3RP TURKEY

INTER-AGENCY

STANDARD OPERATING PROCEDURES

GENDER-BASED VIOLENCE (GBV)

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Inter-Agency Coordination Turkey

Inter-Agency Standard Operating Procedures
Gender-Based Violence

The National Gender Based Violence Sub-Working Group (GBV sWG) chairs hold ownership of this Standard Operating Procedures (SOP) document. This SOP is subject to regular editions and revisions by members of the national GBV Sub-Working Group. All kind of revisions are subject to approval and editions made on the document shall be approved by the National GBV sWG.

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Abbreviations

Best Interest Assessment	BIA
Best Interest Determination	BID
Directorate General for Migration Management	DGMM
Foreigners' Communication Center	YIMER
Gender-based violence	GBV
Gender-Based Violence Sub-Working Group	GBV sWG
Human Immunodeficiency Virus	HIV
Inter-Agency Standing Committee	IASC
Ministry of Family and Social Services	MoFSS
Non-Governmental Organization	NGO
Post-Exposure Prophylaxis	PEP
Provincial Directorate of Family and Social Services	PDoFSS
Provincial Directorate of Migration Management	PDMM
Psychosocial Support	PSS
Social Service Centers	SSC
Standard Operating Procedures	SOP
United Nations High Commissioner for Refugees	UNHCR
United Nations Population Fund	UNFPA
Violence Prevention and Monitoring Center	ŞÖNİM

Introduction

In conflict and displacement situations social structures are disrupted. While women and girls are at heightened risk, men and boys also face risk of exposure to GBV. Families forced to leave their homes are often dispersed during flight. As a result, oftentimes children may be separated from the rest of their family members whereas women may be solely responsible for protecting and maintaining their households. In such circumstances, risk mitigation, prevention and response efforts related to GBV necessitates a cooperative multi-sectorial, interagency effort.

Article 4 of the Council of Europe Convention on Preventing and Combating Violence against Women and Domestic Violence[1], titled "Fundamental rights, equality, and non-discrimination" guarantees that all individuals shall be provided protection without discrimination. In addition, Article 2 of the Law to Protect Family and Prevent Violence against Women No. 6284[2] defines a survivor of violence as a "person who is directly or indirectly subject to or at the risk of the attitudes and behaviors which are defined as violence within this Law and the people who are affected by violence or at the risk of being affected by violence." Furthermore, Law No. 5395 on the Protection of Children[3] stipulates that protective and supportive measures shall be applied to children who have been exposed to or are at risk of being subject to GBV. It is noted that the applicability of both National laws is not limited to the bonds of nationality or residence, hence all provisions are applicable to International Protection (IP) Applicants and Status Holders, as well as Syrians under Temporary Protection in Turkey. This SOP has been generated based on (but not limited to) the mentioned legislation and is applicable to all persons of concern including women, men, girls and boys who have been subjected to, or are at risk of being subject to gender-based violence.

The document outlines guiding principles, procedures, roles and responsibilities of all relevant entities in risk mitigation, prevention and response efforts related to GBV and also includes information on the available services. This SOP is designed to be used in complementarity with existing resources related to risk mitigation, prevention of and response to GBV.

The SOP is prepared for the use of staff from UN agencies, international and national NGOs, as well as Turkish public institutions[4] including, but not limited to the MoFSS / PDoFSS, which provides protection, services and assistance to International Protection Applicants and Status Holders, and Syrians under Temporary Protection in Turkey. The Inter-Agency SOP aims to achieve complementarity in action between the mentioned humanitarian actors and public institutions and integrate actions within the same risk mitigation, prevention and response system, thus avoiding parallel systems.

[1] Council of Europe « Convention on Preventing and Combating Violence against Women [Istanbul Convention] » [2011] https://rm.coe.int/CoERMPublicCommonSearchServices/DisplayDCTMContent?documentId=090000168008482e

[2] Law to Protect Family and Prevent Violence against Women No. 6284 [2012] https://www.mevzuat.gov.tr/MevzuatMetin/1.5.6284.pdf

[3] Child Protection Law No. 5395 [2005]

https://www.mevzuat.gov.tr/MevzuatMetin/1.5.5395.pdf

[4] All relevant entities including but not limited to public institutions, UN agencies and I/NGOs can make use of these SOPs as applicable to their sector.

This SOP document was initiated, developed and endorsed through the National GBV Sub-Working Group. As agreed, the SOP shall be subject to regular revision by the Sub-Working Group, including upon request by any member organization within the Sub-Working Group.

Chapter One: Guiding Principles for Working with Persons Exposed to or Under Risk of GBV

All interventions aimed at mitigating risks of, preventing and responding to GBV should follow the guiding principles[5] outlined below. These principles adopt both a human rights-based approach and a survivor-centered approach. In this respect, all actors in the field responding to the needs of GBV survivors or those at risk should be well acquainted with these principles and apply them throughout their interventions.

The guiding principles aim to create a safe, supportive and empowering environment in which the survivors' and at-risk groups' rights are duly respected and they are treated with dignity and respect, in line with a rights-based approach. Complementarily, through a survivor-centered approach, all actors engaged in GBV programming prioritize the rights, needs and wishes of the survivors. Both of these approaches help to promote survivors' recovery and their ability to identify and express needs and wishes, as well as to reinforce their capacity to make decisions about possible interventions.

All actors supporting the refugee response must be acquainted with these principles through targeted and dedicated trainings. Furthermore, actors should be aware of their responsibilities and recognize that all actions should follow the codes of conduct/ethics, be coordinated and communicated carefully in a multi-sectoral manner, and with accountability ensured at all levels.

Below is a list of guiding principles that are applicable at all levels of intervention for GBV survivors and those at risk.

Safety

Take all possible precautions to ensure the safety of the survivor or the individual at risk of GBV, as well as their family.

- Following a GBV incident or risk of GBV, survivors may be frightened and need assurance of their individual safety. In all cases, inform the survivors on rights and services available to them. The analysis of safety concerns should recognize the possibility that the survivor's own family or community may be a potential source of further harm, especially if the survivor is blamed for the violence, abuse or exploitation, or if there are perceptions that their status as a survivor has somehow compromised family or community "honor". Be aware of the safety and security situation of other individuals who are supporting the survivor, such as family, friends, GBV service providers and specialized staff, and health care workers.
- Ensure the survivor's safety and security through regular and active follow-up. To this end, devise a follow-up action plan in accordance with the individuals' informed consent and through

[5] Inter-Agency Standing Committee [IASC] « Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action: Reducing risk, promoting resilience and aiding recovery » pg. 45 [2015]
https://gbvguidelines.org/wp/wp-content/uploads/2016/10/2015_IASC_Gender-based_Violence_Guidelines_full-res.pdf

their participation as well as suggestions for interventions. Engage with the individual through regular two-way communication and feedback, as well as visits on certain intervals if requested by the individual. Even if a case has been closed (per thresholds mentioned in step 6 of GBV specific case management), further support may be required in the future in case the survivor is exposed to further violence or a new protection need arises. Hence, safety planning is crucial and should be undertaken with the individual in consideration of urgent need for support.

Confidentiality

Respect confidentiality of information shared by survivors of GBV.

- Information related to GBV incidents is extremely sensitive and confidential. Therefore, the improper sharing of information about a GBV incident can have serious and potentially life-threatening consequences for the survivors and those supporting them.
- Information sharing should be in line with relevant national laws and regulations, with specific consideration for the Personal Data Protection Law (KVKK).
- If information sharing with other actors is required, confidentiality should be ensured by sharing information only on a need-to-know basis with specialized and trained personnel via seeking informed consent of the survivor. If the child is a survivor of GBV, per national laws there is a mandatory reporting requirement. Nonetheless, when deemed in the best interest of the child, parents, legal guardians and/or caregivers should be informed on the reporting requirement and potential outcomes of initiating this process. Further information on informed consent, assent and limits to confidentiality are provided throughout pages 9-10 and 14.

Take the following precautions to ensure confidentiality:

- All staff should protect obtained information and ensure it is shared only with the survivors' permission through informed written consent in their own language. Survivors with sight disability, illiterate persons or those who do not speak the language in which the consent form is written must be adequately informed about the content of the form.
- After obtaining informed consent (refer to dedicated section on page 10 for comprehensive overview) from the survivor, staff should only share relevant information with organizations or institutions that are following up the case for the purpose of supporting the survivor. Information provided during referrals should be restricted to a "need to know" basis. Organizations are encouraged to refer cases via the Inter-Agency Referral Form (Annex 5), including the dedicated page on "GBV Case Referrals" to promote and adhere to protection standards in referrals.

- Staff should never reveal the survivor's name or any personal, identifiable information (i.e. location, phone number, physical address, family member's names, etc.) to anyone who is not directly involved in the provision of services.

- Authorized staff of the relevant entities involved in identifying and referring cases will collect, store and, if deemed necessary, share information on individual cases in a protection-sensitive manner, in conformity with the principle of confidentiality and in line with the Personal Data Protection Law (KVKK). All written information about survivors must be kept in secure locations. Forms should not contain identifiable information, rather should use a coding system and be password protected when electronic files are used.

Exceptions to Confidentiality

Confidentiality and informed consent should always be given priority. However, limits to these can occur under exceptional circumstances determined in Turkish Law, as indicated below:

- If the survivor is a child, and if the child's health or safety is at risk or abuse is suspected, limits to confidentiality exist in order to protect the child when it is in the best interest of the child[6]. Pursuant to Turkish legislation, public institutions, NGOs, and any third parties have an obligation to report any child in need of protection[7].

- If the survivor is an adult who threatens their own life or who is directly threatening the safety of others, such person must be referred to the security forces and other law enforcement offices, which will ensure the safety of their life. 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.

- According to Articles 278 and 279 of the Turkish Criminal Code[8]; all citizens, including public officials and health workers, have an obligation to report crimes. If the service provider detects a crime, principle of confidentiality would not apply. In that case, the service provider must inform the survivor of the mandatory reporting requirement and ask the survivor if they wish to provide information about the perpetrator or even continue with the case management and assistance by service providers.

[6] United Nations Education Fund [UNICEF] / International Rescue Committee [IRC] « Caring for Child Survivors of Sexual Abuse » pg. 89 [2012]
https://www.unicef.org/documents/caring-child-survivors-sexual-abuse

[7] As per Law No. 5395 Art. 3, children in need of protection are defined as follows: any child whose physical, mental, moral, social or emotional development and personal safety is in danger, who are neglected or abused, or who are victims of crime

[8] Criminal Code No. 5237 [2004]
https://www.mevzuat.gov.tr/MevzuatMetin/1.5.5237.pdf

Informed Consent

- This is the agreement given voluntarily by an individual who has the legal capacity to give consent. To provide informed consent, the individual must know and be able to comprehend available services, have the legal capacity to understand the consequences of any act and maturity to take a decision regarding their own situation.[9]
- Obtaining informed consent requires informing the survivor about all options and possible referrals, their implications, any risks or consequences of sharing information about their situation and any limits to confidentiality. The survivor should also be informed on the extent of information that will be shared with specific service providers. Persons should be informed on their right to decline or refuse any part of the service as well.
- If a survivor agrees and requests referrals, they must give informed consent before any information is shared with others. If the survivor is a child, particular safeguards must be followed while adhering to the mandatory reporting requirement. Children should be informed in line with their age and maturity level of the reporting requirement process and potential outcomes/consequences.
- The survivor has the right to put limitations on the information to be shared, and to specify which organizations can and cannot be given the information. They also have the right to withdraw consent at any time.

Respect

Respect the wishes, decisions, privacy and rights of the survivor or the individual at risk of GBV.

- The individual should be consulted on where they wish to seek help. Their wishes should be respected accordingly. Interviewers should not provide advice, push, suggest or otherwise guide in any specific direction or take decision on the survivors' behalf.
- Any interaction with the individual should be undertaken in private settings ensuring confidentiality.
- Organizations and staff should ensure that the individual does not have to repeat the story in multiple interviews. Individuals should preferably have one responsible case worker assigned to them to minimize risks of confidentiality breaches and reduce the burden of having to retell traumatic experiences.[10]

[9] Child Protection Working Group – Global Protection Cluster « Minimum Standards for Child Protection in Humanitarian Action » pg. 66 [2012]

[10] The survivor is always reminded that they have the right to choose and replace social workers. If a man social worker is conducting a case which has not started as GBV, but then turns into a GBV case in the process the survivor is asked whether

- Interviews should be conducted by staff, including interpreters (if applicable) of the same sex of the survivor or as preferred by the survivor. In cases where the victim is a child, interviews should preferably be conducted by women, or per the preference of the child.

- Interviewers should be respectful, maintaining a non-judgmental and neutral manner including in verbal and non-verbal communication and attitude respecting the individual's culture, nationality, ethnicity, gender identity, sexual orientation, age, marital status, political point of view, profession and education (etc.).

- Individuals should never be blamed for their experiences. Interviewers should not ignore, deny, and/or minimize their experience of violence. Interviewers should provide reassurance that they believe the individual through statements such as: "What happened was not your fault", or "You were right to ask for help."

- The questions directed to the individual should be asked for the purpose of identifying the service model/s that will be selected to strengthen the support relationship and promote survivor's coping capacity. Pursuant to Law on the Protection of Personal Data No. 6698[11], the survivor should only be asked relevant questions upon receiving their consent. Questions that are irrelevant, asked only to satisfy curiosity and which will not contribute to the support-based relationship and may potentially harm the survivor should be avoided. The individual's pace in telling their story should be respected.

- Interviewers should be mindful to ask open-ended questions and avoid leading questions.

- The interview should be carried out in the individual's own language, either directly or through interpretation. The survivor should always be consulted about their preference for the interpreter's and interviewer's gender.

- Interviewers should not raise expectations or make a promise that cannot be kept (e.g. should not claim to 'end violence'). Instead, specific information about the capacities and limitations of service providers should be provided.

Non-discrimination

they want to continue with woman social worker, and reminded their right for asking to change. In cases of child survivors, woman social worker run the process however, especially boys are asked if they want to meet with a social worker of the same gender and reminded that they have such a right.

[11] Law on Protection of Personal Data No. 6698 [2016]
https://www.mevzuat.gov.tr/MevzuatMetin/1.5.6698.pdf

It is guaranteed under Article 4 of the "Council of Europe Convention on Preventing and Combating Violence Against Women and Domestic Violence (Istanbul Convention)"[12] titled "Fundamental rights, equality and non-discrimination" that survivors of violence will be protected without any discrimination.

