



STANDARD OPERATING PROCEDURES FOR LAW ENFORCEMENT AGENCIES WORKING ON SEXUAL GENDER BASED VIOLENCE CASES

MINISTRY OF JUSTICE AND OFFICE OF NATIONAL SECURITY

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PREFACE

Sexual and Gender-Based Violence (SGBV) remains a pervasive and deeply rooted challenge in The Gambia, with impacts that extend far beyond the individual survivor, undermining public trust, impeding justice, destabilising families, and perpetuating cycles of inequality. Despite legislative progress over the past two decades, including the enactment of the Women's Act 2010 and its 2015 Amendment, the Sexual Offences Act 2013, Domestic Violence Act 2023 and the Children's Act 2005 (amended in 2016), operational barriers continue to obstruct survivors' access to justice and holistic support services.

The recent findings of The Gambia's Truth, Reconciliation and Reparations Commission (TRRC) have underscored the extent to which institutional silence, denial, and inaction contributed to the normalisation of sexual violence, particularly in cases involving state actors. The TRRC has recommended wide-reaching institutional reforms, including specific guidance on accountability for SGBV, reparative justice for survivors, and guarantees of non-repetition. These recommendations, along with constitutional commitments to uphold the dignity and rights of all persons, especially under Chapter IV of the 1997 Constitution, form the moral and legal foundation of this Standard Operating Procedures (SOPs)

The Government of the Gambia, through the Ministry of Justice, recognises that justice sector actors must adopt a survivor-centered, trauma-informed, and legally consistent approach to the prevention, response, and prosecution of SGBV. To achieve this, the development and implementation of SOPs for law enforcement agencies is both urgent and essential.

The SOPs proposed herein are not merely technical instruments; they represent a collective commitment to transforming institutional cultures and rebuilding survivor trust in public institutions. Implementing these protocols will require leadership, capacity building, coordinated systems, adequate resources, and the voices of survivors at the center of all reforms.

It is the hope that this SOP will serve as a durable policy tool for frontline officers, prosecutors, health professionals, social workers, and all those committed to eradicating SGBV in The Gambia. Ultimately, this is a step toward ensuring that no survivor is ever again silenced, retraumatised, or denied the justice to which they are entitled.

INTRODUCTION

In The Gambia, the state has a constitutional and international obligation to investigate and prosecute SGBV cases with diligence, impartiality, and urgency. The Constitution guarantees equality before the law, while statutes such as the Sexual Offences Act (2013), The Women's Act (2010, as amended), and the Children's Act (2005) mandate state agencies to prevent, investigate, and punish acts of SGBV. In addition, The Gambia is a party to regional and international instruments—including the CEDAW, Maputo Protocol, and the Convention on the Rights of the Child—which reinforce the duty of the state to protect survivors and ensure accountability.

This responsibility requires law enforcement, prosecutors, and the judiciary to act proactively, irrespective of a survivor's willingness or capacity to file a complaint, while safeguarding their dignity, confidentiality, and rights. Investigations must be thorough, survivor-centered, and free from bias, with proper collection of forensic and testimonial evidence. Prosecutors are obliged to pursue cases vigorously, apply relevant sentencing guidelines, and resist undue delays or interference. Failure to investigate or prosecute effectively constitutes not only a denial of justice to survivors but also a breach of The Gambia's legal and human rights commitments.

Overview of SGBV Prevalence and Dynamics

SGBV in The Gambia manifests in multiple forms, including rape, defilement, sexual harassment, domestic violence, female genital mutilation (FGM), trafficking, forced marriage, emotional and psychological abuse etc. According to data from the Demographic and Health Surveys and reports by UN agencies, a significant number of individuals in The Gambia, including women, men, girls, and boys, have experienced one or more forms of violence in their lifetime. While anyone can be a victim, evidence shows that women and children are disproportionately affected, bearing the brunt of gender-based violence. Nevertheless, widespread underreporting driven by stigma, fear of reprisal, social pressure, and lack of trust in law enforcement continues to obscure the true scale of the crisis.

Cultural norms rooted in patriarchal traditions often reinforce the silence around SGBV, while limited access to services in rural areas further marginalises survivors. Moreover, societal tolerance of violence against women, children, and other vulnerable groups, such as persons with disabilities, compounds systemic invisibility. The reality is stark: SGBV in The Gambia is not only a private harm, but a public emergency with serious implications for justice, health, security, and development.

Review of TRRC Findings on State-Perpetrated SGBV and Impunity

The TRRC, in its final report submitted to the Government of The Gambia in 2021, documented harrowing accounts of rape, sexual torture, and exploitation by state security agents during

Former President Yahya Jammeh's regime. Survivors included political detainees, journalists, and women abducted under coercive circumstances. The TRRC's findings emphasised a systemic culture of impunity and institutional complicity, including deliberate failures by the police, judiciary, and military to investigate or prosecute these abuses.

The Commission recommended specific reforms, including:

- Prosecution of identified perpetrators of SGBV crimes;
- Compensation and rehabilitation for survivors;
- Legislative reforms to criminalise and prevent all forms of SGBV;
- Structural safeguards, such as SOPs, are to guarantee non-repetition.

These recommendations frame the institutional urgency for SOP implementation in the law enforcement sector.

Trends in Increased Reporting and Survivor Advocacy

Since the TRRC hearings and the rise of local survivor-led campaigns such as #IamToufah, there has been a measurable increase in SGBV reporting, particularly among youth. Survivors, CSOs, and gender rights activists have pushed for accountability, legal reform, and improved institutional responses.

However, despite this momentum, most survivors still encounter obstacles such as:

- Insensitive or biased treatment by First Responders;
- Weak documentation and evidence handling.
- Retaliation and social ostracisation;
- Inadequate psychosocial and legal support.

This underscores the need for a coordinated, survivor-centered response guided by an SOP that operationalises accountability, dignity, and access to justice.

Stakeholder Consultations and Gaps in Inter-Agency Coordination

Extensive national consultations conducted with law enforcement officials, the medical sector, CSOs, social workers, prosecutors, and magistrates revealed significant fragmentation in the SGBV response system. Specific gaps include:

- Inconsistent Survivor Referral Pathways - Survivors often face conflicting or unclear information about where and how to access services, leading to confusion, delay, or retraumatisation.

- **No Designated Case Lead or Point Person** - In many cases, it is unclear who is ultimately responsible for coordinating care – leading to duplication of efforts or, conversely, complete neglect of follow-up responsibilities.
- **Lack of Cross-Sector Training and Understanding** - Justice, medical, and social service actors often do not fully understand each other's roles, mandates, or limitations, resulting in friction or unrealistic expectations.
- **Unequal Service Coverage Across Regions** - Coordination mechanisms and survivor services are often concentrated in urban areas, with rural and remote regions lacking access to One-Stop Centres, shelters, or trained personnel.
- **Absence of Confidentiality and Data Protection Protocols** - Insecure data-sharing practices can compromise survivor privacy, leading to stigma or retaliation, and eroding trust in the system.
- **No Shared Case Management Platform or Database** - Agencies often maintain separate records, making it difficult to monitor referral outcomes, prevent duplication, or analyse patterns.
- **Limited Engagement of Traditional & Community Leaders** - Many survivors first report to community structures (list them), yet there's little formal integration of these actors into official referral systems.
- **Insufficient Coordination in Emergency or After-Hours Cases** - Survivors needing urgent assistance at night or weekends may find that response services are unavailable or disconnected, with no clear emergency protocols.
- **Minimal Feedback mechanisms with Survivors or Service Providers** - Coordination efforts rarely include structured feedback mechanisms to assess survivor satisfaction or inter-agency collaboration effectiveness.

Without SOPs that clearly define and regulate inter-agency roles, survivors continue to fall through the cracks of institutional misalignment. SOPs must serve as binding operational frameworks to ensure uniformity, accountability, and coordination.

Strategic Policy Context

The SOP initiative is situated within a broader policy framework that supports national commitment to gender justice, child protection, and human rights. Key policy anchors include:

- **National Gender Policy (2025-2034)**

The policy provides a roadmap to eliminate gender inequalities and SGBV through coordinated government and stakeholder actions. It calls for improved access to services for survivors, increased training for justice and health professionals, the establishment of SGBV courts, and the expansion of shelters and one-stop centres across the region.

- **The National Development Plan (2023- 2027)**, which prioritises governance, human rights, and women’s empowerment.

- **National Policy for the Elimination of Female Genital Mutilation (2022 - 2026)**

This policy aims to eradicate FGM through legal enforcement, public education, and community mobilisation. It promotes the rights of women and girls to bodily integrity and seeks to transform harmful cultural practices by engaging traditional leaders and promoting alternative rites of passage.

- **The Government’s Post TRRC Implementation Plan**, which includes recommendations for institutional reform and reparations for SGBV survivors.

- **National Action Plan (NAP) on UNSCR 1325**

The Gambia’s NAP on Resolution 1325 focuses on ensuring women’s participation in peacebuilding, security, and conflict resolution. It also emphasizes ending SGBV in both conflict and non-conflict settings, protecting women’s rights, and promoting gender-sensitive reforms in national security and governance.

This national SOP process is therefore not an isolated intervention but a cornerstone reform in line with legal, policy, and transitional justice imperatives.

SOP Feedback and Update Mechanism

To ensure the SOP remains responsive to practical realities, legal reforms, and emerging best practices, it shall be reviewed and updated every year. The Ministry of Justice, in coordination with the GBV Coordination Committee and field-level actors, shall collect structured feedback from officers, trainers, and monitoring agencies. Updates shall reflect operational challenges, institutional reforms, and recommendations arising from field implementation and case reviews.

CHAPTER 1: LEGAL AND POLICY FRAMEWORK

National Instruments:

1997 Constitution

The Constitution of the Republic of The Gambia, 1997, is the supreme law of the land, and Chapter IV guarantees the fundamental human rights and freedoms of every person.

Several provisions are directly relevant to the protection of survivors of SGBV:

- **Section 18** protects the right to life.
- **Section 19** guarantees protection from arbitrary detention.
- **Section 20** prohibits slavery and forced labour.
- **Section 21** protects against torture and inhuman or degrading treatment.
- **Section 24** ensures the right to a fair trial and due process.
- **Section 28** mandates the protection and advancement of women's rights, requiring the state to eliminate practices that are harmful to women.
- **Section 29** ensures the rights of children.
- **Section 33** guarantees equal protection before the law and prohibits discrimination.

These constitutional rights form the legal basis for survivor-centered law enforcement protocols, obligating the state to act with diligence in preventing, investigating, prosecuting, and punishing SGBV offences.

Women's Act 2010 and Women's (Amendment) Act 2015

The Women's Act 2010 is The Gambia's primary legal instrument for implementing international obligations under the CEDAW and the Maputo Protocol. Key provisions relevant to SOP include:

- **Section 14:** Establishes the government's obligation to eliminate all forms of discrimination against women.
- **Section 15:** Introduces temporary special measures to accelerate equality between men and women, recognizing that social and cultural factors may hinder women's rights despite legal protections.

- **Section 29-32:** Guarantees health rights, including reproductive health services and maternal care.
- **Section 32A:** Explicitly prohibits female circumcision, making it a criminal offense. Anyone found guilty of performing FGM faces three years of imprisonment or a fine of fifty thousand dalasis, and if the act results in death, the penalty is life imprisonment.
- **Section 32B:** Criminalises accomplices to female circumcision, including those who request, incite, or promote the practice. Failure to report an impending or completed FGM procedure can also result in a fine of ten thousand dalasis.

These Acts affirm the need for law enforcement to be trained, sensitized, and held accountable through clear procedural guidelines.

Children's Act 2005 and Children's (Amendment) Act 2016

The Children's Act 2005 aligns with the CRC and is one of the most comprehensive child protection laws in the region. It defines a child as anyone under the age of 18 and contains detailed provisions addressing SGBV against children, including:

- **Sections 24 & 25:** Prohibit child marriage and betrothal.
- **Sections 27-38:** Outlaws abduction, seduction, procurement for sexual exploitation, and child pornography.
- **Section 39:** Criminalises child trafficking.
- **Sections 75-78 of the Children's Act (2005)** establish comprehensive child protection measures, ensuring children are safeguarded from abuse, neglect, and harmful practices. These provisions mandate caregivers to provide a safe environment, criminalise child exploitation, prohibit practices such as child marriage and female genital mutilation (FGM), and reinforce the government's duty to create welfare programs for affected children.
- **Section 204-234:** Establishes child justice procedures and requires that children in conflict with or in contact with the law receive special protections.

The 2016 Amendment strengthens penalties for child marriage and expands jurisdictional authority to the High Court.

Sexual Offences Act 2013

The Sexual Offences Act 2013 provides a clear statutory framework for the investigation and prosecution of sexual crimes. It introduces modern definitions of rape, expands the definition of consent, and mandates procedural safeguards:

- **Section 3:** Defines rape to include any non-consensual sexual act under coercive circumstances, regardless of the relationship between parties.
- **Section 4:** Provides for mandatory minimum sentences and enhanced penalties in aggravated cases.
- **Section 6:** Rejects outdated legal presumptions regarding boys under 14 being incapable of sexual activity.
- **Section 10:** Establishes the special duties of prosecutors in sexual offence cases, ensuring that victims receive fair treatment and that cases are handled with sensitivity.
- **Section 11:** Outlines the special duties of police officers when handling bail applications for sexual offence suspects, emphasizing the need to protect victims from intimidation or harm.
- **Section 12:** Grants rights to complainants in bail applications, allowing victims to express concerns about the accused being released and ensuring their safety is considered.
- **Section 13:** Prohibits contact between the accused and the complainant during legal proceedings, preventing harassment or undue influence.

