements including informal urban, tent, and collective shelters.

Please make sure to answer 'yes' or 'no' to whether each specific item is a problem. Always provide as detailed a description as possible of what the current situation is. Please include detailed descriptions, and take note of any issues that might appear to be of particular concern for the safety and security of women and girls.

Name of Person Conducting Audit:

Geographic region:

Team: Mobile WGCC

Date:

Location/IS:

Overall Layout

Are night lights visible in the area?

Yes No

CONSIDERATIONS: Are night lights visibly placed in main thoroughfare walk ways pathways? Are light installations visible along roads, walk ways, health posts and other services?

Is there overcrowding in the home?

Yes No

CONSIDERATIONS: If yes, are homes shared between strangers (ie individuals and/or families previously unknown to each other)? Is there privacy for bathing and toilet use? Are there partitions between rooms? Is there stranger traffic/loitering in entry ways and walkways within collective and/or private shelter spaces?

COMMENTS:

Is there overcrowding in the settlement area?

Yes No

CONSIDERATIONS: Are shelters secure structures? Do shelters have closable entryways e with internal locks? Are there walkways to allow for movement? Are walkways well lit? Do households have privacy?

COMMENTS:

Community

Are there women and girls present in the community during the day?

Yes No

CONSIDERATIONS: What are women and girls observed doing in the settlement and/or area? Are women or girls observed at home alone? Are girls observed in or nearby schools? Are women or girls observed to be working in the settlements or nearby? What sorts of occupations do they have?

Have armed actors or others set up barriers or checkpoints within or in the immediate vicinity of the area ?

Yes No

CONSIDERATIONS: Are barriers/checkpoints blocking key access routes to health centers, schools or other key community and service points? Are there barriers/checkpoints nearby? Do official / and/or unofficial armed actors patrol the area?

COMMENTS:

Other Comments

Please include any other observations, including those related to movements and activities of women and girls outside the home for market access, employment or livelihoods, recreation, etc.

ANNEX XVIII: Additional considerations for at risk categories

Additional considerations for at risk categories of persons

All principles and standards contained in these SOPs apply to all persons, regardless of their race, religion, nationality, ethnicity, sex, sexual orientation or political affiliation. However, the paragraphs below intend to provide guidance in order to ensure that SGBV prevention and response interventions fully address the needs and vulnerabilities of some categories that are particularly at risk and very often less visible

Persons with disabilities are more vulnerable to SGBV because:

- Economic dependence and reduced access to livelihoods lead to increased risk of sexual exploitation and abuse, survival sex
- Less valued: increased risks of domestic violence/forced marriage/ forced prostitution
- Less visible: overlooked in SGBV prevention and response programming
- Limited mobility and reduced access to services

In addition, persons with disabilities may be an easy target for acts of SGBV because **they are less likely to report** what happened, both due to barriers to access services and lack of awareness of available services. Moreover, access to services for survivors of SGBV living with disabilities may pose additional challenges in terms of how to ensure that guiding principles are respected (confidentiality and respect the dignity and ensure non-discrimination of the survivor)

Prevention: possible actions

- Address attitudinal barriers, including negative stereotyping of persons with disabilities, social stigma and other forms of discrimination.
- Raise awareness about the particular risks of exposure to SGBV that persons with disabilities may face.
- Ensure the inclusion and participation of persons with disabilities in the development, implementation and monitoring of SGBV prevention and response programmes
- Ensure meaningful participation in assessments - attention should be paid to ensuring accessible venues for consultation and program implementation, transportation opportunities for those facing obstacles to mobility, as well as addressing obstacles to participation for caregivers of family members with a disability

-
- To acknowledge the contribution and value of persons with disabilities, try to address directly both the individual as well as their caregivers
 - Inform and train persons with disabilities as well as their families and caregivers on how to recognize, avoid and report acts of SGBV
 - Improve broader inclusion by creating opportunities for persons with disabilities to educate their community about their rights, possibilities to contribute and participate in community life
 - Develop partnerships with specialized organizations, including local disabilities organizations to improve the quality of programmes to prevent and respond to SGBV.
 - Provide accessible information about SGBV and services that exist to prevent and respond to SGBV. Consult with persons with disabilities to identify preferred communication mode (i.e. not all the people who are blind have been taught Braille)

Response: possible actions

- Ensure that information and services that are available for survivors of SGBV living with disabilities, including health and transportation services, and interpreters for the hearing impaired, are accessible to persons with disabilities and their families.
- Training of service providers on disability and how it may lead to increased risks of SGBV
- Work with service providers and survivors with disabilities on ensuring that barriers to access services are removed and that effective referral pathways are established (peer counseling and support networks may facilitate access to services)

Lesbian, Gay, Bisexual, Transgender, Intersex may face several challenges in accessing services. They may encounter discrimination based on sexual orientation or gender identity in renting accommodations or discrimination in accessing employment opportunities. These challenges may lead to risky survival tactics, including survival sex work, sex-for-shelter; exploitation on the job; exposure to physical and sexual violence.

Prevention: possible actions

- Address attitudinal barriers, including negative stereotyping of Lesbian, Gay, Bisexual, Transgender, Intersex persons, social stigma and other forms of discrimination
- Develop and implement awareness raising activities for beneficiaries, local NGOs and police, hospitals, and schools to reduce discrimination and stigma against Lesbian, Gay, Bisexual, Transgender, Intersex persons and to raise positive attitudes (identify influential allies, that

can support these campaigns). Where possible, ensure that activities are developed with LGBTI community input

- Conduct outreach to Lesbian, Gay, Bisexual, Transgender, Intersex communities where they live.
- Include Lesbian, Gay, Bisexual, Transgender, Intersex persons of concern in all programmes. Work with any local LGBTI associations to ensure Lesbian, Gay, Bisexual, Transgender, Intersex persons are included / have access to protection services (ex. livelihoods/ self-reliance programmes, education, shelter)
- Ensure that registration facilities and processes protect privacy and confidentiality and are accessible to Lesbian, Gay, Bisexual, Transgender, Intersex refugees
- Provide information in places that Lesbian, Gay, Bisexual, Transgender, Intersex consider safe.

Response: possible actions

- Identify risks that Lesbian, Gay, Bisexual, Transgender, Intersex persons may encounter in accessing services
- Raise awareness among legal, psychosocial and health service providers about the occurrence of SGBV against Lesbian, Gay, Bisexual, Transgender, Intersex persons and their obligation to act inclusively and without discrimination, thereby preserving dignity and confidentiality in their dealings with Lesbian, Gay, Bisexual, Transgender, Intersex survivors.
- Create referral pathways LGBTI-friendly legal aid organizations, medical professionals, social service organizations, employment agencies
- Bolster emergency shelter options for at-risk sexual minorities.



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