- Within this framework, all survivors, whether adults or children are to be provided with equal care and support regardless of their race, religion, nationality, legal status, ethnicity, sex, sexual orientation, gender identity, disability, political affiliation, etc.
- Especially with regards to GBV survivors with physical, mental and/or intellectual disabilities, organizations should ensure that their disability does not prevent them from accessing services, through provision of mobile or specialized support.
- Article 4(b) of the Act on Disabled People and on Making Amendments in Some Laws and Decree Laws No. 5378[13] clearly stipulates that "No discrimination is allowed on the basis of disability and fighting against disability constitutes the basis of policies relating to disabled people". Similarly, Article 4(c) of the same act warrants equal opportunities for individuals with disabilities in enabling their access to rights and services on an equal basis. Furthermore, Article 4(e) stipulates that "It is essential to prevent all forms of exploitation that target disabled people and disability".

Guiding Principles Specific to Working with Child Survivors of GBV

Any actions concerning child survivors of GBV must be undertaken by actors specialized both in child protection and GBV. It is strongly recommended that interviews are conducted by female staff (or based on the child's preference).

Service providers need to abide by the below principles[14] in all actions involving child survivors of GBV:

Best Interest of the Child

The best interest of the child must be the primary consideration in all decisions and actions involving children to ensure their rights are respected. Policy, procedure and individual interventions should be developed with advance consideration of the possible negative or positive consequences for children and their coping mechanisms, with the preference on the least harmful course of action for the child. Best interest procedures (BIA and BID) should be conducted as a priority by the PDoFSSs and in line

[12] Council of Europe « Convention on Preventing and Combating Violence against Women [Istanbul Convention] » [2011] https://rm.coe.int/CoERMPublicCommonSearchServices/DisplayDCTMContent?documentId=090000168008482e

[13] Law on Disabled People and on Making Amendments in Some Laws and Decree Laws No. 5378 [2005] https://www.refworld.org/docid/4c445e652.html

[14] United Nations Education Fund [UNICEF] / International Rescue Committee [IRC] « Caring for Child Survivors of Sexual Abuse » [2012] https://www.unicef.org/documents/caring-child-survivors-sexual-abuse

with international standards. Positive and negative impact of actions should be assessed by taking into account the views of the child as well as the caregivers' opinions (as appropriate). The best interest principle also means that in some cases, decisions may need to be taken against the child's wishes. When such decisions must be taken, caseworkers should explain the reasons to the child in a child-friendly manner and reassure them.

Safety and Comfort of the Child

The child's physical and emotional safety as well as comfort should always be a first priority. All actions should safeguard the child's physical and emotional wellbeing.

Children who disclose incidents of sexual abuse should be provided supportive and rehabilitative services, including PSS on an ongoing basis. Service providers should reassure children that they believe them, and that the child is not responsible for the abuse they experienced. This can be achieved through use of statements such as "You are brave for talking to me about this", "What happened was not your fault", or "You were right to ask for help, glad you asked for help."

Confidentiality

Organizations should maintain appropriate confidentiality, including in relation to the collection, use, sharing and storage of relevant data. This requires the confidential collection of information during interviews and ensuring that this information is shared only on a need-to-know basis after obtaining permission of the child or caregiver. Child protection actors should clarify if and when service providers may be required under national legislation to report child abuse to the local authorities, and mandatory reporting procedures should be communicated to the children and their caregivers at the outset of counselling and service delivery. In situations where a child's health or safety is at risk, limits to confidentiality exist in order to protect the safety, rights and well-being of the child, in line with their best interests.

Involvement of the Child in Decision-Making

Children capable of forming their own views have the right to express them freely in all matters. This right is ensured in due consideration of children's ages and maturity levels.[15] The right of children to express views and participate in any and all decisions concerning themselves are also essential to their empowerment processes as well as strengthening of positive coping mechanisms. Regardless of whether the child's consent will be sought or not (i.e. in situations falling under mandatory reporting), every child has the right to be informed on all decisions concerning themselves and participate accordingly. The below definitions[16] on informed assent versus consent clearly differentiate between when at what level children should be engaged in decision making processes.

[15] United Nations « Convention on the Rights of the Child » Art. 12 [1989]

[16] United Nations Education Fund [UNICEF] / International Rescue Committee [IRC] « Caring for Child Survivors of Sexual Abuse » pg. 16 [2012]
https://www.unicef.org/documents/caring-child-survivors-sexual-abuse

Informed Consent: This is the agreement given voluntarily by an individual who has the legal capacity to give consent. To provide informed consent, the individual must know and be able to comprehend available services, have the legal capacity to understand the consequences of any act and maturity to take a decision regarding their own situation.[17] In most cases, parents, caregivers and/or legal guardians are held responsible to provide informed consent regarding the decision of the child to benefit from services, until they become of age. However, in some circumstances, adolescents may also provide consent on behalf of or complementary to their parents, caregivers and/or legal guardians. In order to ensure consent obtained is "informed", case workers should provide detailed account of all available services and options, referrals to be undertaken throughout case management procedures, potential risks and advantages of benefitting from services, purpose of obtaining specific information as well as limits to confidentiality to beneficiaries.

Informed Assent: Informed assent is the stated willingness to participate in services. Informed assent is sought from children who are unable to provide informed consent due to their age, however those who are old enough to be able to understand and confirm willingness to participate in services.

Especially in cases that fall under the legal obligation to notify authorities, children and their families should be informed on processes of notification to PDoFSS and/or other relevant authorities, including the reasons for being obliged to report and potential consequences of this action. Informed consent will not be sought from parents, caregivers and/or legal guardians whereas informed assent will not be sought from children, for cases that fall under obligation to report.

Fair and Equal Treatment (Non-discrimination and Inclusiveness)

All children should be offered the same high-quality care and treatment, regardless of their race, religion, gender, family situation or the status of their caregivers, cultural background, financial situation, or unique abilities or disabilities, thereby giving them opportunities to reach their maximum potential.

Resilience

Each individual child has unique capacities and strengths and possesses the capacity to heal. Service providers are responsible to identify and build upon the child and family's capacities as part of the recovery and healing process. Factors which promote children's resilience should be identified and built upon during service provision.

In line with the abovementioned guiding principles specific to working with child survivors of GBV, Article 4 of the Child protection Law No. 5395[18] provides thresholds and provisions related to protection of children's rights.

[17] Child Protection Working Group – Global Protection Cluster « Minimum Standards for Child Protection in Humanitarian Action » pg. 66 [2012]

[18] Child Protection Law No. 5395 Art. 4[2005]
https://www.mevzuat.gov.tr/MevzuatMetin/1.5.5395.pdf

Chapter Two: GBV Prevention and Risk Mitigation

Prevention, risk mitigation and response are inter-related activities. Many components of GBV response may also correspond to preventive and risk mitigation measures. Response to GBV is about reducing the harmful consequences of GBV and preventing further risks, injury, trauma, and harm, while prevention involves working at different levels of society to achieve social change and implement targeted interventions with specific groups. Prevention and risk mitigation which address the root causes and contributing factors of GBV also include more generalized approaches for the population at large (e.g. campaigns, mass media messaging and other awareness-raising initiatives). In setting prevention and risk mitigation strategies, it is important to target not only survivors but also the broader community, including men and boys as agents of positive change, to create an understanding of non-tolerance for GBV related issues.

- All parties to these SOPs recognize the importance of coordinating prevention and risk mitigation interventions at national and provincial levels, through the established sectoral and inter-sectoral coordination mechanisms, including and mainly those led by public institutions.
- Risk factors and root causes of GBV should be addressed not only at the individual level but also at family, community and society levels.
- Awareness raising activities on gender and gender equality, violence, response mechanisms and empowerment, in line with cultural and religious norms of the community, should be developed in order to address root causes and contributing factors of GBV.
- All activities should target both refugee and host communities.
- A combination of short and long term multi-sectoral approaches should be adopted to prevent GBV and promote positive behavior change. Short term prevention measures such as gender-responsive services and assistance programmes should be introduced to mitigate the risks of GBV. Long-term prevention strategies should lead to substantial change in social, cultural and traditional norms – and ultimately behavioral and policy change, reducing the risk of GBV-incidents occurring by addressing root causes.
- Effective community participation at every stage of preventive programmes' design, implementation and evaluation should be ensured. To this end, it will be important to ensure two-way communication through an Age, Gender and Diversity approach[19], as well as to identify and support to be established or already existing community-based networks towards mobilization of community members in prevention and response efforts on GBV. It will minimize the risk of exclusion of certain groups during the design

[19] For further information on UNHCR's Age, Gender and Diversity Approach, please refer to the dedicated UNHCR Policy on Age, Gender and Diversity Accountability [2018]
https://www.unhcr.org/protection/women/5aa13c0c7/policy-age-gender-diversity-accountability-2018.html

and delivery of services, 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.

- Prevention strategies and mechanisms should be developed taking into account Age, Gender and Diversity sensitive approaches and target all individuals/groups covered under Article 4[20] of the Istanbul Convention titled "Fundamental rights, equality, and non-discrimination". Necessary measures must be taken for illiterate persons or persons who speak other languages.

- When collecting information from communities (e.g. through focus groups discussions) feedback should be provided back to the community as per actions undertaken to address their concerns.

- Community leaders and influencers, local authorities and other counterparts should be encouraged to support preventive actions, which will require targeted capacity development efforts.

- Preventive actions must also engage men and boys, both as supporters of gender equality and survivors of GBV.

Article 12 of the Istanbul Convention[21] also underlines the General Obligations which actors working on prevention measures must conform to under the following paragraphs:

1. Parties shall take the necessary measures to promote changes in the social and cultural patterns of behavior of women and men with a view to eradicating prejudices, customs, traditions and all other practices which are based on the idea of the inferiority of women or on stereotyped roles for women and men.

2. Parties shall take the necessary legislative and other measures to prevent all forms of violence covered by the scope of this Convention by any natural or legal person.

3. Any measures taken pursuant to this chapter shall take into account and address the specific needs of persons made vulnerable by particular circumstances and shall place the human rights of all victims at their center.

4. Parties shall take the necessary measures to encourage all members of society, especially men and boys, to contribute actively to preventing all forms of violence covered by the scope of this Convention.

[20] Article 4 of the Istanbul Convention states that the implementation of the Convention provisions shall be secured without discrimination on any ground such as sex, gender, race, colour, language, religion, political or other opinion, national or social origin, association with a national minority, property, birth, sexual orientation, gender identity, age, state of health, disability, marital status, migrant or refuee status, or other status.
[21] Council of Europe « Convention on Preventing and Combating Violence against Women [Istanbul Convention] » [2011] https://rm.coe.int/CoERMPublicCommonSearchServices/DisplayDCTMContent?documentId=090000168008482e

5. Parties shall ensure that culture, custom, religion, tradition or so-called "honor" shall not be considered as justification for any acts of violence covered by the scope of this Convention.

6. Parties shall take the necessary measures to promote programmes and activities for the empowerment of women.

Prevention of Sexual Exploitation and Abuse

Prevention of sexual exploitation and abuse (PSEA) also should be evaluated under GBV prevention and risk mitigation. Sexual exploitation means "any actual or attempted abuse of a position of vulnerability, differential power, or trust, for sexual purposes, including, but not limited to, profiting monetarily, socially or politically from the sexual exploitation of another." Sexual abuse refers to "the actual or threatened physical intrusion of a sexual nature, whether by force or under unequal or coercive conditions."[22]

As mentioned before gender based violence is an umbrella term including any harmful act that is perpetrated against a person's will. Sexual exploitation and abuse are forms of GBV that survivors often abused "because of their vulnerable status as women, girls, boys, or even men (in some circumstances).[23]

SEA causes serious consequences that the survivors are affected physically, emotionally, psychologically and socially.

Inter-Agency Standing Committee defines six core principles relating to sexual exploitation and abuse[24]:

1- "Sexual exploitation and abuse by humanitarian workers constitute acts of gross misconduct and are therefore grounds for termination of employment.
2- Sexual activity with children (persons under the age of 18) is prohibited regardless of the age of majority or age of consent locally. Mistaken belief regarding the age of a child is not a defense.
3- Exchange of money, employment, goods, or services for sex, including sexual favours or other forms of humiliating, degrading or exploitative behaviour is prohibited. This includes exchange of assistance that is due to beneficiaries.
4- Any sexual relationship between those providing humanitarian assistance and protection and a person benefitting from such humanitarian assistance and protection that involves improper

[22] Secretary General's Bulletin on Special measures for protection from sexual exploitation and sexual abuse (ST/SGB/2003/13), available at https://www.unhcr.org/protection/operations/405ac6614/secretary-generals-bulletin-special-measures-protection-sexual-exploitation.html
[23] Minimum Standards for Prevention and Response to Gender-based Violence in Emergencies, 2019 available at https://reliefweb.int/report/world/minimum-standards-prevention-and-response-gender-based-violence-emergencies-2019
[24] https://interagencystandingcommittee.org/inter-agency-standing-committee/iasc-six-core-principles-relating-sexual-exploitation-and-abuse

use of rank or position is prohibited. Such relationships undermine the credibility and integrity of humanitarian aid work.

5- Where a humanitarian worker develops concerns or suspicions regarding sexual abuse or exploitation by a fellow worker, whether in the same agency or not, he or she must report such concerns via established agency reporting mechanisms.

6- Humanitarian workers are obliged to create and maintain an environment which prevents sexual exploitation and abuse and promotes the implementation of their code of conduct. Managers at all levels have particular responsibilities to support and develop systems which maintain this environment."

SEA Response consists of three steps:

Reporting: All incidents or suspicions of SEA should be reported immediately to related institutions/organization (for focal points and reporting mechanisms of UN agencies please check Appendix No.6 UN Turkey Inter-Agency Focal Points Network PSEA Community Messages)

Investigation: All allegations of SEA should be investigated by related organization properly and without a delay.

Survivor Assistance: Survivor should be assisted to access immediate medical assistance and safety measures where needed, referred to related support mechanisms such as medical, psychosocial, legal and material supports (for detailed information please check Annex no. 9: UN Protocol on the Provision of Assistance to Victims of Sexual Exploitation and Abuse)

Chapter Three: GBV Response

Case management

Case management is the most essential component of GBV response, and is a collative, multidisciplinary process promoting quality and effective outcomes through communication and the provision of appropriate resources to meet an individual's needs.[25]

The goal of case management for GBV survivors is to empower them by facilitating increased awareness of choices and support in taking informed decisions and raising awareness on available services. Case management for GBV survivors is focused primarily on meeting the survivor's health, safety, psychosocial and legal needs, and promoting the coping capacity of survivors following the incident. Case management ensures that survivors are engaged in all aspects of the planning and service delivery.

These individuals might also be referred, as appropriate, to other support channels, based on agreements reached through established GBV referral mechanisms. As well as providing immediate support, longer-term solutions for and support to such persons, and to their caregivers and families, including the possibility of resettlement, should be considered where appropriate.