- **Section 18:** Regulates the use of evidence related to the complainant's sexual conduct or experience in rape cases. It restricts the admissibility of such evidence unless it is directly relevant to the case, preventing unfair victim-blaming tactics.

This Act provides the operational legal foundation for SOPs on case classification, interviewing, confidentiality, bail opposition, and courtroom protection mechanisms.

Domestic Violence Act 2013

Domestic Violence Act (2013) - Sections 6-10 (Filing a Complaint and Protection Orders): These sections outline the process for filing complaints and obtaining protection orders in domestic violence cases. Victims or their representatives can file a complaint with the police, which must respond promptly and provide immediate protection. Courts can issue protection orders, including restraining orders, occupation orders, or custody directives to safeguard victims. Violating a protection order is a criminal offence. The law prioritises survivor-centered intervention, ensuring victims receive legal, medical, and psychological support while preventing further harm.

Evidence Act 1994 and Criminal Procedure Act 2025

The **Evidence Act 1994** governs rules for the admissibility of statements, witness testimonies, and forensic materials.

Key SOP-relevant provisions include:

- **Evidence Act, Sections 31-41:** Specifies admissibility of confessions and statements, including those made by vulnerable persons.
- **Evidence Act, Sections 179-181:** Emphasises the need for corroboration in certain cases, requiring investigators to understand the threshold for admissible evidence. **However, Section 7 of the Sexual Offences Act 2013 abolished the cautionary rule that previously required corroboration in sexual offence cases.** This means that courts no longer need additional evidence beyond the victim's testimony to convict an accused person.
- **Section 177 of the Criminal Procedure Act (2025)** focuses on victim protection, ensuring that individuals affected by crime receive legal safeguards, support services, and fair treatment throughout the justice process. It mandates confidentiality in victim testimony, restricts public disclosure of sensitive case details, and enhances access to legal representation.

Together, these statutes provide the procedural backbone for SOP sections on evidence collection, chain of custody, victim and witness interviewing, and documentation.

Police Act, Prisons Act and Legal Aid Act

The **Police Act (Cap. 18:01)** mandates that the Gambia Police Force preserve law and order, prevent and detect crime, and enforce all laws. SOP implementation must be consistent with the Police Act's stipulations on:

- Arrest and Prosecutions Powers detention procedures (Sections 28 and 29);
- Powers to search and seize;
- Command responsibilities and disciplinary procedures.

The **Prisons Act (Cap. 20:01)** establishes the rights of detainees, including those in remand for SGBV offences, and obliges humane treatment consistent with international standards.

The **Legal Aid Act 2008(Cap. 6:07)** of The Gambia establishes the National Agency for Legal Aid (NALA) to provide free legal assistance to indigent persons, especially in serious criminal matters such as sexual offences. Section 30(2) of the Act also allows a person to receive legal

aid in any civil or criminal case, as long as their income does not exceed the minimum wage set by the Government.

Trafficking in Persons Act 2007 Cap. 13:04 (as amended)

Trafficking in Persons Act - Sections 45-54 (Assistance and Protection): These sections establish legal safeguards for trafficking victims, ensuring their protection, rehabilitation, and fair treatment. Courts must shield victims from intimidation, allow confidential trials, and prohibit using their personal history against them. Victims cannot be prosecuted for crimes committed under coercion, such as illegal immigration or forced labor, and they have the right to seek compensation from traffickers. Governments must provide long-term rehabilitation, including shelter, medical care, and skills training to support victims' reintegration. The provisions reinforce victim-centered justice, prioritizing their dignity and recovery.

International and Regional Legal Obligations

The Gambia is a signatory to multiple international and regional treaties, which form part of its normative obligations:

- a. **CEDAW (Convention on the Elimination of All Forms of Discrimination Against Women)** mandates the elimination of discrimination against women in all spheres and holds states accountable for preventing, prosecuting, and redressing gender-based violence. It requires legal and policy frameworks to provide effective protection, support services, and remedies for survivors.
- b. **CEDAW General Recommendation No. 35:** Expands on gender-based violence protections, reinforcing state obligations to prevent, investigate, and prosecute sexual violence. It also highlights the duty to eliminate discriminatory legal practices, such as requiring corroboration or dismissing survivor testimony based on outdated legal presumptions.
- c. **CRC (Convention on the Rights of the Child):** Recognises children's vulnerability to sexual abuse and exploitation, obligating states to prevent violence, prosecute offenders, and rehabilitate victims. **Article 34** specifically requires measures to safeguard children from sexual exploitation, trafficking, and abuse. General Recommendation No. 24 of the CRC focuses on ensuring that child victims of violence, including sexual abuse, are treated with dignity in justice systems and not retraumatized by court processes.
- d. **Maputo Protocol (Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa):** Strengthens Africa-wide commitments by compelling

states to criminalise and eliminate violence against women. It mandates legislation, policy reforms, survivor support mechanisms, and law enforcement training to ensure comprehensive protection.

- e. **UNCAT (Convention Against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment):** Prohibits gendered forms of torture and ill-treatment, including rape, sexual violence, and systemic abuse, whether inflicted by state agents or condoned through inadequate legal responses. States must investigate violations, hold perpetrators accountable, and ensure redress for victims.
- f. **UNODC Guidelines on Justice for Victims of Crime:** Emphasises victim dignity, protection, and participation in legal proceedings. It mandates trauma-informed approaches to prevent re-traumatization and ensure survivors receive fair treatment and access to justice.
- g. **UN Guidelines on Justice in Matters involving Child Victims and Witnesses of Crime:** Emphasises dignity, protection, and active participation of child victims in legal processes. It underscores the need for child-sensitive procedures, psychological support, specialised legal assistance, and measures to prevent re-traumatisation during judicial proceedings.

CHAPTER 2: ROLES AND RESPONSIBILITIES OF KEY ACTORS

Gambia Police Force (including Gender and Child Welfare Units)

The Gambia Police Force (GPF) is the primary law enforcement agency in The Gambia, operating under the Ministry of Interior. Its general mandate includes maintaining law and order, protecting life and property, preventing and detecting crime, and enforcing national laws. Within the GPF, specialized units such as the Gender and Child Welfare Unit (GCWU) have specific mandates focused on vulnerable populations.

General Roles and Responsibilities of the GPF:

Law Enforcement and Crime Prevention:

- Enforce laws and uphold the Constitution of The Gambia.
- Prevent and investigate criminal activities.
- Arrest and prosecute offenders in accordance with legal procedures.
- Public Safety and Order:
 - Maintain peace and public order.
 - Provide security during public events, protests, and emergencies.
 - Regulate traffic and enforce road safety laws.

Community Policing:

- Foster cooperation between the police and local communities.
- Promote crime prevention through public education and community engagement.
- Protection of Property and Life:
 - Respond to emergencies and threats to life or property.
 - Safeguard national infrastructure and key installations.
 - Border and Immigration Control (in collaboration with other agencies):
 - Monitor and control illegal migration and cross-border crimes.
 - Combat trafficking in persons and contraband.

Gender and Child Welfare Unit (GCWU) - Specialized Unit within GPF:

The Gender and Child Welfare Unit (GCWU) is a division of the Gambia Police Force created to address crimes and issues involving vulnerable groups, especially women and children.

Key Roles and Responsibilities

Protection of Women and Children:

- Investigate cases of gender-based violence (GBV), domestic abuse, sexual assault, and child exploitation.
- Provide a safe and supportive environment for victims.

Child Protection:

- Handle cases involving child abuse, neglect, trafficking, forced labor, and early/forced marriage.
- Work with the Department of Social Welfare and NGOs for child rescue and rehabilitation.

Gender-Based Violence Response:

- Facilitate reporting and response mechanisms for survivors of GBV.
- Ensure confidentiality and sensitivity in handling cases.

Public Awareness and Sensitization:

- Conduct community outreach on gender equality, children's rights, and anti-violence campaigns.
- Educate the public on legal rights and available services for victims.
- Collaboration with Stakeholders:

Work with ministries (e.g., Ministry of Women's Affairs, Ministry of Justice), NGOs, and international bodies (like UNICEF, UN Women).

Facilitate referrals to shelters, legal aid, and psychosocial services.

Training and Capacity Building:

- Train police officers on gender sensitivity, child rights, and appropriate procedures for handling vulnerable victims.
- Ensure officers understand and enforce relevant national and international laws, such as the Children's Act, the Women's Act, and CEDAW.

Gambia Immigration Department

The Gambia Immigration Department (GID) is the national agency responsible for regulating and managing the movement of people into and out of The Gambia. It operates under the Ministry of Interior and plays a vital role in national security, border control, and the enforcement of immigration laws.

Roles and Responsibilities of the(GID:

The specific roles of the GID related to this subject are:

Border Control and Security

- Monitor and secure national borders (land, sea, and air entry points).
- Prevent illegal entry and exit of persons.
- Detect and combat cross-border crimes such as human trafficking, smuggling, and terrorism.

Anti-Human Trafficking Efforts

- Identify and prevent cases of human trafficking and migrant smuggling.
- Collaborate with law enforcement and international partners to combat trafficking networks.
- Provide support and referral services for trafficking victims.

Policy Implementation and Advisory

- Implement government policies related to immigration, migration, and border management.
- Advise the government on immigration trends, risks, and recommended policy responses.

Ministry of Justice (SGBV Unit)

The Ministry of Justice (MoJ) in The Gambia plays a central role in ensuring justice, legal reform, and the protection of human rights. Within the Ministry, the SGBV Unit is a specialised unit dedicated to addressing crimes related to SGBV, ensuring legal redress, supporting survivors, and promoting systemic reforms.

Roles and Responsibilities of the SGBV Unit - Ministry of Justice (The Gambia)

Prosecution of SGBV Cases

- Lead prosecution of all criminal cases involving sexual and gender-based violence (e.g. rape, sexual assault, domestic violence, FGM, forced/early marriage).
- Ensure victim-sensitive and survivor-centered approaches during investigations and court proceedings.
- Work with the police, especially the Gender and Child Welfare Unit, to build strong cases against perpetrators.

Legal Support for Survivors

- Ensure survivors understand their rights and are supported through the justice process.
- Facilitate witness protection and confidential handling of sensitive cases.

Policy Development and Legal Reform

- Advise the government on law reform and policies to combat SGBV.
- Review and propose amendments to existing laws (e.g., Sexual Offences Act, Domestic Violence Act, Women's Act, Children's Act).
- Work to harmonize national laws with international human rights treaties like CEDAW and the Maputo Protocol.

Coordination and Multi-Sectoral Response

- Coordinate with other government departments (Interior, Health, Gender), civil society, and development partners (UNICEF, UNFPA, etc.) in national efforts to address SGBV.
- Participate in multi-sectoral referral mechanisms, linking survivors to medical, psychosocial, and shelter services.

Capacity Building and Training

- Train law enforcement officers, prosecutors, judges, and social workers on SGBV laws and victim-sensitive practices.
- Support public legal education on SGBV, human rights, and available legal remedies.

Monitoring and Reporting

- Track and report on the prosecution and conviction rates of SGBV cases.
- Produce data and reports to inform national planning and international obligations (e.g. UN reports on human rights and gender equality).

Awareness Raising and Advocacy

- Conduct outreach programmes to raise awareness on the legal consequences of SGBV.
- Promote community dialogue on gender equality and women's rights.

Directorate of Social Welfare

Directorate of **Social Welfare** in The Gambia, under the Ministry of Gender, Children and Social Welfare, plays a vital role in promoting the well-being and protection of vulnerable populations, including children, persons with disabilities, the elderly, and those affected by poverty, abuse, or social exclusion.

Roles and Responsibilities of the Department of Social Welfare (Gambia)

Child Protection and Welfare

- Rescue and protect children from abuse, neglect, trafficking, exploitation, and early/forced marriage.
- Provide alternative care (e.g., foster care, institutional care) for children without parental care.
- Collaborate with the police (especially the Gender and Child Welfare Unit) and courts on child protection cases.
- Support the registration and reintegration of children in conflict with the law.

Family Support and Social Assistance

- Provide psychosocial support, counseling, and mediation services for families in distress (e.g., domestic violence, family breakdown).
- Offer financial assistance or referrals for vulnerable families.
- Work on poverty reduction and household welfare programs.

Support for Victims of GBV

- Offer emergency support, shelter referrals, and counseling services to survivors of SGBV and domestic violence.
- Collaborate with the Ministry of Justice, police, and NGOs to implement the National GBV Response Mechanism.
- Support rehabilitation and reintegration of survivors into the community.

Disability and Elderly Care Services

- Promote inclusive policies for persons with disabilities.
- Provide social protection and support services for the elderly, disabled, and other vulnerable groups.
- Advocate for accessibility, education, and employment for persons with disabilities.

Case Management and Referral Services

- Lead the case management system for children and vulnerable individuals, coordinating services across sectors.
- Refer individuals to appropriate services such as health care, legal aid, or educational support.
- Work with community social workers and partners (NGOs, religious institutions) for field-based support.

Institutional Regulation and Oversight

- Monitor and regulate orphanages, shelters, and other child-care or social institutions to ensure compliance with national standards.
- Register and supervise organizations providing social services and child protection work.

Community Development and Empowerment

- Support community-based programmes to empower women, youth, and vulnerable populations.
- Promote income-generating activities and skills training through social development initiatives.

Policy Development and Advocacy

- Contribute to the development and implementation of national social protection, child welfare, and gender equality policies.
- Advocate for legal and policy reform to protect and promote the rights of vulnerable groups.

National Agency for Trafficking in Person

The National Agency Against Trafficking in Persons (NAATIP) was established under the Trafficking in Persons Act of 2007. NAATIP operates under the purview of the Ministry of Justice and serves as the primary institution for the prevention of trafficking, the protection of victims, and the prosecution of offenders.

NAATIP's mandate is comprehensive, encompassing a multi-faceted approach to address the complexities of human trafficking. The agency's core mission is to spearhead a coordinated national response to eradicate this heinous crime and to ensure the safety and well-being of its victims.

Key Functions and Responsibilities of NAATIP:

- **Investigation and Prosecution:** NAATIP is vested with the authority to investigate all forms of human trafficking, including forced labor, sexual exploitation, and domestic servitude. The agency works to gather intelligence, build cases against traffickers, and ensure that perpetrators are brought to justice under the provisions of the Trafficking in Persons Act.
- **Victim Protection and Assistance:** A crucial aspect of NAATIP's work is the provision of care and support to survivors of trafficking. This includes facilitating their rescue, providing shelter, and ensuring access to medical, psychosocial, and legal assistance. The agency plays a central role in the implementation of the National Referral Mechanism (NRM), a coordinated system that outlines the process for identifying and referring victims to appropriate services.
- **Prevention and Sensitization:** Recognizing the importance of proactive measures, NAATIP is heavily involved in public awareness and sensitization campaigns. These initiatives aim to educate communities about the dangers of human trafficking, the tactics used by traffickers, and the legal frameworks in place to combat it. By raising awareness, NAATIP seeks to reduce the vulnerability of potential victims.
- **Policy and Coordination:** NAATIP is the central coordinating body for all anti-trafficking efforts in The Gambia. The agency is responsible for developing and implementing the National Plan of Action against Human Trafficking. It also chairs the National Task Force against Trafficking in Persons, a multi-stakeholder platform that brings together various government ministries, law enforcement agencies, and civil society organizations to foster collaboration and a unified approach.
- **Training and Capacity Building:** To enhance the effectiveness of the national response, NAATIP conducts training programs for a wide range of stakeholders. This includes law

enforcement officers, immigration officials, social workers, and judicial officers, equipping them with the necessary skills to identify victims, investigate cases, and provide appropriate support.

- **International Cooperation:** Recognizing that human trafficking is a transnational crime, NAATIP actively engages in international cooperation and partnership. This involves collaborating with counterparts in other countries and international organizations to share information, coordinate investigations, and strengthen regional and global efforts to combat trafficking networks

Medical Professionals and Forensic Staff

Roles and Responsibilities of Medical Professionals in SGBV and Forensic Cases

The roles and responsibilities of medical professionals and forensic staff in the context of addressing SGBV and other criminal or humanitarian cases are critical for ensuring survivor care, justice, and accountability. These professionals play both healthcare and legal evidence collection roles, often working in close collaboration with law enforcement, social workers, and the justice system. The roles include:

Provision of Medical Care to Survivors

- Provide immediate physical and psychological care to survivors of sexual and gender-based violence.
- Treat injuries, infections (including STIs), and offer emergency contraception.
- Ensure survivors are referred to mental health services where needed.
- Prevent secondary victimization by maintaining a sensitive, non-judgmental, and confidential approach.

Medical Examination and Documentation

- Conduct thorough medical examinations of survivors or deceased persons in cases involving SGBV or suspicious death.
- Document findings accurately using standardized forms (e.g., medical reports or police medical forms).
- Record evidence of trauma, bruising, lacerations, or other injuries.
- Conduct autopsies in cases of unnatural or unexplained death.
- Determine cause and manner of death, and collect samples for toxicology and histology
- Compile post-mortem reports used in inquests or criminal trials.

Collection of Forensic Evidence

- Collect forensic samples (e.g., swabs, blood, hair, clothing) in accordance with legal protocols.
- Preserve the chain of custody to ensure the integrity of evidence for use in court.
- Label, store, and transfer evidence securely to forensic labs or the police.
- Analyze biological samples (e.g., semen, blood, DNA, toxicology) in a lab setting.
- Provide scientific findings that support or refute allegations in criminal cases.
- Work closely with investigators and prosecutors to explain the relevance of findings
Crime Scene Support (if applicable)
- Assist in evidence recovery and examination at crime scenes, particularly in homicide or suspicious death cases.
- Ensure all evidence is photographed, labeled, and preserved for analysis.

Expert Witness Testimony

- Testify in court as expert witnesses regarding their medical findings and evidence collection.
- Present unbiased, factual information to assist in the administration of justice.

Mental Health Support and Psychological First Aid

- Provide counseling and trauma-informed care for survivors of violence and abuse.
- Refer patients to clinical psychologists or psychiatric services for ongoing mental health support.

Training and Capacity Building

- Train police, nurses, and doctors in evidence collection, trauma-informed care, and forensic documentation.
- Develop and update SOPs for medical-legal processes.

Ethical and Legal Compliance

- Uphold the rights and dignity of survivors and deceased individuals.

- Ensure confidentiality, informed consent, and compliance with national and international legal standards.

One Stop Centres (integrated medical, legal, psychosocial services)

In The Gambia, **One-Stop Centers** serve as integrated facilities offering comprehensive support to survivors of GBV. These centers provide a coordinated approach to care, encompassing medical, legal, and psychosocial services, all within a single location. This model aims to reduce the trauma of survivors by offering holistic and survivor-centered care.

Key Functions of One-Stop Centers in The Gambia

- Medical Services:** Survivors receive immediate medical attention, including treatment for injuries and the clinical management of rape. These services are delivered by trained healthcare professionals to ensure the well-being of survivors.
- Psychosocial Support:** Trained counselors provide psychological first aid and ongoing counseling to help survivors cope with the emotional and mental impacts of violence. This support is crucial for the healing process.
- Legal Assistance:** Survivors are offered legal support, including guidance on reporting incidents, understanding their rights, and pursuing legal action if they choose to do so. This ensures that survivors have access to justice and can make informed decisions.
- Confidential Reporting:** The centers provide a safe and confidential environment for survivors to report incidents of GBV. This confidentiality encourages more individuals to come forward and seek help without fear of stigma or retaliation.
- Referral Services:** If additional services are needed, survivors are referred to appropriate agencies or organizations that can provide further assistance, ensuring comprehensive care.
- Community Engagement:** The centers engage with local communities to raise awareness about GBV, promote prevention strategies, and encourage community support for survivors.

Locations of One-Stop Centers

One-Stop Centers are strategically located across The Gambia to ensure accessibility for survivors:

- **Edward Francis Small Teaching Hospital** (Banjul)
- **Bundung Maternal and Child Health Hospital** (Kanifing)
- **Kanifing General Hospital** (Kanifing)
- **Bansang General Hospital** (Central River Region)
- **Brikama District Hospital** (West Coast Region)

- **Soma District Hospital** (Lower River Region)
- **Farafenni General Hospital** (North Bank Region)
- **Basse District Hospital** (Upper River Region)
- **Essau District Hospital** (North Bank Region)

Contact Information

For more details or to access services, individuals can contact:

- **Fallu Sowe**, National Coordinator - NGBV
 - Phone: +220 9933491 / 3453525
 - Email: fallu@networkgbv.org / non_genderbased@yahoo.com

These contacts can provide information on accessing services, reporting GBV, and connecting with support networks.

The One-Stop Centers in The Gambia represent a significant step towards providing comprehensive and compassionate care for survivors of GBV, ensuring they receive the support needed to heal and rebuild their lives.

Orange Centres (psychosocial care and Shelter)

The Orange Centre in Bakoteh, The Gambia, is a pivotal facility dedicated to supporting survivors of GBV. Established in 2021 the centre offers a comprehensive range of services aimed at empowering women and girls and fostering gender equality.

Key Functions of the Orange Centre

- Integrated Care for GBV Survivors:** The centre provides critical health, psychosocial, and legal services, including the clinical management of rape cases. It also offers temporary overnight accommodation to survivors, ensuring they receive care in a safe and dignified environment.
- Referral Pathway Integration:** Linked to the national GBV Helpline (1313), the Orange Centre is an integral part of The Gambia's GBV referral pathway. This connection facilitates coordinated support for survivors through various service providers.
- Community Reintegration Support:** Survivors accessing the centre are encouraged to participate in community interactions and are supported in accessing socioeconomic opportunities, aiding their reintegration into society.
- Youth Engagement:** The centre features a youth multi-purpose arena designed to engage young people in the community. This space serves as a platform for discussions

and activities related to GBV and sexual and reproductive health, aiming to raise awareness and foster positive change among youth.

- e. **Collaborative Management:** The centre operates under the guidance of the Ministry of Gender, Children and Social Welfare and the Ministry of Health. It is managed by the Network Against Gender-Based Violence, ensuring a coordinated approach to GBV response and prevention.

In summary, the Orange Centre in Bakoteh plays a crucial role in The Gambia's efforts to combat gender-based violence by providing integrated services to survivors, promoting community involvement, and engaging youth in preventive measures.

Civil Society & NGOs:

NGBV

The **Network Against Gender-Based Violence (NGBV)** in The Gambia is a national coalition that coordinates efforts to prevent and respond to **GBV**. It brings together government institutions, NGOs, civil society organizations, and international partners to create a unified response to GBV.

Key Functions of the NGBV

1. Coordination of GBV Response

- Leads a multi-sectoral response to GBV involving health, legal, psychosocial, and protection services.
- Coordinates the **One-Stop Centers** where survivors receive integrated medical, legal, and psychosocial support.

2. Case Management and Referral

- Ensures that survivors of GBV are referred to the appropriate service providers quickly and efficiently.
- Maintains a survivor-centered approach that prioritizes safety, dignity, and confidentiality.

3. Advocacy and Policy Influence

- Advocates for the development and enforcement of laws and policies that protect the rights of women, children, and other vulnerable groups.
- Contributes to national action plans, including the **National Gender Policy** and **GBV strategies**.

4. Capacity Building

- Trains professionals such as police officers, healthcare workers, social workers, and legal practitioners on how to handle GBV cases.
- Builds the capacity of community-based organizations to support survivors and conduct outreach.

5. Public Awareness and Prevention

- Conducts campaigns during the **16 Days of Activism Against Gender-Based Violence**, and other awareness drives.
- Educates communities on GBV, women's rights, and the importance of reporting abuse.

6. Data Collection and Research

- Collects and analyzes data on GBV cases to guide policy and improve service delivery.
- Works with partners to monitor trends and evaluate interventions.

7. Support to Legal Proceedings

- Collaborates with legal bodies like **FLAG** (Female Lawyers Association of The Gambia) to provide **watching briefs** and legal support for GBV survivors.

Partner Institutions Involved

- Ministry of Gender, Children, and Social Welfare
- Ministry of Health
- UNFPA, UNICEF, ActionAid, and other development partners
- Civil society and women's rights organizations

Contact

For referrals, training, or more information:

- **Fallu Sowe (National Coordinator):** +220 9933491 / 3453525
- Email: fallu@networkgbv.org

In summary, the NGBV plays a **central, coordinating role** in The Gambia's fight against gender-based violence, ensuring that survivors receive **holistic, timely, and rights-based** support.

FLAG

FLAG is an award-winning women-led organization that is a non-political, non-sectarian, non-governmental and not-for-profit Association, comprised of female members of the Gambian

legal profession established since 2006. It has in various ways contributed to the development of and the realization of the Rights of women and children in The Gambia since its establishment.

The Association aims to procure changes to the laws of The Gambia for the protection and well-being of women and children, with the objectives of: eliminating gender-based violence and violence committed against children; promoting freedom of expression; and, educating and enabling women and children to participate effectively in the development process of The Gambia and its wider community.

In order to realise these objectives, the Association has established an in-house legal aid clinic which offers free legal advice and representation to women and children who are unable to afford legal service **FLAG** plays a crucial role in advocating for women's and children's rights, particularly in cases involving SGBV. One of its significant functions is the provision of "watching briefs" in criminal proceedings and legal advice and representation in civil cases..

A "watching brief" is a legal practice where a lawyer observes a court case without actively participating in the proceedings. This role allows the lawyer to monitor the case, ensuring that the rights and interests of vulnerable parties, such as women and children, are protected. While the lawyer may not have the right to speak in court, they can raise concerns with the prosecution or relevant authorities if issues arise during the trial.

FLAG's Role in Watching Briefs

FLAG utilises watching briefs to:

- **Monitor Legal Proceedings:** Ensure that cases involving SGBV are handled appropriately and that justice is served.
- **Protect Victims' Rights:** Safeguard the interests of victims who may not have direct legal representation.
- **Advocate for Justice:** Raise concerns about any legal or procedural issues that could affect the outcome of a case.

By adopting this approach, FLAG contributes to the integrity of the legal process and supports the broader fight against SGBV in The Gambia.

FLAG's role in Civil Cases

At the heart of FLAG's engagement in civil matters is its provision of free legal services to indigent women and children. The association runs legal aid clinics where individuals can receive advice and representation on a wide range of civil issues. These include, but are not limited to, matters of marriage, divorce, child custody and maintenance, and inheritance, particularly where SGBV is the underlying cause. Recognizing the unique challenges faced by women in navigating the legal system, FLAG offers a supportive and accessible environment for them to seek redress.

Contact

For referrals, or more information:

FLAG Secretariat: 3424702/ 2434702 / info@flag.gm

FLAG Legal Aid Clinic: 7200004 / clinic@flag.gm

CPA

The **Child Protection Alliance (CPA)** of The Gambia is a national coalition established in April 2001, comprising over 60 member organizations, including NGOs, civil society groups, UN agencies, and government departments. Its primary mission is to promote and protect children's rights through advocacy, capacity building, and community engagement.

Key Functions of the Child Protection Alliance (CPA)

1. Advocacy and Policy Reform

- CPA actively lobbies for the development and enforcement of child protection laws and policies.
- It has been instrumental in advocating for the criminalization of child marriage and the enactment of the Children's Act, which criminalizes child marriage and sets the minimum age of marriage at 18 years.