It is crucial to note that GBV case management should only be facilitated and undertaken by specialized actors, who are defined as agencies and individuals who have received GBV-specific professional training and/or have considerable experience working on GBV programming.[26] Further information and details on non-specialized actors is provided through pages 31-32. Organizations engaged in GBV case management will assess any GBV case they receive through self-disclosure or that is referred to them for support, including GBV cases involving children.

The steps of case management are:

- Introduction and Engagement
- Assessment
- Case Action Planning
- Implementation of the Case Action Plan
- Follow-up
- Case Closure[27]

Case management for GBV child survivors requires caseworkers to have specialized knowledge and skills in working with children. Caseworkers should follow the standard case management steps

[25] International Rescue Committee [IRC] « GBV Emergency Response & Preparedness Participant Handbook » [2011]
https://resourcecentre.savethechildren.net/node/11864/pdf/IRC-2011-GBV_ERP_Participant_Handbook_-_REVISED.pdf

[26] Inter-Agency Standing Committee « Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action: Reducing risk, promoting resilience and aiding recovery » pg. 3 [2015]
https://gbvguidelines.org/wp/wp-content/uploads/2016/10/2015_IASC_Gender-based_Violence_Guidelines_full-res.pdf

[27] Inter-Agency Gender-Based Violence Case Management Guidelines: Providing Care and Case Management Services to Gender-Based Violence Survivors in Humanitarian Settings [2017]
https://reliefweb.int/report/world/interagency-gender-based-violence-case-management-guidelines

used with adult survivors but adapted to meet children's needs. If the survivor is a child, case worker should be able to;[28]

- Apply technical understanding of sexual abuse to educate and support children and parents, caregivers and/or legal guardians throughout the case management process;
- Apply appropriate child-friendly skills through case management process;
- Adapt case management steps and procedures for child survivors of gender-based violence. This includes the following considerations:

– Observe the guiding principles for working with child survivors;
– Follow informed consent/assent procedures in line with the national legal framework and mandatory reporting requirement;
– Assess the child survivor's immediate health, safety, psychosocial and legal/justice needs and mobilize early intervention services that ensure the child's health and safety;
– Conduct regular child safety assessments in the family with parents, caregivers and/or legal guardians and in other social contexts after disclosure of abuse, given the situation that the parents, caregivers and/or legal guardians are not the suspected abuser;
– Take decisive and appropriate action when a child needs protection;
– Proactively engage any non-offending parents, caregivers and/or legal guardians throughout case management;
– Ensure up-to-date knowledge of child-friendly service providers and referral pathways;
– Interact appropriately with children with disabilities and their parents, caregivers and/or legal guardians, including those with disabilities, and present information in a manner that they can understand.

The Steps of GBV Case Management[29]

Specialized actors or organizations providing GBV services are advised to follow the case management steps outlined below and provide indicated services. It is crucial to know that no one should proactively identify or seek out for GBV survivors, rather safe environments should be created for the survivors in order to ease their self-disclosure. To note, all specialized services providers should know about the existing services (both at national and provincial levels) and how to access them. Particularly important is for providers to be aware of services (e.g. Shelters) that can appropriately respond to and support child survivors of domestic or sexual violence. (See Annex 2)

[28] United Nations Education Fund [UNICEF] / International Rescue Committee [IRC] « Caring for Child Survivors of Sexual Abuse » [2012]
https://www.unicef.org/documents/caring-child-survivors-sexual-abuse

[29] Adapted from: Inter-Agency Standing Committee Sub-Working Group on Gender and Humanitarian Action « Gender-Based Violence Resource Tools: Establishing Gender-Based Violence Standard Operating Procedures » [2008]
http://www.globalprotectioncluster.org/_assets/files/tools_and_guidance/gender_based_violence/GBV_Standard_Operational_Procedures_2008_EN.pdf

Step 1: Introduction and Engagement

- Make sure that the physical space you are in is private. Be sure that the survivor feels physically and psychologically safe speaking with you there.
- Introduce yourself and explain who you are in simple terms. Ask the survivor if they are comfortable sharing their name.
- Be warm, calm and open. Build rapport with the survivor.
- Explain what will happen if you work together and that you will adopt a survivor-centered approach, hence respect the individual's wishes throughout service provision.
- Explain confidentiality and its limitations.
- Ask if they have any questions and answer them.
- Explain informed consent, as well as collection, storage and usage of the survivor's information.
- Explain the survivor's rights, as well as available services throughout the supportive process.
- Ask the person if they would like to continue working with you and whether they would like to continue with service delivery.
- Ensure informed consent has been collected in order to provide safe services and referrals to supportive services (refer to pages 8-9 and 12-13 for detailed overviews on Informed Consent).

Step 2: Assessment

- Make sure to conduct an initial assessment on the survivor's safety and security (i.e. whether the whereabouts of the survivor is known to the perpetrator) and whether there is a health concern that requires immediate attention. If an incident of sexual violence has occurred that requires urgent medical response, discuss with the survivor the importance of receiving medical attention as soon as possible, including related to emergency contraceptives to reduce change of unwanted pregnancy and to prevent sexually transmitted infections. For further information on medical response (and how to counsel the survivor on what to expect in terms of health services), please refer to section on "Medical Response" on page X.
- Ask if other service providers have been involved before you begin. Before the survivor begins sharing the details of their story, ask whether they have spoken to any other organization. Explain that this is to avoid having them repeat their story, which may be

painful or frustrating. You can give them the option of giving you permission to get information from that/those organization(s).

- Gather background information from the survivor. This will comfort them and make them feel safe, while giving you more time to build rapport.
- Be a good listener, make sure the survivors themselves determine the pace of explaining what happened, and do not interrupt them.
- Identify the concerns, needs and the risks that the survivor faces in cooperation with them.
- Understand what happened, including the nature of the violence or abuse, and who the perpetrator is and what level of access they have to the survivor.
- Demonstrate that you believe in the survivor by validating and empowering them.
- Make sure you identify all the needs of the survivor, including those in relation to safety and security; health care; legal assistance; mental health; psychosocial support; socio-economic support; livelihoods and self-reliance; education; and, empowerment.
- Make sure to note down the information in a systematic manner, document and safely store it.

The GBV Intake and Initial Assessment Form is encouraged to be filled out during the Assessment phase (Annex 3).

Step 3: Case Action Planning

- Summarize your understanding of the survivor's immediate needs. Check whether they agree with your summary and whether there is anything you missed that they would like to include.
- Give information about what services and support is available and what should be expected, including:

– What will happen as a result of the referral, including what support will be available, and whether there are any mandatory reporting requirements associated with the referral (for example, whether referral for medical treatment will require the doctor or nurse to report the case to the police).

– The benefits, risks and potential outcomes/consequences of receiving the service.

– That the person has the right to decline or refuse any of the interventions undertaken by the caseworker and/or referring agency.

– The level of information to be shared on the case in the referral process and with whom.

- Plan together how to meet needs, set personal goals and make decisions about next steps; including obtaining informed consent for referrals to other services, and discussing how the survivor will access other institutions and whether accompaniment (including interpretation support) is needed.
- Determine a timeframe for the goals, which must be measurable.
- Develop a case action plan specifying what action needs to be taken, by whom, and when.
- Discuss alternatives with the survivor for case follow-up, and plan for the next meeting.

Step 4: Implement the Case Action Plan

Implementing the case action plan entails helping the survivor implement the plan and making sure they receive the care, support and assistance they need. Tasks involved in this step can include:

a. Undertaking referrals to the following four priority areas: safety, health, legal, and psychosocial support.

Based on the action plan developed, you will need to contact the relevant service providers to refer the survivor's case. You can also assist the survivor with accessing services through;

- Support and advocacy (if required) in accessing the agreed upon services;
- Accompaniment of survivors to protection, medical and legal services if requested by the survivor or in case there is a language barrier that may impede survivor's access to services.

Referrals should be done using the Inter-Agency Referral Form (Annex 5) which has a specific procedure for GBV cases to ensure the confidentiality and security of survivors are strictly maintained and prioritized.

All agencies within the GBV referral pathway should identify at least one referral focal point per agency with one back-up. Focal points should be trained on referral pathways and relevant service providers. Directors of all institutions and organizations involved hold the responsibility to supervise whether the referral focal points duly conduct their tasks. The referral personnel also assume responsibility for following up with cases in order to ensure that referral mechanisms are used accurately.

More detailed information about the referral mechanism and response sectors is provided at the end of the case management steps.

b. Leading case coordination

Case coordination involves acting as a liaison between the survivors and service providers, advocating for timely and quality care for the survivor, and working with service providers to remove obstacles in accessing services. To this end, the case worker should;

- Support the survivor (e.g. accompanying the person to services, arrangement of appointments, etc.).
- Advocate: communicate with service providers on behalf of survivors if they need and want this help to access quality care.
- Coordinate the services internally and externally (i.e. medical, psycho-social, legal).

c. Providing direct services (e.g. information and counseling on available services, emotional and practical support, livelihoods support, including into empowerment based programs etc.)

In some cases, your organization may also provide direct support to the survivor as part of or in addition to case management. This could involve providing emotional support, including by continuing to listen, comfort, validate and reassure the survivor. Reinforce that the violence the person experienced was not their fault, that the person is strong and can heal, that the person did the right thing by speaking up, and that you support and believe them. You can also facilitate the survivor's reconnection to sources of strength and support by suggesting them to resume their daily activities, take time for activities that bring them hope, strength and courage, and connect with people in their lives who are supportive and encouraging.

<u>During the implementation phase</u>;

- In cases when there are reasonable concerns about the survivor's safety and security, communicate with the relevant authorities to change the survivor's address, including the city where they are registered and workplace if they are employed.
- Home visits are not recommended when supporting GBV survivors, unless agreed with the case manager and the survivor. 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.

Step 5: Case Follow-up

- Conduct monitoring and follow-up for efficient and effective response. Review the action plan to ensure relevancy; revise the plan if necessary.
- In circumstances where the survivor has been referred to external service providers for services towards complementary response, you should ensure the survivor is receiving and has received the appropriate help and services, starting from safety and security. When necessary, undertake correspondence with national authorities to corroborate actions undertaken by the authorities. However, in circumstances where the case has been transferred to national/local authorities or external service providers, due to confidentiality considerations, you may not receive information related to progress with the case.

- Identify additional needs and action points and plan accordingly with the survivor. If the survivor is a child, this plan of action should be agreed with the assent of the child and/or consent of the parent, legal guardian and/or caregiver (if in the child's best interest). The plan of action should be time-framed and based on the survivor's needs.

Step 6: Case Closure

- A case can be closed under the following circumstances:

  – When the survivor's needs are met and/or their support systems are functioning;

  – When the survivor wants to close the case;

  – When the survivor leaves the area or is relocated to another place;

  – When you have not been able to reach the survivor for a minimum of 30 days.

- While a case may be closed based on the above mentioned circumstances, the case be re-opened under the following circumstances: should additional needs arise in the future; even if the survivor is relocated to a different province where your organization does not deliver services, that services may be provided remotely (based on the established rapport and trust relationship); and that even if a survivor cannot be reached at a minimum of 30 days, if communication can be established after 30 days.

- Feedback is encouraged to be taken from the survivor on the assistance provided by service providers to improve service quality through the Survivor Feedback Form (Annex 6).

Referral Mechanisms

Law No. 6284 on the "Protection of Family and Prevention of Violence against Women"[30] includes provisions for prosecution and adequate punishment of perpetrators. The scope of relevant provisions includes all forms of violence against women, including rape, marital rape, sexual harassment and other forms of sexual violence. It is noted that all provisions are applicable to asylum seekers and refugees, as the Law does not differentiate between nationals and foreigners, as also stipulated under the Principles for Actions and Procedures for Foreign National Women Who Are Victims of Violence. Furthermore, protective and preventive provisions not only target individuals who have been exposed to GBV, but also those at risk of violence. In addition to Law No. 6284, the Turkish Criminal Code No.

[30] Law to Protect Family and Prevent Violence against Women No. 6284 [2012] https://www.mevzuat.gov.tr/MevzuatMetin/1.5.6284.pdf

5237[31], Turkish Civil Code No. 4721[32] and Istanbul Convention[3334] should also be considered for provisions related to the protection of women and girls.

Pursuant to the Turkish laws, GBV survivors or third parties can report an incident to the below authorities[35]:

- Law enforcement: Police/ Provincial or District Directorates of Security, Gendarmerie, Coast Guard
- PDoFSS
- ŞÖNİM
- Courts and Public Prosecutors' Office
- Hospitals

Incidents can also be reported through the below hotlines and phone applications. Additional details on referral mechanisms and pathways are included in Annex 4.

- General Emergency Hotline 112
- PDoFSS Social Support Hotline 183
- YIMER Hotline 157
- Police Hotline 155
- Gendarmerie Hotline 156
- Coast Guard Hotline 158
- MoFSS – Vodafone Easy Rescue (Kırmızı Işık)
- Ministry of Interior – Directorate General of Security – KADES application to combat violence
- DGMM Phone Application

The GBV survivor has the freedom and the right to seek support after an incident. They may seek support from:

- UN agencies and I/NGOs[36]
- Social Service Centers
- Health care facilities such as hospitals, migrant health centers, etc.
- Women Counselling Centers at municipalities

[31] Criminal Code No. 5237 [2004]
https://www.mevzuat.gov.tr/MevzuatMetin/1.5.5237.pdf

[32] Civil Code no. 4721 [2001]
https://www.mevzuat.gov.tr/MevzuatMetin/1.5.4721.pdf

[33] Council of Europe « Convention on Preventing and Combating Violence against Women [Istanbul Convention] » [2011] https://rm.coe.int/CoERMPublicCommonSearchServices/DisplayDCTMContent?documentId=090000168008482e

[34] On 20 March 2021, Recep Tayyip Erdogan, Turkey's President, announced the country's withdrawal from the Istanbul Convention by presidential decree. The withdrawal entered into force as of the date of 1 July 2021. Women, feminist and LGBTI organizations, activist declared various statements and protested against decision of withdrawal.

[35] For detailed information on country-wide service providers, including their addresses, working hours (etc.) please refer to the country-wide service mapping platform of UNHCR, namely Services Advisor.

[36] Art. 4 of Law on Social Services No. 2828 [1983]
https://www.mevzuat.gov.tr/MevzuatMetin/1.5.2828.pdf

- Family Support Centers
- Bar Associations
- Provincial Directorates of Migration Management (PDMM)

The mentioned authorities are responsible to take the necessary measures under Laws No. 6284 and No. 6458[37] (Art. 67) without delay.