2. Capacity Building

- The alliance provides training and resources to its member organizations to enhance their ability to address child protection issues effectively.
- It conducts workshops and sensitization sessions for various stakeholders, including law enforcement, educators, and community leaders, on child rights and protection mechanisms.

3. Community Engagement and Awareness

- CPA engages communities through awareness campaigns to educate the public about children's rights and the importance of protecting children from abuse and exploitation.
- It collaborates with local communities to establish child protection committees and neighborhood watch groups to monitor and address child protection concerns at the grassroots level.

4. Monitoring and Reporting

- The alliance monitors the implementation of child protection laws and policies to ensure they are effectively enforced.

- It collects data on child rights violations and works with relevant authorities to address reported cases of abuse, exploitation, and neglect.

5. Partnerships and Collaborations

- CPA collaborates with various national and international organizations, including the Gambia Tourism Board, to address specific issues such as child sexual exploitation in tourism.
- It has partnered with organizations like ECPAT Netherlands to train tourism industry stakeholders on child protection laws and ethical practices.

Contact Information

- **Address:** Bakoteh, Near SOS
- **Phone:** +220 449 8154 / 992 9421
- **Email:** cpagambia@yahoo.com / cpagambia@qanet.gm

Through its multifaceted approach, the Child Protection Alliance plays a crucial role in safeguarding children's rights and well-being in The Gambia.

Victim Center

The **Gambia Center for Victims of Human Rights Violations** (commonly referred to as the **Victim Center**) is a pivotal organization dedicated to supporting individuals who suffered under the authoritarian regime of former President Yahya Jammeh (1994-2017). Established in 2017, the center plays a crucial role in The Gambia's transitional justice process, focusing on truth, accountability, and healing for victims of human rights abuses.

Mission and Values

- **Mission:** To advocate for truth, justice, accountability, and healing for victims and survivors of human rights violations.
- **Core Values:**
 - **Compassion:** Empathizing with the suffering of victims and survivors.
 - **Integrity:** Upholding high ethical standards in all undertakings.
 - **Accountability and Transparency:** Ensuring responsible and transparent operations.
 - **Teamwork:** Fostering collaboration among staff and partners.
 - **Responsiveness:** Adapting to the evolving needs of victims and survivors.

Key Functions

1. **Advocacy and Awareness:** The center actively raises awareness about human rights violations and advocates for the rights of victims and survivors.
2. **Support Services:** It offers various support services to assist victims and survivors on their journey to healing and justice.
3. **Education and Training:** The center conducts educational programs and training sessions to foster a deeper understanding of human rights and the rule of law.

Role in Transitional Justice

The Victim Center has been instrumental in The Gambia's transitional justice efforts. It has advocated for the establishment of a **Special Tribunal** to prosecute perpetrators of human rights violations during Jammeh's regime. In December 2024, the **Economic Community of West African States (ECOWAS)** approved the establishment of this tribunal, marking a significant step toward justice for victims. The center continues to collaborate with the **Ministry of justice** and other stakeholders to operationalize this tribunal and ensure accountability.

Contact Information

- **Website:** vcgambia.org
- **Location:** Kotu, The Gambia

The Victim Center remains a cornerstone in The Gambia's journey toward justice and reconciliation, providing a voice for those who endured grave injustices and advocating for a future rooted in human rights and accountability.

TYW

Think Young Women (TYW) is a dynamic, young women-led non-profit organization based in The Gambia. Established in 2010 and officially registered in 2011, TYW is dedicated to empowering young women and girls by addressing the challenges they face and promoting gender equality .

TYW envisions a world where young women and girls are active participants in their communities, equipped with the skills and opportunities to thrive. The organization focuses on building their leadership capacities, amplifying their voices, and fostering an environment that supports the fulfillment of their rights

TYW's interventions are centered around five key priorities:

1. **Gender-Based Violence & Harmful Practices:** Combating issues such as Female Genital Mutilation (FGM) and child marriage.
2. **Sexual and Reproductive Health Rights (SRHR):** Ensuring access to essential health services and information.
3. **Women's Participation in Leadership, Development & Transitional Justice:** Promoting active involvement in decision-making processes.

4. **Feminist Leadership Development:** Cultivating leadership skills among young women.
5. **Wellness & Wellbeing:** Addressing the holistic needs of young women and girls

For more information contact:

Telephone: +220 7894437

Website: <https://www.thinkyoungwomengambia.org>

Address: 2nd Floor, Red Cross House, Serrekunda, The Gambia.

CHAPTER 3: CASE MANAGEMENT, REFERRAL & COORDINATION

Context and Implementation

Case management, particularly in the context of SGBV, is a structured, collaborative, and multi-sectoral process designed to provide comprehensive help and support to survivors.

Case management is a common approach in ensuring access to justice due to its relevance in supporting vulnerable populations requiring a range of cross-sectoral services. It is provided by staff of organizations and institutions focused on care, support, and protection services, often drawing from social work principles and law enforcement guidelines.

It ultimately aims to empower the survivor (and, where appropriate, their caregiver) by increasing their awareness of choices in dealing with violence and assisting them in making informed decisions about their healing and recovery.

Effective case management focuses primarily on meeting a survivor's health, safety, psychosocial well being, and legal needs..

Effective case management relies on strong coordination mechanisms and an effective referral system. Organizations and institutions need to conduct service mapping to understand available formal and informal resources, identify gaps in service quality, and improve accessibility.

Key Principles

Principle	Understanding the Principle	Example of Statements
Do No Harm	All actions must be guided by the 'Do No Harm' principle, with caseworkers critically evaluating each step to ensure it does not expose the survivor or others to increased risk or trauma. In SGBV case management, this includes: Avoiding practices that may retraumatize the survivor	<i>To introduce yourself, you can say:</i> <i>"Hello, my name is [name] and I am a [role] for the [name of organization]. I am glad that you came here today. I am here to listen and help you."</i>

	(e.g., repeated interviews, victim blaming) • Not involving community actors or family members unless the survivor explicitly consents • Ensuring all actions prioritize the survivor's dignity, well-being, and autonomy	
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<i>Survivor-Centred Approach</i>	This approach prioritizes the rights, needs, and wishes of survivors, aiming to create a supportive and empowering environment where they are treated with dignity and respect. It acknowledges that every survivor is unique, will react differently to their experience, possesses various strengths, and has the right to decide what information is known about them and what happens next. Using this approach means validating the survivor's experience, believing them, not judging their decisions, and empowering them by ensuring they are the decision-makers throughout the helping process. It emphasizes the survivor's strengths and the importance of the helping relationship for healing.	<i>"I also want to be sure you know that you have rights as we work together. For example,</i> <i>● It is okay if there is something you want to tell me, but you'd rather I not write it down. You just have to let me know.</i> <i>● You do not have to answer any questions that you do not want to. Also, you can always ask me to stop or slow down if you are feeling upset, worried or scared.</i> <i>● You can ask me any questions you want to, or let me know if you do not understand something I say.</i> <i>● You can also tell me that you prefer to work with someone else either here or with another organization.</i> <i>Validate and empower the survivor by saying, "You were very brave for sharing that with me."</i> <i>Continue to build trust by saying, "I believe you."</i> <i>Express empathy by saying, "I am sorry this happened to you," or "I am so sorry you are going through this."</i>
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		<i>Provide reassurance that what happened was not their fault by saying “You are not to blame” or “What happened was not your fault.”</i>
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<i>Safety and security</i>	The safety of both the victim/survivor and the Caseworkers officer should be a priority when investigating a SGBV case. Evaluating the safety of the SGBV survivor needs to be done at the moment of identification and when the person reveals she/he has been a survivor of SGBV. When starting the interaction with a SGBV survivor it is important to consider the possible threats (violent husbands, family members) to ensure that the investigation can be done without likely harm to oneself, the SGBV survivor or other colleagues.	<i>“Do you feel safe at the moment?”</i> <i>In cases of suspected suicidal thoughts - “I’m going to ask you some questions that may be hard for you to answer, but I am worried about you, so I want to know that you are going to be ok.”</i> • <i>“That sounds like a lot for one person to take. Are you feeling so bad that you’re considering suicide to escape?”</i> • <i>“Do you think about dying? Or wish you were dead?”</i> • <i>“Are you or have you ever thought about hurting or killing yourself?”</i> • <i>“Has all that pain you’re going through made you think about hurting yourself?”</i> • <i>“Do you ever wish you could go to sleep and just not wake up? How often? Since when?”</i> <i>“I understand that you are feeling this way and I am sorry. I know that it was hard for you to share that. You are very brave for telling me. It is very important to me that you do not hurt yourself. And I would like us to come up with a plan together for how we can help you to not do this. Is this okay with you?”</i>
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<i>Confidentiality</i>	Respecting confidentiality is an important measure to ensure the safety of both the SGBV victim/survivor and the Caseworkers. All the time, the confidentiality of the victim/survivor shall be respected. This includes sharing only the necessary information, only in the situation that is necessary or requested, and only with the survivor's agreement. Privacy during the case investigation and confidentiality of data collection, record keeping, reporting and information sharing will decrease the exposure of both SGBV survivor and Caseworkers. Maintaining confidentiality ensures that a SGBV survivor does not experience further threats and/or violence as a result of seeking assistance and also protects Caseworkers from threats of violent perpetrators or family members. Shared confidentiality in the Caseworkers profession means that SGBV survivor information may be shared with other Caseworkers on a "need to know basis" only. Information may be shared with colleagues if there is a practical/administrative reason for it and the Caseworkers are referring the SGBV survivor to other Caseworkers. This must be explained to the SGBV survivor beforehand and she must understand what information and to whom this will be shared, and, if possible, consent	<i>"It is important for you to know that I will keep what you tell me confidential, including any notes that I write down during our meetings. This means that I will not tell anyone what you tell me, or share any other information about your case, without your permission."</i> <i>"There are only a few situations when I may have to speak with someone else without asking your permission."</i> <i>"If you tell me that you may hurt yourself, I would need to tell my supervisor or others who could help keep you safe."</i> <i>"If you tell me that you plan to hurt someone else, I would have to tell [relevant protection authorities] so we could prevent that action."</i> <i>There are some forms that I need to fill out where I write down the information you have shared with me. These forms are not shared with anyone else—I use them to help me remember things about your case. These forms are kept in a locked file in a secure place, and will not be kept with any personal information that would link you to the case file."</i>
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	must be obtained. If the confidentiality is limited by a regulation regarding mandatory reporting, the survivor should be informed immediately.	
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<i>Informed Consent and Choice</i>	All actions must be based on informed consent. Survivors must be aware of their options. Any action should be made only with the SGBV survivor's permission and after obtaining an informed consent. The victim's needs are centred. During the intervention on SGBV incidents/cases, respecting the SGBV survivor's wishes, rights, and dignity is the best approach aimed to create an environment full of respect, which may facilitate the SGBV survivor's ability to identify her needs and to make decisions about possible ways of action. Caseworkers should support survivors in their decision-making, considering the survivor risks and vulnerabilities. Perpetrator accountability requires Caseworkers services to effectively hold the perpetrators accountable while ensuring a fair investigation of the incident. Caseworkers need to make all efforts in identifying the perpetrator (when is the case), to inform the perpetrator on the legal consequences of its violent acts, and to take all legal steps for referring the case to justice.	<i>"Do you have any questions about anything that I explained to you?"</i> <i>[Allow for time to answer any questions]. If I have answered all of your questions, may I have your permission to continue our conversation and begin working with you?"</i> <i>If YES, you can proceed with case management services.</i> <i>If NO, remind the person that what happened to them was not their fault, provide information about other services in the community that may be helpful, and tell the person that they can come back at any time.</i>
<i>Non-discrimination</i>	Regardless of age, race, national origin, religion, gender identity, disability, marital status, educational and socio-economic status, all survivors are equal and shall be treated the same and have equal access to services.	<i>"All are welcome here. We are committed to providing a healing space free from discrimination and prejudice. We celebrate diversity in all its forms and treat every individual with respect, dignity, and compassion. We are dedicated to creating a safe and inclusive environment for people of all backgrounds".</i>

Important Considerations and Distinctions

- Case management should not involve proactive identification activities in the community (e.g., looking for SGBV survivors, asking about past abuse, pushing for disclosure), as this can lead to re-traumatization and further harm. Instead, it works with cases referred with consent or directly disclosed by the survivor.
- Mandatory reporting laws are a critical consideration, as they can conflict with principles of confidentiality and self-determination. Protocols must document how service providers inform survivors about these duties and what to expect. It is crucial for service providers to avoid promising absolute confidentiality, instead being clear about its limits from the beginning.
- In cases of Intimate Partner Violence (IPV), mediation is generally not recommended due to safety risks and its potential to exacerbate violence or compromise the survivor's autonomy. Caseworkers should never mediate IPV cases themselves, but rather advocate for the survivor and provide information on risks.
- For child survivors, specific procedures based on national laws and child protection policies are documented, emphasizing obtaining consent (or informed assent for younger children), addressing suspicions of family perpetrators, and making age-appropriate referrals. The "Best Interests Procedure" is often used for child case management.
- Case management should be adapted to meet the communication and accessibility needs of survivors with disabilities. This includes using inclusive communication tools, involving trained interpreters or support persons when needed, and ensuring services are physically and cognitively accessible."
- In summary, SGBV case management is a comprehensive, survivor-centred approach that systematically guides individuals through a process of support, assessment, planning, and referral to address their multifaceted needs, always prioritizing their safety, dignity, confidentiality, and self-determination.

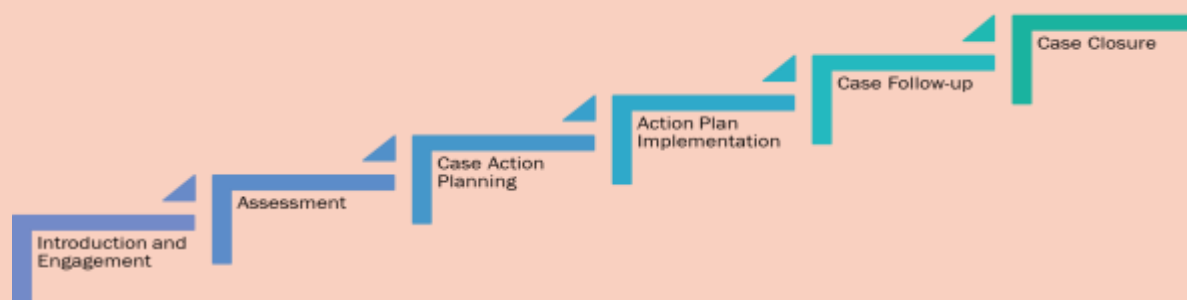
Relationship with Psychosocial Support (MHPSS)

SGBV case management is considered a form of MHPSS. It falls under the "focused, non-specialized supports" layer of the MHPSS pyramid.

It is a crucial method for helping survivors access other mental health and psychosocial services, programs, and resources within their community that form part of the other layers of the MHPSS pyramid. This can include accessing basic needs, reconnecting with family and community support systems, and facilitating access to higher-level mental health care when needed.

Key Steps and Responsibilities

Case management is a process broken down into several steps, though some tasks are ongoing.



The specific steps involved in Case Management are generally: Introduction and Engagement, Assessment, Case Action Planning, Implementing the Case Action Plan, Follow-up, and Case Closure.

Steps in case management

The core steps of SGBV case management are:

Step 1: Introduction and Engagement

This stage is where reports of an SGBV case are made to a caseworker or service provider and case intake occurs. This step recognizes the moment a survivor enters the system and helps determine if the case should proceed to full case management. Case intake and reporting is discussed in Chapter 3 of this SOP.

This initial step focuses on establishing a foundation for a positive helping relationship with the survivor.

It involves:

- Greeting and comforting the survivor to help them feel safe and calm.
- Building trust and rapport.
- Assessing immediate safety.
- Explaining confidentiality and its limits, clearly outlining what information will be kept private and when it might need to be shared, such as in cases of immediate self-harm risk, harm to others, or mandatory reporting involving humanitarian workers. It's crucial to avoid promising absolute confidentiality.
- Obtaining informed consent from the survivor to engage in services, ensuring they understand what will happen, including how their information will be collected, used, and securely stored. This empowers the survivor by restoring their sense of control. Informed consent is an ongoing process throughout case management.
- Use child-friendly language and tools; obtain **assent from the child** and **consent from a caregiver**, unless unsafe.

Step 2: Assessment

This step involves gathering information collaboratively with the survivor to understand their situation and identify immediate and key needs.

Key aspects include:

- Facilitating the survivor's disclosure by listening attentively, non-judgmentally, and asking open-ended questions like "Would you like to tell me about what happened?". If the person expresses discomfort, their wishes must be respected, and they should not be forced to tell their story.
- In cases of child survivors: adapt communication (e.g., play, drawings) to the child's age; involve child protection actors if family abuse is suspected.
- Gathering background information such as age, living situation, family, and occupation, if appropriate.
- Understanding what happened, focusing on the nature of the violence, the perpetrator's identity and access to the survivor, when the last incident occurred, and the frequency of abuse.
- Responding to a survivor's disclosure with compassion, validation, and reassurance through "Healing Statements" like "I believe you," "I am sorry this happened to you," and "What happened was not your fault".

→ Assessing specific needs, prioritizing immediate health and safety concerns. This includes -

- ◆ Safety needs and strategies: Identifying risks, existing safety and support systems, and discussing potential new strategies, which should ideally come from the survivor themselves.
- ◆ Health needs and services: Determining if urgent medical referrals are required, especially for sexual assault within critical timeframes (e.g., 72-120 hours for HIV prevention and emergency contraception).
- ◆ Psychosocial needs and support: Observing the survivor's emotional state, appearance, and behavior, identifying changes, and assessing opportunities for education and livelihoods, as well as protective factors and strengths. Caseworkers must be vigilant for suicidal thoughts and know organizational protocols for immediate response.
- ◆ Legal rights: Informing survivors of their legal rights and options without pushing them to take action, considering the risks involved in reporting.
 - Other practical and material needs (e.g., money, clothes, food, shelter).
- ◆ Documenting information on assessment forms or in case notes, based on facts and professional judgment, ideally after the meeting.

Step 3: Case Action Planning

In this step, the caseworker and survivor collaborate to develop a plan to meet identified needs and set goals.

This involves:

- Summarizing the survivor's key needs to ensure mutual understanding and agreement.
- Providing information about available options for services and support, including what to expect, benefits, risks, and the survivor's right to decline services or referrals.
- Discussing and planning how to meet needs and set personal goals, determining who is responsible for interventions and considering accompaniment for referrals. Goals should be short-term, realistic, and empower the survivor.
- Documenting the plan in a simple, written format, specifying actions, responsibilities, and timelines.
- Discussing high-risk concerns with a supervisor or colleague for support.
- Identifying a time and place for a follow-up meeting that is safe and convenient for the

survivor, and discussing potential obstacles.

Step 4: Implement the Case Action Plan

This step involves putting the developed plan into action, ensuring the survivor receives the necessary care and support. Key activities include:

- Making referrals to relevant service providers (e.g., health care, Police, legal aid) and supporting survivors to safely access these services. Ensure referrals are child-friendly and safe; coordinate with child protection services where relevant.
- Accompanying the person to services or appointments when appropriate and safe.
- Advocacy on behalf of survivors to ensure quality care and that their rights are upheld.
- Leading case coordination, acting as a liaison between the survivor and service providers, which may include case conferencing to review progress, map roles, and strategize solutions.
- If case conferencing is conducted to coordinate services, survivors must be informed of its purpose, who will attend, and their right to participate or decline. Survivor perspectives must guide all decisions
- Providing direct support or interventions if the organization offers them, such as emotional support, facilitating reconnection to sources of strength, or referring to group support sessions.
- Completing mandatory reporting procedures as required by law, ensuring the survivor was informed and protected.

Step 5: Follow-up

Follow-up is crucial for monitoring the survivor's progress and addressing new or ongoing needs.

It involves:

- Meeting with or contacting the survivor as agreed in a safe and confidential location.
- Reassessing safety regularly, as risks can increase after disclosure, and updating safety plans as needed.
- Reassessing psychosocial state and functioning.

- Monitor emotional and behavioral signs; adjust follow-up based on age, risk, and evolving needs.
- Reviewing and revising the case action plan based on progress and newly identified needs. This step can be repeated multiple times for complex cases.

Step 6: Case Closure

Case closure occurs when the survivor's needs are met, or they no longer wish to receive services. This step entails:

- Assessing and planning for case closure.
- Documenting when and why the case is closed, completing a Case Closure Form if applicable.
- Informing survivors of case closure and reasons. To children, explain closure in child-friendly terms; share safe contacts and reinforce coping strategies.
- Reviewing the case with a supervisor and obtaining approval to close it.
- Safely storing the closed case file, ensuring no identifying information is on the file itself.
- Administering a client feedback survey if the organization uses one, to gather information on the quality of services.
- Closed cases may be reopened at any time upon survivor request. Caseworkers must inform survivors how to return to services if future needs arise.

It is important to note that while Step 6 includes a feedback form at closure, collecting **feedback throughout the case** (not just at the end) ensures survivor experience shapes service quality particularly to assess whether services are helpful, respectful, and accessible. This supports survivor empowerment and quality improvement

Responsibilities of SGBV Caseworkers

The responsibilities of SGBV caseworkers include:

- Applying knowledge of SGBV and providing information to survivors that aids recovery.
- Communicating in a way that builds rapport and trust.

- Following informed consent and confidentiality protocols.
- Working in partnership with the survivor to assess needs (health, safety, psychosocial, etc.) and determine a course of action.
- Conducting ongoing safety assessments and safety planning.
- Making referrals and coordinating a survivor's care.
- Following up on referrals and organizing case conference meetings.
- Identifying and building upon a survivor's strengths and coping mechanisms.
- Nurturing, comforting, and providing emotional support.

Caseworker Self-Care & Supervision Check-ins

SGBV casework is emotionally demanding and carries a high risk of vicarious trauma. Caseworkers should schedule regular debriefs or check-ins with supervisors to reflect on challenging cases and prevent burnout. Institutions must provide access to psychosocial support and peer learning spaces. A few staff care routines could be the following:

Facilitating everyday staff care

- Create a supportive climate - regularly check on the well-being of staff, create an environment where staff feel comfortable sharing information and concerns with you.
- Establish routines - including for supervision and team meetings.
- Regularly demonstrate appreciation for staff. This can be as simple as communicating gratitude or praise for something they did or arranging to have refreshments at meetings to something more elaborate such as a “staff of the month” award.
- Manage information - Routinely share information and create an environment of transparency.
- Monitor the health and well-being of staff. For example, be mindful of how staff are taking care of themselves and encourage them to take lunch breaks, etc., and take note of changes in appearance or health.
- Monitor stress levels - support staff to identify and monitor stressors in their lives and to develop self-care plans.
- Provide opportunities for exercise and access to the outdoors.
- Organize “staff care” days that allow staff to come together to do something fun or relaxing.

- Encourage staff to identify a “self-care buddy” - another staff person with whom they connect on a regular basis to discuss how they are and what support they need from each other.
- Accommodate staff - be flexible with the response of different individuals to personal or work crises (e.g. allow flexible schedules if possible, give time off where needed, provide additional supervision, etc.)

Providing support for staff in crisis

- When staff are in crisis either because of a professional or personal experience that may be impacting their work, the following may be important:
- Create opportunities for staff to share experiences and stressors (e.g. through supervision)
- Watch for caseworkers who may be suffering in silence and actively reach out to them.
- Connect them to psychological support - if available in the context, connect staff to mental health professionals on a regular basis.

Standardise referral protocols

The purpose of these referral protocols is to provide clear and comprehensive guidance for connecting GBV survivors to essential services. They ensure that survivors are informed of all available options and that their needs are identified and followed up in a coordinated way.

Timely and quality referrals are paramount to enabling interventions for survivors' multiple needs. This includes ensuring immediate access to care for urgent needs, such as medical attention for sexual violence within critical timeframes.

Ultimately, a case management-based referral system, supported by these protocols, allows survivors to be active participants in defining their needs and deciding on the options that best meet those needs.

Referral Process and Procedures

Referrals must always be underpinned by strict adherence to survivor-centered guiding principles as previously discussed namely, safety, confidentiality, non-discrimination, dignity

and self-determination. In addition to the strict adherence to the above listed principles, one key important procedure to note during referrals are informed consent procedures.

Informed Consent Procedures

- Informed consent is the voluntary agreement given by an individual who understands the consequences of their choice, based on adequate, relevant facts.
- It must be obtained before any information is shared or any referral is made. For each new referral, permission must be sought.
- Trauma-Informed Consent Process: Use calm, non-threatening language and provide space for questions. Survivors may need time to decide—avoid pressuring them into giving immediate consent, especially in acute distress.
- Service providers must clearly explain their role, the service, other available services (including limitations), confidentiality and its exceptions, and the survivor's rights.
- Survivors have the right to refuse any service or referral without affecting access to other services, or to retract their consent at any time.
- Documentation of consent: While verbal consent can be obtained by frontline workers for referrals, specialized service providers should aim to obtain written consent for case management and referrals, especially for data collection purposes. Consent forms should be stored separately from case files.
- Child/Adolescent Consent: For children, informed assent (agreement) is sought from younger children (e.g., 6-14 years), while consent from a caregiver is also required, unless the caregiver is the perpetrator or their involvement is not in the child's best interest. For adolescents (e.g., 15-17 years), their informed consent should be obtained, ideally with caregiver permission, considering their maturity. In all cases, the "best interest of the child" principle guides decisions. When working with children and adolescents, clarify confidentiality boundaries from the start—what can be kept private and what must be reported. Be honest about limits (e.g., if a child is at risk of harm).

- Consent is not a one-time event : it should be **revisited regularly**, especially when circumstances change (e.g., new services, new disclosures, or transitions in care).
- **Consent in Group Settings:** If survivors are invited to participate in group sessions (e.g., psychosocial support or peer groups), separate, specific consent should be obtained for this, highlighting risks to privacy and confidentiality.
- Ensure the consent process is linguistically and cognitively appropriate. Use interpreters when necessary and provide visual or simple-language tools for people with low literacy or disabilities
- If a survivor refuses consent, this decision should also be documented clearly (without judgment), noting what was declined and whether they were informed of potential consequences or alternatives.

The referral process typically involves several steps:

→ **Initial Assessment and Case Plan:**

- ◆ When a survivor first presents, conduct a thorough, survivor-centered assessment of their needs.
- ◆ Collaboratively develop a case action plan that identifies the specific services the survivor wishes to access.
- ◆ Before any referral, caseworkers must assess whether the referral (e.g., to police, shelters) might expose the survivor to additional harm or retaliation. Safety planning must accompany all high-risk referrals
- ◆ Referral pathways must be inclusive and accessible for all survivor groups, including survivors with disabilities, and others who may face stigma or exclusion.

→ **Obtain Informed Consent:**

- ◆ **Crucial Step:** Before making any referral or sharing any information, explain the referral process to the survivor.
- ◆ Clearly state what information will be shared, with whom, and why.
- ◆ Obtain explicit, documented consent from the survivor for each specific referral. Highlight that they can withdraw consent at any time.