In determining required referrals, the case worker should initiate an assessment on the priority needs of the survivor (i.e. medical check/health care/treatment, counseling, physical security and legal/protection intervention) and refer the survivor to relevant services:

- The caseworker should provide preliminary legal information related to rights, options and consequences. For detailed legal counseling and assistance, survivors and those at risk of GBV should be referred to Legal Aid Bureaus within Bar Associations. Respect the survivor's choice to report to police or not to report (with exceptions in situations where the survivor is a child[38]). In case the survivor chooses to make a police report, GBV focal point shall provide the survivor with legal counselling on rights and available legal aid and assistance opportunities.

- If necessary, access to emergency health services should be facilitated. For survivors that have been exposed to rape, the case worker should ensure access to medical evaluation and treatment as soon as possible, latest within 72 hours. This should involve accompanying them to the hospital and serving as support person/advocate during evaluation and treatment. The case worker should also ensure she/he complies with any suggested follow up health care and treatment.

- The survivor should be informed on the option to provide or refer to psychological first aid and psycho-social support. Referrals to psychological first aid and psycho-social counseling should be undertaken, based on informed consent of the survivor.

Medical Response

Health service providers are committed to providing survivors of GBV with medical care as a priority. Access to health care will be provided in all cases.

[37] Art. 67(1) of the Law on Foreigners and International Protection No. 6458 [2013] stipulates that persons with special needs shall be given priority with respect to rights and actions. Persons with special needs defined in Art. 3 of the same Law include unaccompanied children, persons with disabilities, elderly individuals, pregnant women, single parents with accompanying child, or a person who has been subjected to torture, rape or other serious psychological, physical or sexual violence.
https://www.mevzuat.gov.tr/MevzuatMetin/1.5.6458.pdf

[38] Art. 6 of the Child Protection Law No. 5395 obliges juidicial and administrative authorities, law enforcement officers, health and education institutions and NGOs to notify the Ministry of children in need of protection. This is further stipulated in Art. 278 and 279 of the Criminal Code.

Health care providers will:

- Ensure confidential, accessible, compassionate, and appropriate medical care for survivors of GBV.
- Provide the survivor with information about medical procedures.
- Obtain the informed consent of the survivor.
- Ensure referral to and follow-up with other service providers, as guided by the wishes of the survivor and required by law.
- Ensure the safety of the survivor and their family, parents, caregivers and/or legal guardians at all times.
- Collect information in private settings.
- Provide emotional and psychological support and counselling to the survivor.
- Ensure documentation and follow-up.
- Ensure medical services are accessible for survivors with disabilities and take into account their specific needs.

For sexual violence, healthcare includes:

- History taken and comprehensive examination completed promptly by a health care provider (of the same sex or as preferred by the survivor) trained in the clinical management of rape GBV.
- The importance of receiving medical attention as soon as possible, latest within 72 hours of the incident of sexual violence with the survivor to prevent sexually transmitted infections and HIV/AIDS will be discussed. The survivor should be informed on PEP for emergency HIV treatment. PEP is a short course of antiretroviral drugs that stops exposure to HIV from becoming infection and must be administered within 72 hours of the incident. In case PEP cannot be presented within 72 hours, it is important to provide information on voluntary counselling and testing services to the survivor.
- The survivor should be informed on emergency contraceptives which can be provided up to 120 hours after the incident, though the sooner it is given the more likely it is to be effective. Taking emergency contraceptive pills within 120 hours of unprotected intercourse will reduce the chance of a pregnancy, depending on the regimen and the timing of taking the medicine.
- Documenting injuries and collecting samples as soon as possible, latest within 48 hours of the incident improves the amount and type of evidence collected and helps to

support the survivor's story and helps to identify the aggressor, especially throughout legal procedures. Therefore, it is crucial to refer the survivor in a timely manner to relevant service providers, including hospitals and police. If survivors wish to have forensic evidence collected, they should be encouraged to approach health service providers or police (which would refer to Forensics – Adli Tıp – for collection of evidence) without bathing or changing clothes.

- Examinations conducted in rooms that ensure privacy, dignity and comfort.
- Information documented thoroughly, maintaining confidentiality and stored securely.
- Follow-up care/secondary referral with full transportation coverage, accompanying survivor whenever possible; emphasizing closed-loop communication.
- Doctors and nurses providing emotional and psychological support and counselling tailored to the sex, age and circumstances of the survivor. Trainings should be provided to all relevant medical providers.
- Medical facilities should have safe space for children and trained personnel able to adapt the medical exam and treatment for a child.
- Medical providers responding to GBV child survivors must have the knowledge, skills, attitudes and tools to provide specialized medicolegal care for child survivors, including:

– Understanding child development and child sexual abuse concepts.

– Communicating effectively with child survivor.

– Understanding and able to apply clinical care for child survivor.

– Adapting the medical examination and treatment to meet the needs of child survivor.

- Ensuring safe and appropriate referrals and follow-up systems are in place.
- Monitoring activities using established tools.

Psycho-social Response

All actors who interview or have direct contact with survivors should be aware of their responsibility to listen carefully, give information, and those with relevant training and background, including on psychological first aid shall provide psychological and social support. Service providers should also utilize available community-based psycho-social support mechanisms.

- Listen to the survivor and ask only non-intrusive, relevant, and non-judgmental questions for clarification only. Do not press them for more information than they are ready to give;
- Use verbal and non-verbal communication (mimics, gestures, body language reactions encouraging to continue, etc.);
- If the survivor expresses self-blame, interviewers need to gently reassure them that sexual violence is always the fault of the perpetrator and never the fault of the survivor;
- Give honest and complete information about services and facilities available;
- Prioritize safety at all times;
- Do not tell the survivor what to do, or what choices to make. Rather, empower them by helping them to make informed decisions.
- Note that each case is unique. Case management staff needs to evaluate life experiences of the survivor without making any generalizations. Cases must be handled in consideration of each individuals' development, environmental factors, and unique personality.
- Strengths of the survivor must be discovered and emphasized, and survivors must be encouraged to employ their strengths in setting their priorities.

Psychosocial interventions for survivors of GBV include the following inter-related types of activities:

- Psychosocial support to assist with recovery and healing including psychological first aid, and individual counseling.
- Support and assistance with social re-integration, including vocational training and women's empowerment, literacy training, school reintegration, child friendly spaces. MoFSS Circular on Combating Violence Against Women clearly stipulates that survivors of violence must be given priority in vocational training courses (see Article 16)[39].
- Mental health services for survivors who require/request specialized mental health support.

Psychosocial interventions should be adapted for child survivors of GBV and be provided by specialized personnel providing support to child survivors with relevant training. Psychosocial interventions for child survivors of GBV include:

[39] Circular on Combating Violence Against Women dated 16 June 2021, https://kms.kaysis.gov.tr/Home/Goster/179603

- A comprehensive assessment to better understand the child's social and family environment, psychological well-being, and strengths to help determine appropriate psychosocial interventions.
- Providing healing education and relaxation trainings, teaching coping and problem-solving skills in consideration of the child's best interests.
- To take the necessary legal and physical precautions and informing the child of such precautions in cases when it is established that the child's best interests will be damaged (incest, sexual abuse, etc.) by living in the same environment as their parents, caregivers and/or legal guardians.
- Community-based psychosocial interventions are actions that seek to enhance survivor well-being by improving the overall recovery environment. This includes community awareness actions to reduce stigma and promote access to services for GBV survivors, strengthening of community and family support, including self-help and resilience initiatives.

Safety and Shelter Response

It is of utmost priority for the case worker to ensure the physical safety and security of the survivor, especially in cases where the survivor is in need of shelter options. Regulation on Opening and Managing of Women Shelters specifies that:

- Survivors that request admission into women shelters must apply to the PDFSS, ŞÖNİM, law enforcement or similar public institutions and organizations that may make the necessary referrals.
- Women survivors are not allowed to approach directly to women shelters. In case of direct applications, survivors are referred to ŞÖNİM, where their situation will be assessed and those for whom a shelter decision has been made will be referred to the shelter alongside accompanying girls under the age of 18 and boys under the age of 12.
- Survivors are not required to submit any documents at admissions to shelters. Shelter management is obliged to support survivors with no identity documents in obtaining such documentation.[40]

In cases when the survivor's safety is at risk and shelters' capacity is full, survivors may be provided with shelter service at facilities, dormitories, etc. belonging to public institutions.[41] The survivor of violence may alternately be transferred to another province where the survivor will be safe and such decision must be notified to PDMM in case the survivor is a refugee.

Legal Response

[40] The Regulation on Opening and Operation of Women's Shelters: https://www.resmigazete.gov.tr/eskiler/2013/01/20130105-5.htm
[41] Circular on Combating Violence Against Women dated 16 June 2021, https://kms.kaysis.gov.tr/Home/Goster/179603

Act or threat of violence can be reported to the relevant officials by everyone in writing or verbally. The survivor can report the incident to law enforcement officials, local administrative authority, Prosecutor's Office, or Violence Prevention and Monitoring Centers (ŞÖNİM).In any case, the relevant authorities shall take the necessary measures under the Law No. 6284 and Law No. 6458 without delay. Free legal aid is available through the Legal Aid Bureaus under the Bar associations. Each case worker should make sure the survivor is informed of their legal rights including for interpretation and make the necessary referrals and follow up accordingly.

General Considerations and Principles for Non-Specialized Service Providers

Non-specialized service providers are defined as agencies and individuals who work in humanitarian response sectors other than GBV and do not have expertise in GBV prevention and response programming but can nevertheless undertake activities that significantly reduce the risk of GBV for the affected population.[42]. While non-specialized service providers do not have a role or responsibility in providing response to individual GBV survivors or those at risk, if a GBV incident (or risk) is disclosed to them, they have a role to ensure that the individual receives required support from a specialized service provider, particularly via referrals. The below outlines general considerations and principles, as well as standards for identification and referral for non-specialized service providers if and once a GBV incident is disclosed to them:

- A survivor has the freedom and the right to disclose an incident to anyone. They may disclose their experience to a trusted family member or friend, or they may seek help from an individual or organization in the community. Any service provider contacted by a survivor who then discloses an incident has a responsibility to give honest and accurate information about services available; to give a reasonable time period within which services can be expected; and the consequences (pros and cons) of accessing and particular service.
- Non-specialized actors should not interview, assess the needs of the survivors or respond directly. They should openly inform the survivor that they are not specialized in GBV yet can undertake referrals to relevant service providers.
- The wishes of the survivor must always be respected as to where or with whom to seek help. Survivors should not be urged into a particular course of action.
- All information should be kept confidential even if parents, caregivers and/or legal guardians, as well as community members request feedback on support given.

[42] Inter-Agency Standing Committee [IASC] « Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action: Reducing risk, promoting resilience and aiding recovery » pg. 3 [2015]
https://gbvguidelines.org/wp/wp-content/uploads/2016/10/2015_IASC_Gender-based_Violence_Guidelines_full-res.pdf

Standards for Identification and Referral for Non-Specialized Service Providers[43]

- Non-specialized workers should not carry out proactive identification activities (i.e. looking for GBV survivors, asking about past abuse, pushing to disclose information); which might cause further trauma and harm to the survivor. Therefore, non-specialized actors should only limit their roles to safe and ethical referral of survivors who approach them and seek help regarding relevant services.

- It should be ensured that non-specialized workers have received trainings on safe, ethical and survivor-centered referrals, know about existing GBV services `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. Non-specialized workers are to be aware of child-sensitive approaches with child survivors of GBV and the extra obligations and considerations in relation to child survivors.

- If requested by the survivor to contact service providers, non-specialized workers should ask the survivor's informed consent (orally at this stage) to contact persons at the primary level of the GBV referral pathway and facilitate contact between service provider and survivor. In this case, only minimum information necessary for the referral should be requested from the survivor and shared with the organization whom they will be referred to.

[43] Also see: https://www.humanitarianresponse.info/sites/www.humanitarianresponse.info/files/documents/files/gbv_pocket_guide.pdf

Chapter Four: Monitoring and Evaluation

- As the backbone of results-based programming, critical to the targeted service delivery, advocacy, policy development and accountability, all service providers and agencies working for the prevention, risk mitigation and response to GBV in Turkey should invest in improved data analysis, reporting, monitoring and evaluation on GBV.

- As much as possible, all relevant service providers through the coordination mechanisms should share relevant monitoring and reporting outcomes, reports and analysis of information available to them to inform and serve to improvements of future targeted GBV programming.

- Actors should also support research projects developed in consultation with various stakeholders and with participation of people of concern. Such research projects will help identify risks and barriers to accessing multi-sectorial services for GBV cases.

- Specifically for monitoring and evaluation activities, utilization of effective, safe and confidential feedback and response mechanisms, including those specific to GBV will be crucial to support effective programming. To this end, the following methods can be utilized for ensuring quality case management services are implemented[44]:

    - **Survivor/client feedback surveys:** Survivor/ client feedback surveys may be conducted with those receiving case management and/or other specialized services. These surveys can help monitor what is being done well, what needs improvement and what the challenges are. These surveys should be conducted only in case survivor's consent has been taken before case closure and unless there is security risk.

    - **Case file audits**: If your organization has a documentation system, reviewing the case files regularly can help track the service delivery and whether necessary procedures and being followed or forms are being used (i.e. consent forms, case action planning form, etc. as applicable).

    - **Ongoing supervision of GBV case workers**: Supervision is key to ensure quality of care to GBV survivors as well as continued capacity development for staff. It is very significant for their well-being. It is also useful for monitoring their stress levels and provide necessary support in cases of secondary trauma and should be in regular basis.

[44] Inter-Agency Gender-Based Violence Case Management Guidelines: Providing Care and Case Management Services to Gender-Based Violence Survivors in Humanitarian Settings [2017]
https://reliefweb.int/report/world/interagency-gender-based-violence-case-management-guidelines

- All relevant humanitarian actors engaged in prevention and response to GBV may share, report and monitor through Regional Refugee and Resilience Plan (3RP) indicators. Through the 2021-22 Protection Sector M&E framework within the 3RP, actors and agencies are encouraged to report against the relevant objective and outputs on GBV. The indicators within the framework mainly focus on the availability, quality and accessibility of appropriate GBV support as well as on prevention, mitigation and reduction of GBV risks across sectors. (See Annex 10 for details.)

Regular reviews of the reported indicators by the coordination mechanisms for identification of gaps and issues to be encouraged.

Chapter Five: Coordination

Effective risk mitigation, prevention and response to GBV requires multi-sectoral coordinated action through both humanitarian actors and public institutions, especially for individuals prioritized in case management in the following four areas: protection, health, legal and psychosocial.