→ Generate and Send Referral:

- ◆ Fill out the standardized referral form (digital or paper).
- ◆ Transmit the referral securely to the designated focal point at the receiving agency.
- ◆ Record the referral in the case management system with its initial status (e.g., "Pending").
- ◆ Information shared in referrals should follow the 'need-to-know' principle—only the minimum necessary information should be disclosed, with coded ID numbers used when appropriate

→ Follow-up with Survivor:

- ◆ Within an agreed-upon timeframe (e.g., 24-72 hours for urgent referrals, weekly for ongoing support), follow up with the survivor to see if they accessed the service.
- ◆ Document the outcome of this follow-up in the case management system.

→ Communicate with Receiving Agency (with Consent):

- ◆ If the survivor has given consent, communicate with the receiving agency to confirm receipt of the referral and inquire about service uptake.
- ◆ Update the referral status in the case management system (e.g., "Service Accessed," "Service Not Accessed").

→ Document Barriers and Outcomes:

- ◆ If a referral is not successful, document the reasons (e.g., survivor chose not to go, service unavailable, transportation issues). This data is vital for identifying system-level gaps.
- ◆ Record the eventual outcome of the case plan related to that referral.
- ◆ Agencies should establish feedback loops to improve referral quality—this includes cross-sector debriefs and survivor feedback on service accessibility and treatment

→ Data Analysis and Reporting:

- ◆ Regularly analyze aggregated, anonymized referral data from the case management system.
- ◆ Generate reports on:
 - Number of referrals made by service type.
 - Referral completion rates.
 - Common barriers to service access.
 - Timeliness of referrals.
 - Gaps in available services.
- ◆ Use this data to inform program adjustments, advocate for resources, and improve the overall GBV response. Key quality indicators may include: percentage of survivors who successfully accessed referred services, time between referral and service uptake, survivor satisfaction levels, and percentage of referrals that were refused, delayed, or unsuccessful.
- ◆ Referral directories should be updated at least every six months, with focal points, service hours, and capacity clearly documented and shared across partners

Actors and Their Roles in Referrals

- All humanitarian actors have a crucial role. They should be able to provide Psychological First Aid (PFA), offer accurate information on available services, and support survivors in accessing those services. They should know referral pathways and avoid asking intrusive questions that could re-traumatize. Humanitarian actors include FLAG, One-stop centers, NGBV, CSOs teachers, religious leaders, and community volunteers who often provide first-line response and support to SGBV survivors. All must be trained in Psychological First Aid, confidentiality, and non-judgmental listening
- Case Management Actors/Caseworkers (e.g., One Stop Centers, Protection Officers, Social Welfare Officers) are typically the primary focal point for coordinating multi-sectoral services. They have overall responsibility for the case, even when a survivor is referred to other services. Their role includes:
 - ◆ Assessing survivor needs (health, safety, psychosocial, justice).
 - ◆ Developing a case action plan with the survivor.
 - ◆ Making referrals and actively assisting survivors in accessing support, including safe accommodation, healthcare, psychosocial support, legal aid, and livelihoods services.

- ◆ Advocating for survivors' needs to other service providers.
 - ◆ Leading case coordination, which may involve case conferencing with other involved service providers (with survivor consent) to review progress and resolve issues.
 - ◆ Providing direct psychosocial support, often including counseling.
- Specialized SGBV Service Providers (e.g., health, police, justice, mental health, orange shelter) offer specific services for survivors. They must be trained in their specialization and adhere to guiding principles. If they receive a disclosure from a survivor who hasn't accessed case management, they should provide the requested service, describe case management, and refer to case management agencies with consent.
- Helpline staff link survivors to specialized services and caseworkers, providing information and supporting referrals.
- Police are often a key entry point to the justice system for SGBV survivors. They are responsible for investigation, collecting evidence, and maintaining safety. Referrals to police should generally be in line with the survivor's wishes, except where mandatory reporting applies. Police officers should offer procedural guidance and basic psychological support.

Referral Documentation, Tracking, and Pathways

Documentation

Proper documentation and data management are critical to ensure quality, accountability, and confidentiality in referrals:

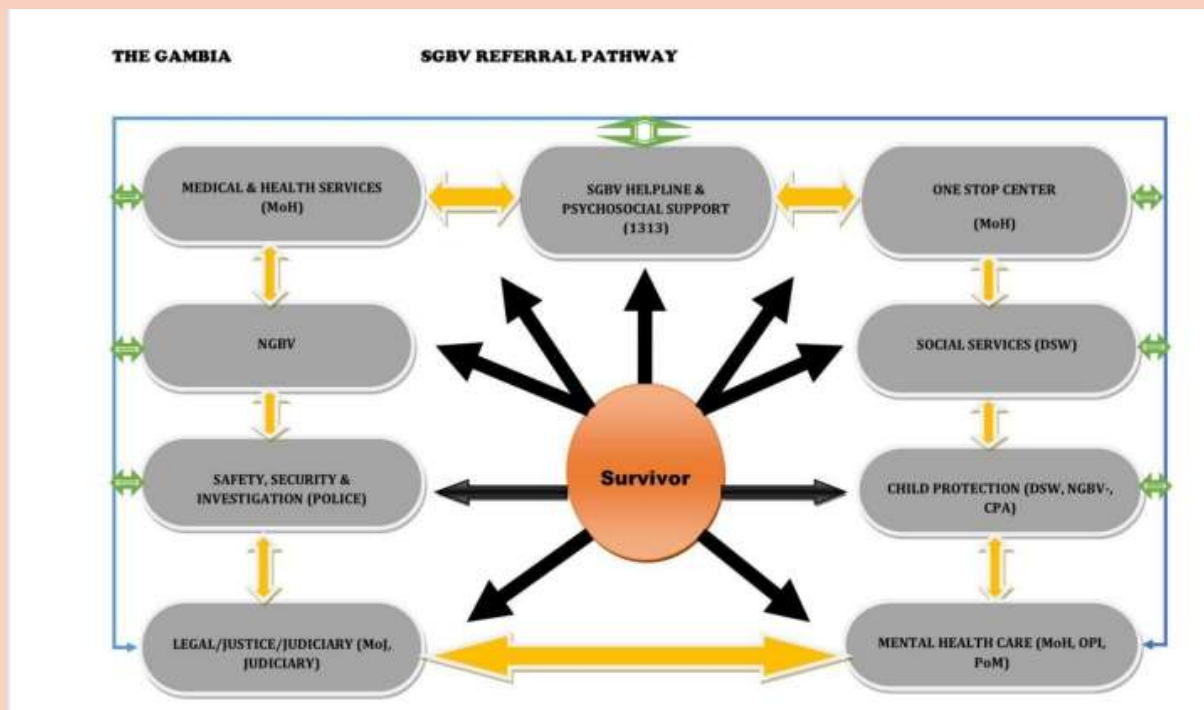
- Referral Forms: Standardized referral forms should be used to facilitate information exchange between service providers, always with the survivor's informed consent. There should be secure exchange of forms. Forms should be transmitted securely (e.g., via a secure digital platform, password-protected email, or sealed envelope if paper-based) to the receiving agency's designated focal point. These forms should capture crucial details without overwhelming the survivor or violating confidentiality. This typically includes:
- ◆ Date of referral

- ◆ Referring agency/caseworker
 - ◆ Referred to agency/service (e.g., health, legal, psychosocial, shelter)
 - ◆ Type of service requested (e.g., emergency medical, legal advice, counseling)
 - ◆ Brief, de-identified details of the incident (only if relevant and consented for the referral purpose, e.g., "sexual assault," "physical violence")
 - ◆ Survivor's consent for sharing information (explicitly documented for each referral)
 - ◆ Desired outcome of the referral (from the survivor's perspective).
 - ◆ Referral forms must not include full narratives of violence, as this risks over-documentation and re-traumatization.
- Case Files: Each survivor should have a separate, securely stored case file, identified by a code rather than their name.
- Central Database: If there is a central database, managed by a designated person or authority it should use a coding system for anonymized data and strict protocols for access and sharing.
- ◆ The GMIS (Gender Management Information System) in The Gambia is a robust system designed to harmonize data collection in humanitarian settings. It provides a simple system for project managers to collect, store, and analyze data, and enables the safe sharing of reported SGBV incident data. GBIMS includes:
 - A standard intake and consent form for collecting common data points.
 - Standard definitions for SGBV types.
 - An Excel "Incident Recorder" database for data entry, compilation, and analysis.
 - An information-sharing protocol template.
 - ◆ If the GMIS is not accessible, the institutions should maintain a centralized case management system which serves as the central repository for all survivor information, including their case plan and referral history. The system should allow tracking of:

- Referral Status: (e.g., "Pending," "Sent," "Received," "Accepted," "Service Provided," "Declined by Survivor," "Service Not Accessed," "Closed"). This is crucial for follow-up.
 - Date of Referral: When the referral was initiated.
 - Date of Service Access/Completion: When the survivor actually accessed the service or when the service was completed.
 - Outcome of Referral: A brief note on whether the referral achieved its intended purpose.
 - Barriers to Access: Document any challenges the survivor faced in accessing the service (e.g., transportation, cost, fear, discrimination, service unavailability).
 - Follow-up Actions: Record dates and details of follow-up attempts by the case manager.
- Information Sharing Protocol (ISP): An ISP should be established to govern how information is shared, ensuring confidentiality and adherence to best practices. These protocols outline exactly what information can be shared, under what conditions (always with consent), and how. This builds trust and facilitates seamless referrals. ISPs should be signed by all agencies involved in SGBV response and updated annually.
- Data Usage & Security: Aggregated, non-identifying data can be used for trend analysis, advocacy, and program design, but individual case files should not be routinely shared with external entities like donors. Additional security measures include:
- ◆ All written information must be maintained in secure, locked files, with forms identified by a code or number, not the survivor's name.
 - ◆ Electronic information should be password protected. Access to electronic information should be controlled, with passwords set for different levels of information.

- ◆ Lists linking case file codes to names should be stored separately and securely.
- ◆ Information should only be printed if absolutely necessary, and printed copies should be registered, tracked, and destroyed when no longer needed.
- ◆ Emails containing sensitive information should be avoided unless absolutely necessary and must include caveats about sensitive content.
- ◆ breaches of confidentiality must be reported and reviewed internally.

Standardized referral pathways



Note: Referral Channels

- Helplines: 1313 & 199

- The Police
- MOGCSW -Directorate of Social Welfare or Children's Affairs
- Health Facilities/One-stop Centres/Orange Shelther
- Ministry of Justice (MOJ) / Judiciary (Court)
- CSOs - FLAG, NGBV, CPA, etc.
- The Chief
- Councillor/ community structures (CCPCs, Tundol Binki/Bajeni Gokh etc)
- The Alkalo/VDC

Inter-Agency Communication and Protocols:

- Information Sharing Protocols (ISPs): Develop formal, written Information Sharing Protocols (ISPs) between all partner agencies involved in the SGBV response.
- Focal Points: Designate clear focal points within each agency responsible for receiving and acting on referrals.
- Regular Coordination Meetings: Hold regular meetings among all service providers to discuss referral trends, identify challenges, share updates on services, and address any bottlenecks in the system. This fosters a coordinated and accountable response.

Specific Referral Scenarios and Considerations

- Remote Referrals: Specialized service providers need accurate knowledge of service availability, accessibility, safety, and quality for remote referrals (e.g., via phone). Ensure consent is obtained before sharing any survivor information remotely, and confirm the survivor is in a private, safe space before discussing sensitive details.
- Non-availability of services: If specialized services are unavailable, providers should avoid raising unrealistic expectations but still offer information on safety and basic emotional support. Referral pathways should reflect up-to-date service coverage. Regular updates to the service directory or referral pathway map are essential to reflect current availability and avoid referral to defunct or overstretched services.

- Refusal of services: Survivors must never be coerced; their right to refuse any support or service must be respected. Document service refusals factually and without judgment, noting that the survivor was informed of their rights and options
- Transportation: The Caseworker or specialized service provider is responsible for ensuring safe and accessible transportation for the survivor to access services. Safe transport support should be planned during case action planning. Funding responsibilities must be clarified (e.g., with shelter, health, or protection actors), and risk assessments should guide transport arrangements (e.g., for court appearances or medical emergencies).
- Home Visits: Generally not recommended due to risks to survivor confidentiality, privacy, and safety, as well as staff safety. Alternatives like safe spaces or mobile approaches should be prioritized. If home visits are unavoidable, specific safety measures must be taken, including planning for perpetrator absence and having distress signals. Home visits must only be conducted if the agency has a clear policy and safety protocol in place. Visits should be planned in teams when possible and never conducted in high-risk environments without a backup plan.
- Mandatory Reporting: Service providers must understand and explain mandatory reporting laws to survivors (e.g., for certain crimes, or cases involving humanitarian workers as perpetrators) before obtaining information. They must ensure the survivor understands the potential consequences. Service providers should receive training on applicable national mandatory reporting requirements and how they apply to different types of cases (e.g., child survivors, threats to life, crimes by professionals).
- Mediation: Mediation for IPV cases is not recommended due to significant safety risks and power imbalances. Caseworkers should never mediate cases themselves, as their role is to advocate for the survivor. If a survivor requests mediation, the caseworker should support them through the process with a third-party mediator, ensuring safety arrangements and informing the survivor of risks. In settings where community structures or elders encourage mediation, caseworkers must advocate for survivor safety and explain risks of forced reconciliation in SGBV cases, especially IPV.
- Mental Health and Psychosocial Support): Referrals for specialized mental health care are made for individuals with severe distress or suicidal thoughts. Caseworkers should be trained to distinguish between basic emotional support, psychological first aid and clinical mental health referrals. For high-risk cases (e.g., suicidal ideation), urgent referral to clinical professionals is required

- **Child Survivors and Parent Perpetrators:** when the alleged perpetrator is a caregiver or family member, referral pathways should ensure the child is not returned to the abusive environment. Immediate referral to child protection actors is required, and the "Best Interest of the Child" principle must guide all decisions

Monitoring and Evaluation of Referrals

- **Proactive Follow-up:** Case managers should routinely follow up with survivors (with their consent) to ensure they have accessed the referred services and to address any new needs or barriers.
- **Case file audits and client feedback surveys** are used to monitor the quality of services, including referral processes. Establish systems for receiving feedback from both the survivor and the receiving agency about the referral process and the quality of services provided. This helps in continuous improvement.
- **Data management protocols** ensure the safe and ethical collection, storage, and sharing of non-identifiable GBV data for monitoring and program improvement.

Interagency Coordination in GBV Case Management

Effective (GBV response necessitates interagency coordination. This is not merely a beneficial approach but a core requirement for delivering comprehensive, safe, and impactful support to survivors. Given the multifaceted nature of GBV, no single agency or sector can independently cater to all a survivor's needs.

Below are key stages of interagency coordination in GBV Management in The Gambia

Phase 1: Setting the Foundation

→ Identify Key Stakeholders and Convene an Initial Meeting:

- ◆ **Who:** Ministry of Gender, Children and Social Welfare (e.g., Directorate of Gender, Directorate of Social Welfare), Ministry of Health (local health centers, One-Stop Centers), The Gambia Police Force (Gender Welfare Unit, local police stations), Ministry of Justice (legal aid providers, public prosecutors), Gambia Federation for the Disable, local NGOs (e.g., FLAG, TYW, CPA Network Against GBV members, other CSOs providing psychosocial support, shelter, or livelihood programs), community leaders, religious leaders (as appropriate and safe), UN agencies (e.g., UNFPA, UNICEF, UNDP, UNHCR if there's a refugee/migrant population).
- ◆ **Purpose of Meeting:**

- Introduce key actors and their current GBV services.
- Discuss the current state of SGBV response and challenges (e.g., "inadequate and uncoordinated response," lack of formal referral protocols as noted in assessments).
- Emphasize the **imperative** of coordination for survivor safety and comprehensive care.
- Agree on the need to establish a formal coordination mechanism for GBV case management in The Gambia.
- Consider developing safe and ethical mechanisms for incorporating survivor feedback into coordination discussions, such as anonymized feedback summaries shared by caseworkers

→ **Establish a Formal SGBV Case Management Coordination Body/Working Group:**

- ◆ **Structure:** Decide on a clear structure (e.g., a "Kanifing SGBV Case Management Working Group" or a sub-group of an existing protection coordination forum).
- ◆ **Leadership:** Designate a lead agency or co-chairs (e.g., Directorate of Gender, Directorate of Social Welfare, a prominent local GBV NGO, or UNFPA) based on capacity, mandate, and trust among partners.
- ◆ **Terms of Reference (ToRs):** Develop clear ToRs outlining:
 - **Purpose:** To enhance coordination, ensure quality, and facilitate access to comprehensive services for GBV survivors.
 - **Objectives:** (e.g., develop and standardize referral pathways, improve information sharing, conduct joint capacity building, monitor service gaps).
 - **Membership:** Who participates and their expected commitment.
 - **Meeting Frequency:** (e.g., monthly or bi-monthly).
 - **Decision-Making Process:** How decisions are made and recorded.

→ **Conduct a Comprehensive Service Mapping:**

- ◆ **Process:** The Working Group collectively maps all existing SGBV services in the Gambia.
- ◆ **Information to Collect:**
 - Service provider name and contact details (including after-hours contacts for emergencies).

- Specific services offered (e.g., medical, psychosocial counseling, legal aid, shelter, safety planning, livelihood support, police reporting).
 - Target population (e.g., women, adolescent girls, male survivors, specific age ranges, people with disabilities).
 - Capacity and limitations (e.g., number of beds, types of counseling available, language services).
 - Hours of operation.
 - Any eligibility criteria or entry points.
 - Cost of services (if any) or if free.
- ◆ **Output:** A living document (digital and/or printed) that is regularly updated and accessible to all members.

Phase 2: Developing and Implementing Protocols

→ Develop and Disseminate a Standardized SGBV Referral Pathway:

- ◆ **Collaborative Development:** Based on the service mapping, the Working Group designs a clear, step-by-step referral pathway.
- ◆ **Key Elements to Include:**
 - **Initial Contact/First Responders:** Who is usually the first point of contact (e.g., police, health staff, community volunteers, the 1313 GBV Helpline).
 - **Immediate Needs Prioritization:** Emphasize immediate medical attention (especially for sexual assault within 72 hours for PEP) and safety planning and 5-7 days for forensic evidence collection (where applicable and available)
 - **Flow of Referrals:** Illustrate how survivors are referred from one service to another (e.g., police to health, health to psychosocial, psychosocial to legal). Include a protocol for emergency referrals where the survivor's life or safety is at immediate risk, including fast-track communication channels and priority response protocols.
 - **Roles & Responsibilities:** Clearly indicate which agency is responsible at each step.
 - **Contact Information:** Embed contact details from the service mapping.
- ◆ **Dissemination:** Print and widely distribute the pathway to all relevant service providers, community focal points, and potentially in public spaces (e.g., health clinics, police stations) in a safe and accessible format.

→ **Establish and Sign Information Sharing Protocols (ISPs):**

- ◆ **Necessity:** This is critical for confidentiality and trust.
- ◆ **Content:** The ISPs must clearly define:
 - What type of information can be shared (only essential for service provision).
 - How it will be shared (securely: e.g., encrypted emails, secure online platforms like GMIS).
 - With whom information can be shared.
 - The explicit process for obtaining **informed consent** from the survivor for *each* specific information share and referral.
 - Data protection measures and principles.
- ◆ **Formal Agreement:** All participating agencies should formally endorse and sign the ISPs, demonstrating their commitment.

→ **Develop Standardized Referral Forms and Tracking Tools:**

- ◆ **Referral Form:** A concise form that includes essential survivor information (de-identified as much as possible), type of violence, services needed, and **documented consent for referral and information sharing**.
- ◆ **Tracking Mechanism:**
 - **Digital:** Implement a secure digital case management system (e.g., adapt a system like GMIS if feasible, or a locally developed secure database). This allows real-time tracking of referral status (pending, sent, received, accessed, completed). Where digital systems are used, ensure they meet data protection standards (e.g., access controls, encryption) and train focal points on secure handling of sensitive survivor data.
 - **Manual (if digital not possible):** Use standardized paper registers and tracking sheets with clear codes or color-coding for status. Ensure secure storage.
 - **Key Data Points to Track:** Date of referral, referring agency, referred agency, service requested, service provided (yes/no), date service accessed, reasons for non-access (if applicable), follow-up dates.

Phase 3: Capacity Building, Monitoring, and Adaptation

→ **Conduct Joint Capacity Building and Training:**

- ◆ **Target Audience:** All frontline responders across all sectors (health, police, social workers, community volunteers, legal aid).

◆ **Training Content:**

- SGBV Guiding Principles (Safety, Confidentiality, Non-Discrimination, Survivor-Centered Approach).
- Sensitization of intersectional vulnerabilities (e.g., disability, age, ethnic minority status) and how these affect SGBV risks and access to services.
- Basic First-Line Support for SGBV Survivors.
- How to use the agreed-upon referral pathway and forms.
- Understanding and obtaining informed consent.
- Confidentiality and data protection protocols.
- Inter-agency roles and responsibilities.
- Self-care for responders.

- ◆ **Training Modality:** Could be workshops, simulation exercises, and ongoing mentorship. Utilize national resources or expertise from UN agencies/international NGOs.

Regular Monitoring and Review Meetings:

◆ **Case Coordination Meetings:** The Working Group holds regular meetings to:

- Review referral data and discuss trends.
- Address bottlenecks or challenges in the referral system.
- Share updates on services.
- Discuss complex or high-risk cases (in an anonymized way, or with strict confidentiality and consent if specific case details are required, only amongst relevant service providers).
- Identify emerging needs or gaps in services in The Gambia

- ◆ **Feedback Mechanisms:** Establish ways for survivors to provide feedback on the referral process and service quality (e.g., through a confidential suggestion box, a dedicated focal point, or during follow-up). Include survivor feedback in regular reviews, using anonymized data to improve system responsiveness. Develop ethical guidelines on how feedback is collected and used.

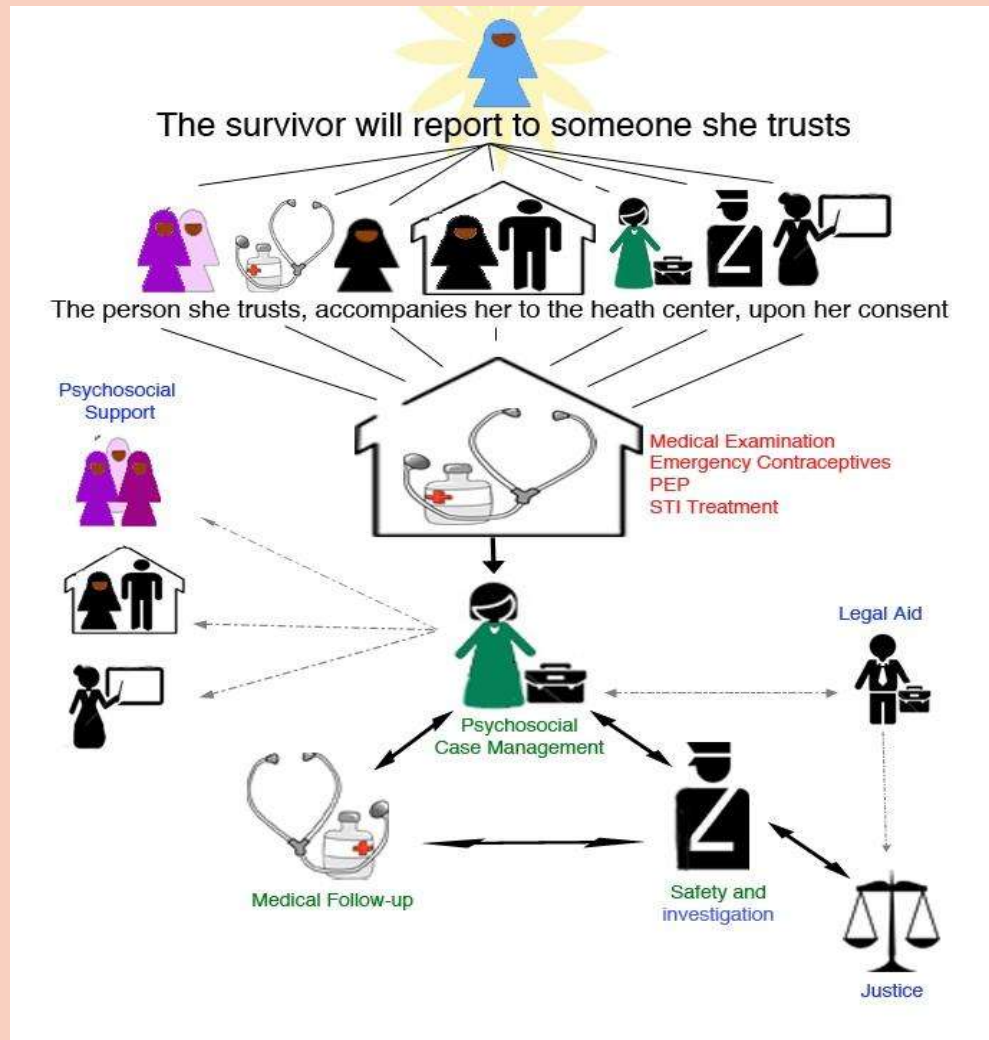
Advocacy and Resource Mobilization (Ongoing):

- ◆ Use the aggregated, anonymized data from the tracking system to identify service gaps (e.g., "lack of adequate shelter," "insufficient legal aid for certain types of cases").

- ◆ The Working Group collectively advocates with local authorities, national government bodies, and donors for increased resources and policy changes to address these gaps in The Gambia.

CHAPTER 4: CASE INTAKE & REPORTING PROCEDURES

This section outlines the case intake procedures at the Police and Ministry of Justice. The case intake procedures adhere to the core principles of case management of SGBV cases discussed in Chapter 3.



Survivor access points: Police, health facility, CSOs, One Stop Centres, Orange Centre

- **Police Stations:** Emergency response, reporting, protection
- **Health Facilities:** Medical Care, forensic exams, trauma response
- **Social Welfare Offices:** Shelter, counselling, and minor protection

- **One-Stop Centres/Orange Centre:** Multisector support hubs
- **CSOs and NGOs:** Trusted partners offering legal aid, psychosocial support, and community-based guidance.

Minimum Requirement at Access Points:

- Trained, calm responders
- Private space
- Timely intake and no rejection
- Information about legal rights and support

Case Intake Procedures by the Police

- *Step 1: First Contact:* Police Officers (First Responders, Gender Officers, Station Officers)
 - Upon intake, the Station Officer or OIC (Officer in Charge) shall assign a trained officer, preferably from the Gender and Child Welfare Unit, to lead the investigation.
 - Escort the survivor to a private space immediately.
 - Introduce yourself and state your role.
 - Where the survivor is a minor or a person with disability, the case must be handled by an officer trained in vulnerable group interviewing.
 - Use calm, respectful, and non-judgmental language.
 - Officer's name, badge number, and time of contact to be lodged for accountability tracking.
 - If survivor is in distress, delay the interview until emotional stabilization is achieved
 - Provide survivor with information on their rights and possible steps ahead
- *Step 2: Recording the Complaint*
 - Use the official SGBV Case Intake Form.
 - Record the complaint in the survivor's own words, quoting directly if possible.