In Turkey, public institutions are responsible to coordinate service providers and response towards addressing the needs of asylum seekers and refugees. To this end, as per legal framework, various public institutions are responsible for coordination related activities. These include, but are not limited to, Governorate-led provincial coordination boards for child protection and violence against women, PDoFSS-led coordination with NGOs on the provincial level, PDMM-led Migration Boards on the provincial level, and municipality-led coordination on the local level.

Furthermore, through the 3RP, complementary humanitarian coordination mechanisms are established and are functional through GBV Working Group meetings. These working groups are responsible to strengthen GBV risk mitigation, prevention and response activities of 3RP partners, with a focus on Syrian refugees as well as the including host community and other affected groups.

The National GBV Sub-Working Group in Ankara is chaired by UNHCR and UNFPA. Members of the Working Group include relevant UN agencies, international and national NGOs, CSOs and grassroots organizations implementing GBV programming targeting refugees. The national level Working Group meets on a quarterly basis, whereas ad hoc meetings can be called by the chairs and at the request of members of the working group.

GBV sub-working groups are also existent in Istanbul and Gaziantep with specific tasks and responsibilities identified per needs on the local level with coherence to national level objectives.

Strengthening inter-agency coordination; identifying risks and barriers to accessing multi-sectorial services for GBV cases; utilization of effective, safe and confidential feedback and response mechanisms

- Supporting research projects developed in consultation with various stakeholders and with participation of people of concern.
- Supporting effective programming
- Regular review of the reported indicators by the coordination mechanisms

APPENDICES

Annex No. 1: Terminology and Definitions

General and Legal Definitions

Sex: The biological classification of people as male or female. At birth, infants are assigned a sex based on a combination of bodily characteristics including chromosomes, hormones, internal reproductive organs, and genitals.[45]

Gender: Means the socially constructed roles, behaviors, activities and attributes that a given society considers appropriate for women and men.[46]

Gender identity: Refers to each person's deeply felt internal and individual experience of gender, which may or may not correspond with the sex assigned at birth.[47]

Gender roles: A set of social and behavioral expectations or beliefs about how members of a culture should behave according to their biological sex; the distinct roles and responsibilities of men, women and other genders in a given culture. Gender roles vary among different societies and cultures, classes, ages and during different periods in history. Gender-specific roles and responsibilities are often conditioned by household structure, access to resources, specific impacts of the global economy, and other locally relevant factors such as ecological conditions.[48]

Violence: The acts which results or will probably result in person's having physical, sexual, psychological and financial sufferings or pain and any physical, sexual, psychological, verbal or economical attitude and behavior which include the treat, pressure and arbitrary violation of person's freedom as well and conducted in social, public and private space.[49]

Gender-based violence (GBV): Gender-based violence (GBV) refers to any act that is perpetrated against a person's will and that is based on gender norms and unequal power relationships. It encompasses threats of violence and coercion. It can be physical, emotional, or psychological, and sexual in nature or can take the form of a denial of resources or access to services. It inflicts harm on women, girls, men and boys.[50] It is guaranteed under Article 4 of the "Council of Europe Convention on Preventing and Combating Violence Against Women and Domestic Violence (Istanbul Convention)"

[45] Inter-Agency Standing Committee [IASC] « Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action: Reducing risk, promoting resilience and aiding recovery » [2015]
https://gbvguidelines.org/wp/wp-content/uploads/2016/10/2015_IASC_Gender-based_Violence_Guidelines_full-res.pdf

[46] Council of Europe « Convention on Preventing and Combating Violence against Women [Istanbul Convention] » [2011] https://rm.coe.int/CoERMPublicCommonSearchServices/DisplayDCTMContent?documentId=090000168008482e

[47] Inter-Agency Standing Committee [IASC] « Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action: Reducing risk, promoting resilience and aiding recovery » [2015]
https://gbvguidelines.org/wp/wp-content/uploads/2016/10/2015_IASC_Gender-based_Violence_Guidelines_full-res.pdf

[48] Ibid.

[49] Law to Protect Family and Prevent Violence against Women No. 6284 Art. 2 [2012] https://www.mevzuat.gov.tr/MevzuatMetin/1.5.6284.pdf

titled “Fundamental rights, equality and non-discrimination” that survivors of violence will be protected without any discrimination.

Gender-based violence against women: Violence that is directed against a woman because she is a woman or that affects women disproportionately.[51]

Domestic violence: Any physical, sexual, psychological and economical violence between the victim of violence and the perpetrator of violence and between the family members and the people who are considered as a family member whether they live or do not live in the same house.[52]

Violence against women: The gender- based discrimination directed against a woman just because she is a woman or that affects women disproportionately and any attitude and behavior violating the human rights of women.[53]

Victim of violence: The person who is directly or indirectly subject to or at the risk of the attitudes and behaviors which are defined as violence and the people who are affected by violence or at the risk of being affected by violence.[54]

Perpetrator of violence: The people who exhibit attitudes and behaviors defined as violence or entail the risk of exhibiting them.[55]

Cautionary decision: The cautionary decision taken in regard to the victims and perpetrators of violence, ex officio or upon a request, by the judge, law enforcement officers and administrative chiefs.[56]

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.

Sexual abuse: The term ‘sexual abuse’ means the actual or threatened physical intrusion of a sexual nature, whether by force or under unequal or coercive conditions.

Sexual exploitation: any actual or attempted abuse of a position of vulnerability, differential power, or trust, for sexual purposes, including, but not limited to, profiting monetarily, socially or politically from the sexual exploitation of another. Similarly, the term “sexual abuse” means the actual or threatened physical intrusion of a sexual nature, whether by force or under unequal or coercive conditions.[57]

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[51] Council of Europe « Convention on Preventing and Combating Violence against Women [Istanbul Convention] » [2011] https://rm.coe.int/CoERMPublicCommonSearchServices/DisplayDCTMContent?documentId=090000168008482e

[52] Law to Protect Family and Prevent Violence against Women No. 6284 Art. 2 [2012] https://www.mevzuat.gov.tr/MevzuatMetin/1.5.6284.pdf

[53] Ibid.

[54] Ibid.

[55] Ibid.

[56] Ibid.

[57] UN Secretary-General (UNSG) « Secretary-General's Bulletin: Special Measures for Protection from Sexual Exploitation and Sexual Abuse, ST/SGB/2003/13 » [2003] https://undocs.org/ST/SGB/2003/13

Sexual harassment: Unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature.

Survivor: person who has suffered an incident of GBV.

Perpetrator: Person, group, or institution that directly inflicts or otherwise supports violence or other abuse inflicted on another against his/her will.[58]

Other Relevant Definitions and Terms

Abuse: The misuse of power through which the perpetrator gains control or advantage of the abused, using and 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.[59]

Arrest, threat of refoulement or need for bailing: any cases where a person is arrested or threatened with arrest, any threat of repatriation (that is, non-voluntary return to country of origin) or any case that needs to be bailed due to vulnerability.[60]

Asylum seeker: a person who made an international protection claim and a final decision regarding whose application is pending.[61]

Coercion: is forcing, or attempting to force, another person to engage in behaviors against her will by using threats, verbal insistence, manipulation, deception, cultural expectations or economic power.[62]

Community: the term used to refer to populations affected by an emergency including refugees and host populations.

Informed consent: 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. Parents, caregivers and/or legal guardians are typically responsible for giving consent for their child to receive services until the child reaches 18 years of age.[63]

Power: is understood as the capacity to make decisions. When power is used to make decisions regarding one's own life, it becomes an affirmation of self-acceptance and self-respect that, in turn,

[58] Inter-Agency Standing Committee [IASC] « Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action: Reducing risk, promoting resilience and aiding recovery » pg. 3 [2015]
https://gbvguidelines.org/wp/wp-content/uploads/2016/10/2015_IASC_Gender-based_Violence_Guidelines_full-res.pdf

[59] United Nations High Commissioner for Refugees [UNHCR] « Sexual and Gender-Based Violence against Refugees, Returnees and Internally Displaced Persons: Guidelines for Prevention and Response » [2003]

[60] Ibid.

[61] Law on Foreigners and International Protection No. 6458 Art. 3(d) [2013]
https://www.mevzuat.gov.tr/MevzuatMetin/1.5.6458.pdf

[62] Ibid.

[63] United Nations Education Fund [UNICEF] / International Rescue Committee [IRC] « Caring for Child Survivors of Sexual Abuse » [2012]
https://www.unicef.org/documents/caring-child-survivors-sexual-abuse

fosters respect and acceptance of others as equals. When used to dominate, power imposes obligations on, restricts, prohibits and makes decisions about the lives of others. To prevent and respond to sexual and gender-based violence effectively, the power relations between men and women, women and women, men and men, adults and children, and among children must be analysed and understood.

Psychosocial support: support that aims to protect or promote psychosocial wellbeing and/or prevent or treat mental disorder.[64]

Refugee: Under the 1951 Convention Relating to the Status of Refugees, a refugee is defined as any person who owing to a well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group, or political opinion, is outside the country of his nationality, and is unable to or, owing to such fear, is unwilling to avail himself of the protection of that country.[65] In scope of the Law No. 6458, a refugee is "a person who as a result of events occurring in European countries and owing to well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group or political opinion, is outside the country of his citizenship and is unable or, owing to such fear, is unwilling to avail himself or herself of the protection of that country; or who, not having a nationality and being outside the country of his former residence as a result of such events, is unable or, owing to such fear, is unwilling to return to it."

Conditional refugees: A person who as a result of events occurring outside European countries and owing to a well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group or political opinion, is outside the country of his nationality and is unable or, owing to such fear, is unwilling to avail himself or herself of the protection of that country; or who, not having a nationality and being outside the country of former habitual residence as a result of such events, is unable or, owing to such fear, is unwilling to return to it, shall be granted conditional refugee status upon completion of the refugee status determination process. Conditional refugees shall be allowed to reside in Turkey temporarily until they are resettled to a third country.[66]

Persons under Temporary Protection: any person who have been forced to leave their country, cannot return to the country that they have left, and have arrived at or crossed the borders of Turkey in a mass influx situation seeking immediate and temporary protection.[67] Syrian citizens who arrived at Turkey individually or in masses from Syria and stateless persons and refugees who arrived in Turkey from Syria can also avail themselves of the Temporary Protection Regulation.[68] With an amendment

[64] Inter-Agency Standing Committee « Guidelines on Mental Health and Psychosocial Support in Emergency Settings » [2007] https://interagencystandingcommittee.org/sites/default/files/iasc_guidelines_on_mental_health_and_psychosocial_support_in_emergency_settings.pdf

[65] United Nations « Convention Relating to the Status of Refugees » Art. 1 [1951] https://www.unhcr.org/3b66c2aa10

[66] Law on Foreigners and International Protection No. 6458 Art. 62 [2013] https://www.mevzuat.gov.tr/MevzuatMetin/1.5.6458.pdf

[67] Law on Foreigners and International Protection No. 6458 Art. 91 [2013] https://www.mevzuat.gov.tr/MevzuatMetin/1.5.6458.pdf

[68] Temporary Protection Regulation No. 2014/6883 Art. 1 [2014] https://www.mevzuat.gov.tr/MevzuatMetin/3.5.20146883.pdf

made on 05/04/2016 on the Temporary Protection Regulation, it was stipulated that those Syrian citizens who arrived in Turkey as a result of events that occurred in the Syrian Arab Republic as of 28/4/2011, and irregularly went to Aegean islands through Turkey, and were readmitted into Turkey shall hereunder be granted Temporary Protection upon their request.

Individual under Subsidiary Protection: A foreigner or a stateless person, who neither could be qualified as a refugee nor as a conditional refugee, shall nevertheless be granted subsidiary protection upon the status determination because if returned to the country of origin or country of [former] habitual residence would:

a) be sentenced to death or face the execution of the death penalty;
b) face torture or inhuman or degrading treatment or punishment;
c) face serious threat to himself or herself by reason of indiscriminate violence in situations of international or nationwide armed conflict; 66 Law on Foreigners and International Protection and therefore is unable or for the reason of such threat is unwilling, to avail himself or herself of the protection of his country of origin or country of [former] habitual residence.[69]

International Protection Applicant: A person who applied for international protection and whose application has not been finalized yet.[70]

Torture: any act by which severe pain or suffering, whether physical or mental, is intentionally inflicted on a person for such purposes as obtaining from him or a third person information or a confession, punishing him for an act he or a third person has committed or is suspected of having committed, or intimidating or coercing him or a third person, or for any reason based on discrimination of any kind, when such pain or suffering is inflicted by or at the instigation of or with the consent or acquiescence of a public official or other person acting in an official capacity. It does not include pain or suffering arising only from, inherent in or incidental to lawful sanctions.[71]

Beneficiary: A person benefitting from GBV programmes, assistance and services.

[69] Law on Foreigners and International Protection No. 6458 Art. 63 [2013]
https://www.mevzuat.gov.tr/MevzuatMetin/1.5.6458.pdf
[70] Law on Foreigners and International Protection No. 6458 Art. 1 [2013]
https://www.mevzuat.gov.tr/MevzuatMetin/1.5.6458.pdf
[71] United Nations « Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment » [1984]
https://www.ohchr.org/en/professionalinterest/pages/cat.aspx

Annex No. 2: Special Considerations and Guidance for Child, Early and Forced Marriage Cases

Child marriages are defined as formal or informal unions, where at least one of the parties are under the age of 18. Although interchangeably used with child marriages, early marriages are a distinct kind of union. This refers to marriages involving a person aged below 18 in countries where the age of majority is attained earlier or upon marriage. Early marriage can also refer to marriages where both spouses are 18 or older but due to other factors, they are not ready to consent to marriage. These factors may include their level of physical, emotional, sexual and psychosocial development, or a lack of information regarding the person's life options. Forced marriages, on the other hand, are defined as 'marriages' that occur without the full and free consent of one or more parties.[72]

While the provisions related to child marriages are scattered in the national legislation, the following legislation can be referred to in analyzing the issue from a legal perspective[73]: Turkish Civil Code No. 4721, Turkish Criminal Code No. 5237 and/or the Child Protection Law No. 5395. These legal provisions may have legal consequences and responsibilities for intended spouses, families of the children and anyone who holds information related to the marriage. For the aforementioned reasons, it is essential to know the legal consequences of child marriages.

All kinds of sexual behavior towards children, whether in marriage or not, may result in criminal punishment of the perpetrator or child's spouse or family. The child's age, their ability to understand the meaning and legal consequences of the act, and the existence of threat, force, fraud or any other kind of act affecting the will affect the classification of the act.

According to the Turkish Civil Code No.4721, the legal age for marriage is 18. Children who have not yet completed 18 years of age are legally prohibited from marriage. Yet in exceptional circumstances, children who have completed 17 of age may be married with the permission of their legal representatives, and those who have completed 16 years of age may be married in exceptional situations and in the presence of an important cause, through a court order. Without the presence of the mentioned conditions, children cannot get legally married.

Children at risk of marriage

For cases at risk of child marriages, the following procedures should be applied in addition to the standard case management procedures of GBV cases:

- Children at risk of marriage should be notified to relevant authorities for immediate intervention.

[72] Office of the United Nations High Commissioner for Human Rights [OHCHR] « Preventing and Eliminating Child, Early and Forced Marriage » pg. 3, (A/HRC/26/22) [2014]
https://documents-dds-ny.un.org/doc/UNDOC/GEN/G14/128/76/PDF/G1412876.pdf?OpenElement

[73] For detailed guidance related to child marriages in Turkish legislation, please refer to the Inter-Agency Guidance Note on Child Marriages – Annex I

- Counseling to the child, parents, caregivers and/or legal guardians, as well as relevant family members should be provided, always giving priority to the child's safety and best interest. Key messages in counseling for specific target groups are highlighted below:

Child at risk of marriage

- In consideration that it will not be possible to reach the child/family subsequent to initial counseling, risk and protective factors specific to the child should be identified effectively, and counseling should be provided accordingly.
- If the child is at risk of marriage, the possibility of placement into safe shelter under state protection should be emphasized.
- The child should be informed on institutions to be contacted and/or approached in case of emergencies (information on referral mechanisms and pathways are included in Annex 4).
- If the child or her parents, caregivers and/or legal guardians express intentions towards early pregnancy, she should be provided health counseling with the aim of delaying pregnancy at least until she completes 18 years of age and when the physical, health, emotional and psychological development is complete.

Person the child is to be married to

- They should be informed on potential criminal procedures and legal consequences of the marriage.
- Risks arising from the potential 'spouse' should be identified during counseling.

Parents, caregivers and/or legal guardians (Female)

- Female family members / caregivers whom the child trusts, and who ensures the child's well-being should be identified and targeted.
- Purpose of counseling is to convince the identified female individual to influence delay of marriage until child is at least 18 years of age.
- Counseling content should emphasize the potential negative consequences of early sexual intercourse and pregnancies to physical, emotional and socio-economic well-being of the child, as well as the psychological effects of forced or 'loveless' marriages on children.

Parents, caregivers and/or legal guardians (Male)

- Influential male family members should be identified and be included in attempts to convince the family to delay marriage. The male family member to be targeted should

not only be limited to a father figure; if possible, elderly family members should also be engaged in the process.

- In full consideration of the principle of confidentiality, community and/or religious leaders could be engaged in counseling if family members are to be convinced to delay marriage.

For preventive measures that can be taken for identified children, parents, caregivers and/or legal guardians and relevant family members, please refer to Inter-Agency Guidance Note on Child Marriages 'Prevention' Chapter.

Children who have been exposed to marriages

If the marriage has already occurred, the following steps should be taken in consideration of services will be available in line with the relevant legislation and in consideration of the child's best interest:

- Children exposed to marriages should be notified to the Ministry of Family, Labour and Social Services for immediate intervention;
- Counseling to the child, parents, caregivers and/or legal guardians, as well as relevant family members should be provided, always giving priority to the child's safety. Key messages in counseling for specific target groups are highlighted below:

Child

- For children who have already been married at the time of identification, however who are not pregnant or do not yet have children of their own, both the children themselves and their family members should be counseled towards delaying pregnancy at least until 18 years of age. For children who are pregnant or already have children, attempts should be made to delay further pregnancies at least until 18 years of age.
- In consideration that the child may face protection concerns (even if risks are not observed at the time of initial identification), safety planning should be undertaken with the child, through his/her meaningful participation.
- In case the crime of sexual intercourse with persons who have not yet attained the lawful age is constituted (Turkish Criminal Code Art. 104), the child should be informed on his/her right to file a complaint as well as the 6-month complaint timeframe. Per the mandatory reporting requirement, referrals to Legal Aid Bureaus of Bar Associations can be undertaken and if done so, follow-up should be maintained regularly. Assessment of the child's willingness to be taken under state protection should be undertaken if the child states s/he would like to proceed with a complaint as well.

Person the child is married to

- The positive influence of the child's access to rights and services, empowerment and awareness on the relationship should be emphasized.
- The importance of access to health services, especially of pregnant children, should be clearly highlighted.
- Discussions should be held with regards to the significance of equal distribution of domestic tasks and chores.
- In case the child is below 15 years of age, the duty of notification as well as the potential consequences should be communicated. The importance of maintaining communication with the child and family, even after the notification is carried out, should be noted as well.

Parents, caregivers and/or legal guardians

In case the child is below 15 years of age, the duty of notification as well as the potential consequences should be communicated. The importance of maintaining communication with the child and family, even after the notification is carried out, should be noted as well.

The following interventions should be undertaken in responding to cases of child marriages:

- Legal assistance and representation in obtaining birth registration and in family law matters when appropriate;
- Provision of reproductive health counseling and services, including family planning;
- Access to educational and vocational training and referral;
- Advice and information regarding available psychosocial services including women's spaces, counseling and couple counseling and refer, if the person consents. In cases where violence or other protection concerns are disclosed, follow the same procedures as for other GBV cases.

For further information on steps to be taken in case management procedures for children exposed to marriages, please refer to inter-agency guidance note on child marriages.

Annex No. 3: GBV Intake and Initial Assessment Form

For a sample GBV intake and initial assessment form as well as sample consent forms in various languages, visit https://www.gbvims.com/gbvims-tools/intake-form/. The Intake and Initial Assessment Form consists of six sections, each of which contains fields used for collecting relevant and important information. These sections are; (i) Administrative Information, (ii) Survivor Information, (iii) Details of

the Incident, (iv) Alleged Perpetrator Information, (v) Planned Action/Action Taken, and (vi) Assessment Point.

A sample form is provided below:

1. ADMINISTRATIVE INFORMATION		
Incident ID*: Click here to enter text.	Survivor code: Click here to enter text.	Caseworker code: Click here to enter text.
Date of interview*: Click here to enter a date.	Date of incident*: Click here to enter a date.	

2. SURVIVOR INFORMATION		
Date of birth (approximate if necessary) *: Click here to enter a date.	Sex*: Choose an item.	Ethnicity (voluntary): Click here to enter text.
Country of origin*: Choose an item. *If 'Other', specify*:	Current civil / marital status*: Choose an item.	Religion (voluntary): Click here to enter text.
Number and age of children and other dependents: Click here to enter text.		
Displacement status at time of report*: Choose an item.		
Is the client a person with disabilities?* Choose an item.	The disability is: Choose an item.	
Is the client an unaccompanied child, separated child, or other vulnerable child?* Choose an item.		
SUB-SECTION FOR CHILD SURVIVORS (less than 18 years old)		
If the survivor is a child (less than 18yrs) does he/she live alone? ☐ Yes ☐ No *(if 'No', answer the next two questions)*		
If the survivor lives with someone, what is the relation between her/him and the caretaker? Choose an item. *If 'Other', explain*: Click here to enter text.		
What is the caretaker's current marital status? Choose an item.		

3. DETAILS OF THE INCIDENT		
Account of the incident/Description of the incident *(summarize the details of the incident in client's words)*: Click here to enter text.		
Stage of displacement at time of incident*: Choose an item. *If 'Other', explain:* Click here to enter text.		
Time of day that incident took place*: Choose an item.	Incident location / Where the incident took place*: Choose an item. *If 'Other', explain:* Click here to enter text.	
Province where incident occurred*: Choose an item.	*Town* where incident occurred*: Click here to enter text.	*Camp* where incident occurred*: Choose an item.

4. ALLEGED PERPETRATOR INFORMATION	
Number of alleged perpetrator(s)*: Choose an item.	Sex of alleged perpetrator(s)*: Choose an item.
Age group of alleged perpetrator* *(If known or can be estimated):* Choose an item.	
Alleged perpetrator relationship with survivor *: *(Select the first ONE that applies)* Choose an item.	Main occupation of alleged perpetrator *(if known)** Choose an item.

5. PLANNED ACTION / ACTION TAKEN *(any action/activity regarding this report)*
Who referred the client to you?* Choose an item. *If 'Other', specify:* Click here to enter text.

Did you refer the client to a safe house/safe shelter?* Choose an item. If 'No', why not?* Choose an item.	Date reported or future appointment: Click here to enter a date. Time: Click here to enter text. Name and location: Click here to enter text. Notes *(including action taken or recommended action to be taken)*: Click here to enter text.
Did you refer the client to health/medical services?* Choose an item. If 'No', why not?* Choose an item.	Date reported or future appointment: Click here to enter a date. Time: Click here to enter text. Name and location: Click here to enter text. Notes *(including action taken or recommended action to be taken)*: Click here to enter text.
Did you refer the client to a psychosocial services?* Choose an item. If 'No', why not?* Choose an item.	Date reported or future appointment: Click here to enter a date. Time: Click here to enter text. Name and location: Click here to enter text. Notes *(including action taken or recommended action to be taken)*: Click here to enter text.
Does the client want to pursue legal action?* Choose an item.	
Did you refer the client to legal assistance services?* Choose an item. If 'No', why not?* Choose an item.	Date reported or future appointment: Click here to enter a date. Time: Click here to enter text. Name and location: Click here to enter text. Notes *(including action taken or recommended action to be taken)*: Click here to enter text.
Did you refer the client to police or other type of security actor?* Choose an item. If 'No', why not?* Choose an item.	Date reported or future appointment: Click here to enter a date. Time: Click here to enter text. Name and location: Click here to enter text. Notes *(including action taken or recommended action to be taken)*: Click here to enter text.
Did you refer the client to a livelihoods programme?* Choose an item. If 'No', why not?* Choose an item.	Date reported or future appointment: Click here to enter a date. Time: Click here to enter text. Name and location: Click here to enter text. Notes *(including action taken or recommended action to be taken)*: Click here to enter text.

6. ASSESSMENT POINT / PROCESSING	
Describe the emotional state of the client at the beginning of the interview: Click here to enter text.	Describe the emotional state of the client at the end of the interview: Click here to enter text.
How does the client describe their own emotional state at the beginning of the interview? Click here to enter text.	How does the client describe their own emotional state at the end of the interview: Click here to enter text.

Will the client be safe when she or he leaves? Choose an item. *If no, give reason*: Click here to enter text.	Who will give the client emotional support? Click here to enter text.
What actions were taken to ensure client's safety? *If a refugee is under threat of immediate physical harm, use the inter-agency referral form (password protected) to notify UNHCR* Click here to enter text.	Other relevant information: Click here to enter text.
If the incident was a rape, have you: • Explained the possible consequences of rape to the client *(if over 14 years of age)*? Choose an item. • Explained the possible consequences of rape to the client's caregiver (*if the client is under the age of 14)*? Choose an item. • Explained that post-exposure prophylaxis, or PEP, is another name for emergency HIV treatment and PEP is not a cure for HIV, it is a form of HIV prevention? It is a short course of antiretroviral drugs that stops exposure to HIV from becoming a life-long infection. PEP must be taken in less than 72 hours after the rape. Choose an item. • Explain that emergency contraceptives must be taken within 24 hours of the rape? Choose an item.	
Did the client give their consent to share their non-identifiable information in your reports? * ☐Yes ☐No	

Annex No. 4: Referral Mechanisms for GBV Survivors

UNHCR developed a country-wide document encompassing all GBV-related services and assistance points, including relevant hotlines, phone applications and complaint mechanisms, which can be reached from UNHCR Turkey Help Website on this link: https://help.unhcr.org/turkey/information-and-resources-on-protection-from-violence/seeking-help-and-reporting/. In addition, UNHCR mapped existing GBV and MHPSS services across 75 provinces in Turkey for in-person approach, which can be reached from the same page.

Annex No. 5: Inter-Agency Referral Form

INTER-AGENCY REFERRAL FORM – TURKEY

Date of Referral: Click here to enter a date. `

Priority Level: Choose an item.

Prioritized due to a Specific Need: ☐ Yes ☐ No

Type of Referral: Choose an item.

Referring Organizations' Assigned Case Number: Click here to enter text.

Contact UNHCR[74] (with consent of the individual) if the case meets *any* of the below criteria:

☐ Immediate physical threat	☐ Unaccompanied or separated children
☐ Persons at risk of refoulement, detention or deportation; rejection of asylum claims, implicit withdrawals of asylum applications	☐ Persons facing an immediate/serious risk to physical safety[75]

Referring Organization	**Receiving Organization**
Organization name: Click here to enter text.	Organization name: Click here to enter text.
Contact name: Click here to enter text.	Contact name: Click here to enter text.

74 Information on relevant UNHCR Focal Points per geographic region is included in the Advised Basic Operating Principles Document.

75 This may include individuals at risk of honour killing; LGBTI persons at risk; GBV survivors and persons at risk; survivors and those at risk of violence and torture.

Phone: Click here to enter text.	Phone: Click here to enter text.
E-mail: Click here to enter text.	E-mail: Click here to enter text.
Address: Click here to enter text.	Address: Click here to enter text.
Referral delivered by: ☐Phone (emergency only) ☐E-mail☐In person☐Electronically (app or database)	

Individual Information			
Name: Click here to enter text.			
Date of birth: Click here to enter a date.	**Gender**: Choose an item.	**Individual ID type:** Choose an item. **ID number:** Click here to enter text.	**Second Individual ID type:** Choose an item. **ID number:** Click here to enter text.
Address: District: Click here to enter text. Province: Click here to enter text.			
Nationality: ☐Syrian☐Turkish☐Iraqi☐Afghan ☐Iranian ☐Other. Specify 'other': Click here to enter text.			
Language(s) ☐Arabic☐Turkish☐Farsi☐Kurdish☐English☐Other. Specify 'other': Click here to enter text.			
E-mail: Click here to enter text.			
Phone: Click here to enter text.			
Alternate phone: Click here to enter text.			
Relationship to alternate contact: Click here to enter text.			
Preferred Gender of Case Worker: Choose an item.			
Preferred Gender of Interpreter: Choose an item.			
If individual is a child *(under 18 years)*			
Is the child unaccompanied? ☐Yes ☐No *(If yes, contact UNHCR. See above)*			
Is the child separated? ☐Yes☐No			
Name of primary caregiver/trusted adult: Click here to enter text.			
Caregiver/trusted adult's relationship to child: Click here to enter text.			
Contact information for caregiver/trusted adult: Click here to enter text.			
Individual ID type of the caregiver/trusted adult: Choose an item.			
ID number of the caregiver/trusted adult: Click here to enter text.			
Is the caregiver/trusted adult informed of the referral? ☐Yes☐No *(If no, explain why):* Click here to enter text.			

Reason for Referral			
NOTE: Do not share GBV or other sensitive information in pages 1-2 of this form. Use page 3 and then password protect the entire document when any inter-agency referral requires sensitive information to be shared.			
Describe the problem *(duration, frequency, etc.),* **needs and priorities:** Click here to enter text.			
Describe the services already provided by your, or any other, organization: Click here to enter text.			
Note any referrals to other organizations *(to the best of your knowledge):* Click here to enter text.			
Recommended Services			
☐Cash ☐Education ☐Food	☐Legal assistance ☐ Livelihoods ☐ Shelter	☐Non-Food Items ☐Protection Services	☐Emergency accommodation ☐Other
Please specify the service category as referred to in the Services Taxonomy Click here to enter text.			
Specify 'other': Click here to enter text.			
Explain reason for referral, recommended services and indicate priorities, if any: Click here to enter text.			
Any **restrictions** on contact or information release? ☐Yes ☐No *If yes, explain.* Click here to enter text.			
Safe contact can be made by *(in order of preference):* Choose an item.	During these days: M T W T F S S	During these hours: Click here to enter text.	Contact details: Click here to enter text.
Choose an item.	M T W T F S S	Click here to enter text.	Click here to enter text.
Choose an item.	M T W T F S S	Click here to enter text.	Click here to enter text.
If other, please explain: Click here to enter text.			
Referral Checklist			
☐The individual has been **informed of the referral**. *If not, explain.* Click here to enter text.			

☐The individual has **signed consent** to release information *If not, explain.* Click here to enter text.
☐ The child has provided **informed assent** to release information If not, explain. Click here to enter text.
Feedback to Referring Organization
The referring organization requests **feedback or follow up information for which the individual provides informed consent**: ☐Yes ☐No *If yes, explain.* Click here to enter text.

ADDENDUM: REFERRAL OF GBV AND SENSITIVE CASES

For inter-agency referrals of GBV survivors and those at risk, as well as other sensitive cases please additionally complete this page.

Individual Information	
Is the individual an GBV survivor (or at risk)? ☐ Maybe. I suspect that the individual is an GBV survivor.	☐ Yes, the individual is a confirmed GBV survivor. ☐ Yes, the individual is at risk of GBV. ☐ No, the individual is not an GBV survivor. Other sensitive protection.
Specify non-GBV or other comments, if any: Click here to enter text.	
Did the individual disclose any information on his/her emotional state? *If so, record below in the individual's own words.* Click here to enter text.	
What are your observations of the individual's emotional state at the end of the intake/assessment interview? Click here to enter text.	

Is there anything that the service provider should be aware of (ex. trigger stimulus) or other special care instructions? Please explain: Click here to enter text.
Summary of incident
Account of the incident (including date) / description of the incident (summarize the details of the incident in individual's words). *Only complete if the incident details are relevant to the services being requested. Limit information to what is necessary for the receiving organization to know.* Click here to enter text.
Type of incident/violence: *Refer to the GBV classification tool (GBVIMS)* ☐ Rape ☐ Physical assault ☐ Denial of resources, opportunities or services ☐ Sexual assault ☐ Child, early and/or forced marriage ☐ Psychological / emotional abuse ☐ Non-GBV. Please explain: Click here to enter text.
Is the individual willing to file an official complaint? ☐ Yes ☐ No ☐ Unknown/Undecided

Services requested		
Service:	Priority level:	Consent given:
☐Safe shelter	Choose an item.	☐Yes ☐No
☐Medical	Choose an item.	☐Yes ☐No
☐Health counselling	Choose an item.	☐Yes ☐No
☐PEP/STI counselling and prevention	Immediately to 72 hours maximum	☐Yes ☐No
☐Emergency contraceptive	Immediately to 5 days maximum	☐Yes ☐No

☐ Other medical services:	Choose an item.	☐Yes ☐No
☐Psychosocial support (PSS)	Choose an item.	☐Yes ☐No
☐Legal assistance	Choose an item.	☐Yes ☐No
☐Security/police	Choose an item.	☐Yes ☐No
☐Cash or material assistance	Choose an item.	☐Yes ☐No
☐Livelihood	Choose an item.	☐Yes ☐No
☐Education	Choose an item.	☐Yes ☐No
☐Advocacy (access to services)	Choose an item.	☐Yes ☐No
☐Other:	Choose an item.	☐Yes ☐No

Annex No. 6: Survivor Feedback Form

For a sample feedback form, review the Interagency Gender-Based Violence Case Management Guidelines (IASC, 2017),"Client Feedback Form" on page 184.

In addition, UNHCR Turkey's GBV Feedback Survey which was contextualized into the Turkey context based on the "Inter-Agency Gender-Based Violence Case Management Guidelines. The Form is available in four languages (Arabic, English, Farsi and Turkish) and can be reached from this link: https://enketo.unhcr.org.tr/x/O9VgGGL7.

Annex No. 7: UN Turkey Inter-Agency PSEA Community Messages

PSEA Key Messages[76] Targeting Communities

Audience[77]

All affected populations (children, adolescents, women and men), including asylum-seekers, refugees, stateless persons, trafficked persons, smuggled migrants, migrants in an irregular situation, and host community members living in Turkey who are benefitting from the services of participating United Nations organizations, its institutional and individual contractors, volunteers and their implementing and operational international and national non-governmental organizations in Turkey.

Purpose

Raise awareness of community members (girls, boys, women and men) on their rights related to Protection from Sexual Exploitation and Abuse and mechanisms put in place to ensure protection from, and prevention of sexual exploitation and abuse (SEA), including safe reporting mechanisms and protocols for protecting and assisting SEA victims, increase understanding of the concepts of SEA, including Zero-tolerance policy on SEA, and encourage reporting of any cases of sexual exploitation and abuse.

Content/Messages

Guidance and Definitions[78]

What is sexual exploitation and abuse (SEA)?

[76] See https://interagencystandingcommittee.org/iasc-task-team-accountability-affected-populations-and-protection-sexual-exploitation-and-abuse-10

[77] See https://emergency.unhcr.org/entry/44937/migrant-definition

[78] The definitions for both Sexual Exploitation and Sexual Abuse are contained in the United Nations Secretary-General's Bulletin, "Special measures for protection from sexual exploitation and sexual abuse" ST/SGB/2003/13 (9 October 2003) https://www.unhcr.org/protection/operations/405ac6614/secretary-generals-bulletin-special-measures-protection-sexual-exploitation.html

Sexual Exploitation and Abuse is a form of violence and it constitutes an abuse of power by humanitarian aid workers and other actors engaged in assisting against their affected population. SEA is a violation of human rights and constitutes acts of gross misconduct.

What is Protection from Sexual Exploitation and Abuse (PSEA)?

The term Protection from Sexual Exploitation and Abuse is used by the humanitarian staff (UN and NGO community) to refer to measures taken to protect vulnerable individuals including their own beneficiaries from sexual exploitation and abuse by their staff and associated personnel, and to ensure adequate response when such abuses occur.

These measures aim to prevent SEA from occurring in the first place, follow up on the allegation quickly and effectively, *and* to ensure survivors receive appropriate response services, including specialized assistance and support.

Both sexual abuse and sexual exploitation can be committed by anyone in the position of power, but the international PSEA policies and frameworks refer specifically to SEA perpetrated by humanitarian actors/workers.

Who is a humanitarian worker?

The staff of international organizations such as the United Nations, their affiliated non-governmental international and national organizations, volunteers and their individual or institutional contractors.

Humanitarian Worker: Includes all workers engaged by humanitarian agencies, whether internationally or nationally recruited, or formally or informally retained from the beneficiary community, to conduct the activities of that agency. (OCHA)[79]

What is Sexual Abuse?

Sexual abuse is any actual or threatened sexual activity carried out by force or under unequal or coercive conditions.

An example of sexual abuse is if/when an international organization or an affiliated NGO staff tempts a female refugee, takes her to a deserted location and rapes her and later threatens that he will tell her husband they are having an affair if she reports the case.

Another example of sexual abuse would be if/when an international organization or an affiliated NGO staff touches a girl or a women beneficiary inappropriately while playing with her as part of the organization's psychosocial or other implemented activity.

[79] https://www.who.int/hac/about/reliefweb-aug2008.pdf?ua=1

Please remember that for the happening of sexual abuse, it is not necessary for a sexual act to have occurred, it is sufficient if it has been threatened or that an attempt has been made.

What is Sexual Exploitation?

Sexual exploitation is any actual or attempted abuse of a position of vulnerability, differential power, or trust, for sexual purposes including, but not limited to, profiting monetarily, socially or politically from the sexual exploitation of another

Following examples would be considered sexual exploitation:

If/when an international organization or an affiliated NGO staff asks their beneficiary to have sex with them in exchange of a "promise" of a job in the organization or another thing.

If/when a head teacher at a school, employed by an international organization or an affiliated NGO refuses to allow a displaced child to enter his/her school unless his/her mother sleeps with him.

If/when an international organization or an affiliated NGO staff engages in online exploitation, through grooming, blackmail or other means, extort sexual photos/videos, or request to meet them in person

If/when a driver of an international organization or an affiliated NGO who regularly provides rides to the beneficiaries asks one of the beneficiaries to take their naked photographs in exchange of the ride.

If/when a female boss of an international organization or an affiliated NGO, refuses to give employment to a young beneficiary applying to be a kitchen server unless he sleeps with her.

Remember that if someone **attempts** to sexually exploit others, this would already constitute sexual exploitation even if an actual act did not happen.

Remember!

All assistance provided by humanitarian organizations is based on need and is free.

You have the right to assistance and the right to report any inappropriate, humiliating, degrading, exploitative behavior, or abuse by a humanitarian worker.

All sexual activity with a child (a person younger than 18) is prohibited regardless of the age of majority or consent locally and is not an accepted act/attempt for UN and its affiliated NGO humanitarian actors and should immediately be reported. Mistaken belief regarding the age of a child is not a defense.

How to Report?

Below you may find details on the available complaint mechanisms, how to access them and what to expect after making a complaint for each United Nations organization

Remember that all complaints are kept **confidential**. No information you report would be shared with anyone else without your consent.

Filing complaints

In your report, you should include:

- **What** happened?
  - Describe in detail what you know about the incident or incidents.
- **Who** committed the alleged wrongdoing?
  - Do you know if anyone else was involved? Please provide full names, job titles and organization, if possible.
- **When** and **where** did the incident or incidents occur?
  - Please include dates and times, if possible.

Your report will be treated with discretion and kept strictly confidential. Complaints can be made anonymously, however if you choose to do that, please make sure to include all the details related to the incident.

Below is the list of agency contacts to which you can present your complaints.

UNHCR

If you are aware of, or have concerns or suspicions about a possible case of sexual exploitation and abuse by a UNHCR, related UN or NGO staff member or contractor, please report this directly to the Inspector General's Office (IGO) at UNHCR Headquarters:

- **Email:** inspector@unhcr.org
- **Confidential fax:** +41 22 739 7380
- **Mail:** UNHCR, 94 Rue de Montbrillant, 1202 Geneva, Switzerland

UNICEF

If you are aware of, or have concerns or suspicions about a possible case of sexual exploitation and abuse by a UNICEF, related UN or NGO staff member or contractor, please report this directly to the UNICEF Representative in Turkey or/and UNICEF Office of Internal Audit and Investigations (OIAI) at UNICEF Headquarters:

- **Email:** turkeyintegrity1@unicef.org or/and integrity1@unicef.org

UNFPA

If you are aware of, or have concerns or suspicions about a possible case of sexual exploitation and abuse by a UNFPA, related UN or NGO staff member or contractor, please report this directly to the UNFPA PSEA Focal Point in Turkey or/and UNFPA Office of Audit and Investigation Services (OAIS) at UNFPA Headquarters:

- **Email:** investigationshotline@unfpa.org or/and psea.turkey@unfpa.org
- **Online Reporting Form:** https://web2.unfpa.org/help/hotline.cfm
- **Fax:** +1 (212) 297 4938
- **Voice Mail:** +1 (212) 297 5200

ILO

If you are aware of, or have concerns or suspicions about a possible case of sexual exploitation and abuse in the context of any ILO activity, whether by an ILO staff member or third party engaged by the ILO (e.g., contractor, consultant, implementing partner, intern, UN volunteer), please report this directly to the ILO Chief Internal Auditor of the Office of Internal Audit and Oversight (IAO) at ILO Headquarters:

Email: investigations@ilo.org

Mail: IAO, International Labour Office, 4 Route des Morillons, 1211 Geneva, Switzerland (Please label: Confidential).

UNDP

- **UNDP Office of Audit and Investigation**: reportmisconduct@undp.org

WFP

If you are aware of, or have concerns or suspicions about a possible case of sexual exploitation and abuse by a WFP, related UN or NGO staff member or contractor, please report this directly to the designated Focal Point on protection from sexual exploitation and abuse (PSEA Focal Point) at the country or field office levels, or to his/her alternate;
or - the Office of Inspections and Investigations (OIGI) directly through:
Food SAT: 1301 3663;
Direct: +39 06 6513 3663;
Confidential Fax: +39 06 6513 2063 or its Hotline at: hotline@wfp.org.

IOM

If you are aware of, or have concerns or suspicions about a possible case of sexual exploitation and abuse by a IOM, or third party engaged by IOM staff member, (e.g., contractor, consultant, implementing partner, intern, UN volunteer), please report this directly to the Office of the Inspector General (OIG) at IOM Headquarters:

Encrypted Website Reporting Form: https://weareallin.iom.int/reports

UN Women

In UN Women, the investigative function for reports received is performed by Office of Internal Oversight Services (OIOS). If you are a witness of or are informed of a possible case of sexual exploitation or abuse you should report this through this reporting mechanism, or by:

- **Phone:** +1 212 963-1111 (24 hours a day)

- **Online reporting form:**
  Report wrongdoing through this link

- **Regular mail:**
  Director, Investigations Division
  Office of Internal Oversight Services
  300 East 42nd Street (at 2nd Avenue)
  7th Floor
  New York, NY 10017 USA

UNIDO

Where a member of UNIDO personnel, or of its implementing partners, develops concerns or suspicions regarding sexual exploitation or sexual abuse by a fellow worker, whether in the same agency or not and whether or not within the United Nations system, he or she must report such concerns to HRM or EIO. The following email may be used for that purpose: **oversight-hotline@unido.org**

OCHA

Committed to a global system of accountability towards its beneficiaries and in line with the UN Secretary-General's PSEA strategy, OCHA has adopted a zero-tolerance policy for sexual exploitation and abuse. OCHA is determined to take all appropriate measures to eradicate these wrongdoings and to fully respond to any incident perpetrated by its aid workers. All OCHA staff are obliged to report concerns or suspicions regarding sexual exploitation or abuse by a fellow OCHA worker, or fellow humanitarian worker.
If you have witnessed or you suspect you have witnessed SEA, you can confidentially report directly to the Executive Officer of OCHA.

Alternatively, any individual can report directly to OIOS in the following ways:

- **Online:** https://oios.un.org/page?slug=reporting-wrongdoing
- **By phone:** +1 212 963-1111 (24 hours a day)

FAO
If you are aware of, or have concerns or suspicions about a possible case of sexual exploitation and abuse by a FAO, related UN or NGO staff member or contractor, please report this directly to the FAO PSEA Focal Point in Turkey or/and FAO Ethics Office at FAO Headquarter:

To report any concerns regarding possible sexual exploitation or abuse, contact the Office of the Inspector General:

Email: investigations-hotline@fao.org

Confidential hotline: (+ 39) 06 570 52333

Email: Ethics-Office@fao.org
Phone: +39 06 57053800
Website: http://www.fao.org/ethics/en/

WHO

The Integrity hotline provides a safe and independent mechanism to report any concerns about issues involving WHO. WHO is committed to addressing unethical behavior, and responding to concerns. This enhances our accountability and supports the integrity of WHO's operations and programmes.

Reports can be made confidentially or anonymously. Confidentiality will only be waived with the express consent of the reporter. We encourage anyone making an allegation to provide as much information and evidence as possible.

- **Email:** ethicsoffice@who.int and/or integrity@expolink.co.uk
- **Online Reporting Form:** https://wrs.expolink.co.uk/integrity
- **Phone:** +44 (0)20 8939 1650

Annex No. 8: UN Turkey Inter-Agency PSEA Focal Points

Name	Agency	Email
Eda Özyurt Kılınç	UNFPA	ozyurtkilinc@unfpa.org
Fatma Hacioglu	UNFPA	hacioglu@unfpa.org
Duygu Ersecen	UNWomen	duygu.ersecen@unwomen.org
Duygu Arig	UNWomen	duygu.arig@unwomen.org
Khalil OMARSHAH	IOM	komarshah@iom.int
Ozlem Artar	IOM	oartar@iom.int
Ebru Ozberk-Anlı	ILO	ozberk@ilo.org
Billur P. ESKIOGLU	ILO	eskioglu@ilo.org
Ebru SANER	WFP	ebru.saner@wfp.org
Margaret Rehm	WFP	margaret.rehm@wfp.org
Philippe Clerc	UNDP	philippe.clerc@undp.org
Elmar Bagirov	UNHCR	bagirov@unhcr.org
Ismet Yolalan	UNHCR	yolalan@unhcr.org
Ahmet Ünver	UNHCR	unver@unhcr.org
Lara Özügergin	UNHCR	ozugergi@unhcr.org
Aysen Toksöz	UNIDO	a.toksoz@unido.org
Zehra Kara	UNIDO	Z.KARA@unido.org
Ilkka Laukkanen	UNDSS	ilkka.laukkanen@un.org
Ruslan Elmurzaev	UNDSS	ruslan.elmurzaev@un.org
Serkan Yilmazkurt	OCHA	yilmazkurt@un.org
Aysegul Selisik	FAO	aysegul.selisik@fao.org
Sara Marjani Zadeh	FAO	sara.marjanizadeh@fao.org
Neşe Çakır	FAO	Nese.Cakir@fao.org
Nurtac Kavukcu	WHO	kavukcun@who.int
Sener Serap	WHO	seners@who.int
Dragan Markovic	UNICEF	dmarkovic@unicef.org
Jana Nagnitschenko	UNICEF	jnagnitschenko@unicef.org
Tuba Coskun	UNIC	coskun@un.org
Gizem Ece Tığlıoğlu	UNHCR	tiglioglu@unhcr.org
Alaa Abdel Karim	IFAD	a.abdelkarim@ifad.org

Annex No. 9: UN Protocol on the Provision of Assistance to Victims of Sexual Exploitation and Abuse

UN Protocol on the Provision of Assistance to Victims of Sexual Exploitation and Abuse can be reached from this link.

Annex No. 10: 3RP Turkey Country Chapter 2021-2022.

The 3RP Turkey Country Chapter can be reached from this link.

Annex No. 11: Basic Information on Remote GBV Case Management

Basic Information on Remote GBV Case Management

Due to the COVID 19 outbreak and the measures taken to contain it, access to GBV services has been restricted, especially in the first months of the epidemic. Coupled by the pre-pandemic situation, the restriction of services during COVID 19 has revealed that providing various services remotely is a necessity in times of crises. Again, as COVID-19 has demonstrated, service providers must at all times be prepared for emergency situations and case workers must receive regular trainings and have the necessary resources, which are vital for ensuring that groups with various vulnerabilities are affected at minimum and can access the services they need.

It is essential that service providers are able to conduct remote case management so that GBV survivors can have the support they need. This section is aimed to provide general principles of remote case management and to support service providers in making a planning in consideration of their target groups and resources.

Principles of Remote Case Management

Remote case management is no different from face-to-face case management in terms of its steps and approach. However, in order to adapt to the requirements of the new working modality, caseworkers need to acquire new skills and knowledge. It should also be noted that communication through digital platforms is different from face-to-face conversation and requires certain skills to make a good impression and develop a relationship of trust with survivors.

Remote case management refers to the support provided to existing or new clients through telephone or various digital platforms. It includes calls requesting support that the caseworker receives at a convenient time, as well as a pre-arranged appointment.

There are two important points that service providers should consider before moving on to designing remote case management:[80]

Access to Technology and Telephone Network: A reliable technology is essential for the services. This is vital not only for case workers but also for clients. It requires the availability of an accessible mobile network, as well as the provision of suitable phones, SIM cards, and chargers (including those with solar power for frequent power outages) so that workers do not have to use their own devices and phone numbers. Whether the clients also have the necessary devices or, in case they do not, whether they can be contacted by a trusted person they know are the main issues to be considered.

Ensuring Security and Privacy: A minimum level of privacy must be ensured in order to provide GBV services. This privacy means having a separate room for case workers to use while having calls. If the caseworker is having the calls from home, they should make sure that this area is not used by other members of the house and that they will not be disturbed/interrupted while talking to the client. In the early stages of remote case management, the suitability of caseworkers' home environments for case management should be assessed by the supervisor.

Privacy is also the most important requirement for the client. For this reason, it is necessary to identify safe places (safe spaces for women and girls, mosques/churches, the home of a trusted acquaintance of the client) where privacy can be ensured, especially when it is not possible in the client's own home. It is important to evaluate these potential places within the framework of practices/constraints during crisis periods.

In crisis situations such as COVID 19, it should be taken into account that due to the restrictions experienced, case workers will conduct case management from their homes. Being aware of situations that bring additional burden to them, such as domestic responsibilities, children, waiting for them to work with cases or perform as much as they do during face-to-face service delivery will reduce the quality of the consultancy and adversely affect their well-being. For this reason, organizations should increase the number of employees, if possible, in order to close the service gap.

Identification of Communication Technologies

While deciding on the technologies to be used during the case management, it is necessary to act, as much as possible, in consultation with the service recipients. This is also the basis of the survivor-centered approach. If more than one organization provides remote services in the area, then it is

[80] GBVIMS, International Medical Corps, International Rescue Committee, Norwegian Church Aid, Plan International, Trócaire, UNFPA, UNHCR, UNICEF COVID-19 Guidance on Remote GBV Services Focusing on Phone-Based Case Management and Hotlines (2020),
Available at: https://gbvguidelines.org/en/documents/covid-19-guidance-on-remote-gbv-services-focusing-on-phone-based-case-management-and-hotlines/. Access date: 19.12.2021

important to organize this needs analysis together to avoid overburdening people. The needs analysis should consider the following factors[81]:

- Some clients prefer text messaging, while others may not have access to the Internet. While individuals with hearing disabilities need written interaction, some may require mobile phone calls or video conferencing. Because of these, it is important to assess the needs of clients in their own environment. It should be taken into account that the most appropriate communication platform may vary according to the age group of the client.
- Diversification of digital services will make services more accessible. Different means of communication should be offered, such as toll-free numbers, web conference calls (with or without video), online chat, and text messaging. It is important to serve by using the communication method preferred by the clients, not the organization.
- The positive and negative aspects of the digital services should be evaluated.
- The variables of the computer programs should be considered, especially for the secure data collection and storage.
- It should be decided which information will be collected through digital platforms, and it should be remembered that in GBV case management, only the information necessary for a better service delivery should be obtained.
- Ensure the security of computers or other technological devices such as tablets.
- Digital file management should be determined.

Implementation Plan

The implementation plan includes client service scheduling, dissemination of service information for case workers and partners, training planning for staff and partners, and planning the supervision process and timing. The most important part of the implementation plan is the development of a Standard Operational Procedure. [82]

Even though the lockdown is very rapid, it should be ensured that staff have access to basic guidance, corporate policy and relevant training before remote case management. These guidelines and policies should include[83]:

- How to answer incoming calls by the case worker (introduction phrases, key messages, consent and security, how to end the conversation)

[81] Guidelines for the Provision of Remote Psychosocial Support Services for GBV Survivors (2020), UNFPA Argentina; UNFPA Mexico; UNFPA Venezuela and UNFPA Colombia offices; the Latin America and Caribbean Regional Office (LACRO); and the Caribbean Subregional Office (SROC)
https://lac.unfpa.org/sites/default/files/pub-pdf/unfpa_guiavbg_web.pdf

[82] COVID-19 Guidance on Remote GBV Services Focusing on Phone-Based Case Management and Hotlines (2020), BVIMS, International Medical Corps, International Rescue Committee, Norwegian Church Aid, Plan International, Trócaire, UNFPA, UNHCR, UNICEF
https://gbvguidelines.org/en/documents/covid-19-guidance-on-remote-gbv-services-focusing-on-phone-based-case-management-and-hotlines/

[83] Guidelines for Mobile and Remote Gender-Based Violence (GBV) Service Delivery (2018)
International Rescue Committee.
https://reliefweb.int/report/world/guidelines-mobile-and-remote-gender-based-violence-gbv-service-delivery-enmy

- How to respond to a client in immediate risk
- How to respond to a client calling with suicidal ideation
- How to get verbal informed consent over the phone
- How to conduct the security plan on the phone
- What to do with phone calls that are cut short, including a callback policy
- How to deal with abuse and harassment over the phone
- In what situations, the staff will seek supervisor support and/or call security forces
- How to proceed when the client sends a text message, calls or leaves a call to be called back

Basic Response Protocol to Calls

Service providers should include standard script in the Basic Response Protocol. This script should contain all the necessary information that the client will need when accessing a remote service for the first time.[84]

- If the case worker has young children and thinks they will cry during the conversation, she should client should be informed about this situation the outset.
- Make sure that there is no background noise and external stimuli.
- Case workers should not use their own mobile phone or computer during the interview with the client.
- Case worker should not walk while talking on the phone and should sit at a table if possible, as in face-to-face meetings.
- It should create a comfortable environment by using technological resources such as headphones and microphones that will improve communication.
- Before the interview, make sure that the device used is fully charged and should have a power bank with it.
- Must show respect and empathy in all situations.
- Must use an understandable language.
- Case workers must show that they are paying attention to the conversation (Explaining the main points of the client's story as a sign of listening and understanding the client).

Must be sure that the client is on the line, by ask questions such as “Can you hear me?” “Are you still there?”

- If there is an unclear issue, it should be tried to be clarified, preferably with open-ended questions. Yes or no questions are not recommended, especially in text messaging. Sentences such as “I am not sure if I understand what you are saying”, “What do you mean by ……..?”, "I'm not sure I understand correctly, can you explain a little more" can be used.
- Special attention should be paid to points such as loudness, intonation, speaking speed, clarity, and silences. In the absence of other means of communication, these points provide awareness

[84] Guidelines for the Provision of Remote Psychosocial Support Services for GBV Survivors (2020), UNFPA Argentina; UNFPA Mexico; UNFPA Venezuela and UNFPA Colombia offices; the Latin America and Caribbean Regional Office (LACRO); and the Caribbean Subregional Office (SROC)
https://lac.unfpa.org/sites/default/files/pub-pdf/unfpa_guiavbg_web.pdf

of the client's emotional state, noticeable changes such as the presence of someone next to them, or whether they feel safe at the moment

- It is important for the case worker to be aware of their own emotional state during the conversation to avoid misunderstandings.
- If the client does not live alone, a word/phrase group should be determined together that will enable the situation to be understood when someone comes in.
- If making a video call, look directly at the camera to make eye contact

Make flexible time scheduling for clients with limited access to the Internet or electricity.

Rapid Security Check

- This check must be made at the beginning of each call to ensure that the client is safe. You can check this with the following questions:[85]
- Do you feel comfortable and safe to talk to right now?
- Are you speaking in a place where you have privacy and security?

Referral

Before starting remote case management, service providers should clearly know how to proceed if referral is needed. Therefore, the following questions should be answered[86]:

- Which of the organizations/partners that were referred before the closures/restrictions continue their services during the crisis?
- How will the case worker work with referral organizations?
- How will referral organizations notify the case worker of any changes to their services?
- How will referral organizations refer new clients to your institution?

While it is necessary to update the information of the referred organizations every 6 months when face-to-face service is provided, updates should be in every 2 months when switching to remote case management.[87]

Service providers should also have up-to-date information on movement restrictions in the public sphere and how these restrictions affect clients. This information should be based on official sources.[88]

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[85] Remote Gender Based Violence (GBV) Case Management during emergencies Guidelines for GBV Case Workers (2021), UNFPA Lebanon
https://lebanon.unfpa.org/en/publications/remote-gender-based-violence-gbv-case-management-during-emergencies-guidelines

[86] COVID-19 Guidance on Remote GBV Services Focusing on Phone-Based Case Management and Hotlines (2020), BVIMS, International Medical Corps, International Rescue Committee, Norwegian Church Aid, Plan International, Trócaire, UNFPA, UNHCR, UNICEF
https://gbvguidelines.org/en/documents/covid-19-guidance-on-remote-gbv-services-focusing-on-phone-based-case-management-and-hotlines/

[87] Guidelines for Mobile and Remote Gender-Based Violence (GBV) Service Delivery (2018)
International Rescue Committee.
https://reliefweb.int/report/world/guidelines-mobile-and-remote-gender-based-violence-gbv-service-delivery-enmy

[88] Guidelines for the Provision of Remote Psychosocial Support Services for GBV Survivors (2020), UNFPA Argentina; UNFPA Mexico; UNFPA Venezuela and UNFPA Colombia offices; the Latin America and Caribbean Regional Office (LACRO); and the Caribbean Subregional Office (SROC)

https://lac.unfpa.org/sites/default/files/pub-pdf/unfpa_guiavbg_web.pdf