- Ensure informed consent for each action (see Consent Form). Consent must be *informed and documented separately* for recording, storing, and using voice/audio
- Utilise voice recording if literacy/emotional trauma limits writing.
- Record the date/time of each page and sign each statement sheet to prevent tampering.
- Avoid suggestive or leading questions to ensure credibility.
- Avoid repeated questioning in open areas.
- Survivor must be informed that they can pause or stop the process at any time.
- Begin investigation promptly within 24 hours of the report.
- Interview survivors/witnesses in private, using trauma-informed techniques.
- Ensure that female officers conduct interviews for female survivors, especially in sexual violence cases (when available).
- Ask if the survivor feels safe returning home; Conduct preliminary safety screening; provide shelter options if necessary.

- *Step 3: Risk Assessment and Safety Planning*

- Screen for past threats, immediate danger, or risk of retaliation assessment: e.g.
 - ❖ Is the perpetrator known, armed, or nearby?
 - ❖ Does the survivor fear retaliation?
- Collect physical evidence only after consent.
- Refer for medical examination within 72 hours (forensic integrity, 48 hours ideally).
- Separate the survivor from the perpetrator if both report to the same station.
- Determine if children or dependents of the survivor are at risk.
- Initiate the file and preserve the chain of custody for all items.
- Clearly label and log each piece of physical evidence
- Document all steps using the Risk Screening Tool.
- If high risk, initiate Rapid Multi-Agency Response within 24 hours.

- Assessment of digital safety risks (e.g., phone tracking by perpetrator).”
- Make appropriate referrals for dependents at risk (children, disabled family
- *Medical Referrals And Evidence Preservation*
 - Facilitate access to PEP, STI treatment, and emergency reproductive care.
 - Use the Chain of Custody Form (including Forensic or medical evidence for evidence tracking.
 - Psychosocial Support.
 - Offer transport options for medical care where needed and safe
- *Step 4: Arrest or Protective Orders*
 - If the alleged offender is known and presents a risk, act under CPA 2025 to arrest or initiate protective measures.
 - Facilitate a protection order under the Women’s Act, the Domestic Violence Act, or the Children’s Act.
 - Arrests under CPA must be followed by charging within 72 hours or a magistrate remand hearing.
 - If the victim is a child or a pregnant woman, an old person, or a person with disability, notify Social Welfare and make a note of that contact.
 - Document application and status of protection orders, whether interim or confirmed.
 - Document survivor’s views on arrest or protection orders as part of their safety strategy. Include a clear explanation of the implications of protection orders and arrest to the survivor.
- *Step 5: Legal Opinion Preparation (CID/Prosecution Officers)*
 - Review collected evidence, witness statements, and medical reports.
 - Draft internal legal opinion outlining:

- ❖ Applicable offence(s) under the Criminal Offences Act or Sexual Offences Act.
 - ❖ Whether the threshold of prima facie evidence is met.
 - ❖ Further investigation required, if any.
 - ❖ Recommendation: Charge, refer to DPP, or NFA (no further action).
 - ❖ Submit your opinion to the supervising officer or DPP.
- Attach a “Checklist of Minimum Evidence Required” to standardise legal opinions.
 - Legal opinion should explicitly state whether the evidence is direct or circumstantial
 - Use a standard review template that includes the date of review, the reviewing officer, and the recommended charge(s)
 - Include survivor preference around prosecution where applicable, noting this does not determine legal decisions but informs safety and other planning.

Note:

The legal opinion prepared by the police (usually by the CID or Station Prosecutor) is an internal assessment based on available evidence and submitted to the DPP. This is distinct from the Prosecutorial Review conducted by the State Prosecutor, which determines whether charges will be filed or additional investigation is required. The two reviews serve different purposes and should not be confused.

- *Step 6: Referral/Transfer to Prosecutors*

Accompany the file with:

- Case Referral /Transfer Form
- Use a unique case ID system for tracking rather than names.
- Survivor and witness statements
- Chain of custody form and accompanying documents (i.e., Medical and Psychosocial Reports, including forensic report, if applicable)
- Internal legal opinion
- Informed Consent Forms (interview, medical exam, evidence collection)
- Risk Assessment Tool / Safety Planning Notes (if high-risk case)

- Protection Order Application (if applicable)
 - Social Welfare or Child Welfare Reports (for minors or vulnerable adults)
 - Any Recorded Interviews (audio/video recordings, if available)
 - Ensure confidentiality and follow up on prosecutor feedback
 - Add a confirmation checkbox that all listed documents were reviewed for completeness before transfer.
- Log Submission and Track Case Progress
 - Log the **date and name of the prosecutor or DPP office staff** who received the file
 - Always include a **prosecutor feedback form** so that gaps can be addressed in real time
 - Maintain a **referral register** to monitor timeframes between intake and charge recommendation.
 - Assign an officer to follow up with the prosecution within 5-7 working days to obtain feedback or direction. Include an alert system if there is no prosecutor feedback within 7 working days.
 - Assign a case-tracking focal point within each station or region
- Receive Prosecutorial Feedback
 - Upon receiving feedback from the State Prosecutor:
 - Review the Prosecutor Feedback Form or written directives.
 - Acknowledge receipt of feedback in writing.
 - Log the instructions in the case file and the SGBV register.
- Address Prosecutorial Directives (If Any)
 - If further investigation is requested:
 - ❖ Act promptly to gather the required evidence, clarify inconsistencies, or trace additional witnesses. All responses to prosecutorial directives should be completed within a set

timeframe (e.g., 5-7 working days), unless an extension is documented with justification.

- ❖ If directives involve other agencies (e.g., medical re-evaluation, social welfare reports), ensure written requests are sent promptly, and follow up to prevent delays.
 - ❖ If new evidence requires further interaction with the survivor, ensure renewed informed consent is obtained and that interactions are survivor-centered and trauma-informed
 - ❖ Ensure the response is documented and returned with a Supplementary Report.
 - ❖ Maintain the chain of custody for any new evidence collected.
 - ❖ If no further action is recommended, ensure proper closure of the file and secure storage. Ensure a Closure Summary is prepared, detailing why closure was recommended and actions taken to inform and support the survivor.
- Maintain Survivor Contact and Support (Where Appropriate)
 - Provide the survivor with appropriate updates through a trained officer or survivor support liaison.
 - Ensure continued access to:
 - ❖ Medical care (e.g., PEP, ongoing treatment)
 - ❖ Psychosocial support
 - ❖ Shelter or safety planning (if applicable)
 - ❖ Do not disclose prosecutorial decisions that may compromise the survivor's safety or dignity.
 - ❖ Set up a closure meeting with the Survivor if non-prosecution is recommended.
 - ❖ Offer a trained psychosocial counselor to explain legal decisions and next steps
 - ❖ Provide a list of updated support services (shelters, psychosocial, legal) upon each major case milestone

Case Intake Procedures by the State Prosecutors and Law Officers

The Director of Public Prosecutions has constitutional authority under **Section 85** of the Constitution and statutory mandate under **Sections 74-79** of the **Criminal Procedure Act (2025)** to supervise and control all criminal prosecutions, including SGBV matters. All case files submitted by the police must be reviewed by the SGBV Unit within the Attorney General's Chambers, which has exclusive responsibility for handling SGBV cases.

Step 7 : Acknowledge and Log Receipt of Case File

- File Assignment by the Office of the DPP to the Head of the SGBV Unit within 24-48 hours
- All SGBV case files from police are logged and assigned to prosecutors within the SGBV Unit responsible for follow-up from intake to final disposal by the Head of the SGBV or delegated Counsel.
- Each case receives a unique tracking number with the date of receipt for proper monitoring.
- Each file should be marked "Priority - SGBV" for urgent review (within 5 working days).
- All case files should be logged in a **centralized digital and/or physical register**, with restricted access for confidentiality.

Step 8: Prosecutorial Review and Direction

- The prosecutor must complete a Prosecutorial Review Checklist to confirm, amongst others the presence of information in **step 6** above specifically:
 - ◆ Consent documentation present
 - ◆ Risk assessment completed
 - ◆ Victim's support status (e.g., safe housing, medical, psychosocial)
 - ◆ Presence of all annexes (Chain of Custody, Witness Statements, etc.)
 - ◆ Survivors' vulnerability (child, disability, etc.)

Step 9: Legal and Evidence Assessment

→ Examine whether the evidence meets the threshold for prosecution under:

- ❖ The Sexual Offences Act
- ❖ The Criminal Offences Act
- ❖ The Evidence Act
- ❖ Other applicable laws (e.g., Trafficking Act, Domestic Violence Act).
- ❖ The quality and sufficiency of direct or circumstantial evidence.
- ❖ Any indications of procedural irregularities or human rights violations?

→ Assess whether further investigative steps might re-traumatize the survivor, and recommend alternatives where possible.

→ Where evidence suggests procedural violations (e.g., delay, unlawful detention, or failure to inform survivors of rights), note for internal review.

→ Classify the case as:

- ❖ Summary or indictable (for charge sheet purposes).
- ❖ Identify appropriate court: Children's Court, Magistrates' Court, or High Court.
- ❖ Confirm whether a protection order or in-camera trial may be required.
 - Does the case involve a child? → **Children's Court only**
 - Is the survivor requesting anonymity? → **In-camera trial recommendation**
 - Is there high-risk to survivor? → **Recommend expedited hearing**

Step 10: Draft and Submit Legal Opinion

→ The legal opinion must include:

- ❖ Summary of facts and legal issues.
- ❖ Applicable SGBV laws and sections.
- ❖ Analysis of available evidence.
- ❖ Clear recommendation: Prosecute / Further Investigation / NFA.
- ❖ Signed by the reviewing prosecutor with date and tracking number.

→ Attach all supporting documents, including:

- ❖ Completed Prosecutorial Review Checklist. The prosecutor must note in the Prosecutorial Review Checklist the above recommendations
- ❖ Any communication with other agencies.
- ❖ The Prosecutor's feedback form must be sent to the police for further investigation, or for prosecution before the appropriate court magistrate court prosecution, high court prosecution, or recommendation of NFA. For NFA recommendations, the prosecutor must clearly state the reasons (e.g., insufficient evidence, unwilling survivor, procedural breach) and propose next steps if applicable (e.g., social support referral, civil protection order)
- ❖ Victim Notification: Ensure a process is in place to inform the survivor—through the police or case manager—of case outcomes in a survivor-sensitive and confidential manner.”

Step 11: Survivor Updates and Final Coordination

- Once a decision is made (e.g., to prosecute or not), the SGBV Unit should coordinate with the police to ensure the survivor is appropriately informed, supported, and referred for continued services (e.g., trauma counselling, shelter extension, etc.)

CHAPTER 5: INVESTIGATION PROTOCOLS

This section outlines procedural standards for the investigation of SGBV cases in The Gambia. It builds on the Case Intake Procedures and focuses on follow-up actions, evidence gathering, witness interviews, and case file consolidation. All investigations must be survivor-centred, trauma-informed, impartial, and aligned with the Evidence Act, Criminal Act, Criminal Procedure Act, Sexual Offences Act, and relevant international standards.

Assignment of Investigator and Planning

Upon case referral from the Case Intake process (Step 3), the CID Supervisor or SGBV Focal Officer shall assign a Lead Investigator within 24 hours.

The Lead Investigator must have specialized training in SGBV, trauma-informed interviewing, and gender-sensitive investigation.

Survivors should be informed (through their case manager or focal point) of the investigator's assignment to build trust and transparency.

A Case Review Meeting shall be convened within 24 hours between the assigned investigator and CID supervisor to:

- Review the intake summary and supporting documentation;
- Identify gaps in the survivor statement or evidence;
- Determine additional investigative needs;
- Outline inter-agency support.
- An SGBV Investigation Plan (**Annex**) shall be prepared and retained on file.

Scene Visit and Preservation of Evidence

Where applicable, the investigator shall conduct a scene visit within 24 hours of assignment. Officers must:

- Carry appropriate protective and recording equipment;
- Restrict access to authorised personnel only;
- Complete the Scene Observation Form
- Document visible evidence, signs of contamination, and environmental factors.
- The survivor should never be required to revisit the crime scene unless absolutely necessary, and only with informed consent and psychosocial support. Require

photographic/video evidence documentation with consent, respecting privacy and dignity.

Evidence Collection and Chain of Custody

All evidence collection must be based on the survivor's consent already documented in the case intake process. Physical evidence must be:

- Collected using sterile techniques and individually packaged;
- Labelled with case ID, item description, date/time, and officer name;
- Logged on the Chain of Custody Form
- Digital evidence (e.g., call logs, messages, threats) shall be retrieved with documented consent and stored securely.

Witness Identification and Statements

Investigators shall discreetly trace witnesses identified by the survivor or case analysis.

- Respect anonymity and safety.
- Use Witness Statement Template and record:
 - Name, relationship, voluntary statement
 - Readiness to testify or request for anonymity
 - Engage interpreters when necessary; they must sign confidentiality forms.
 - Anonymous tips should be recorded, assessed, and corroborated when possible.
- Witnesses (especially children or vulnerable persons) should have access to protective measures, including anonymity, relocation etc
- Secondary victimisation risks must be considered before involving family/community witnesses.

Supplementary Survivor Interviews

Supplementary interviews should only be conducted if:

- New evidence emerges;
- A new suspect is identified;
- Requested by a prosecutor;
- Consent must be renewed; and

- Interviews must be trauma-informed and documented using the Supplementary Statement Log
- No more than two interviews with the survivor unless strictly necessary.
- Always ensure the presence of psychosocial support personnel (social worker, counsellor) during interviews if survivor consents.
- Children must only be interviewed by child-protection trained personnel using age-appropriate methods.

Suspect Interviews and Procedural Safeguards

If a suspect is identified:

- No contact between survivor and suspect at police premises.
- Caution must be administered.
- Access to legal representation must be facilitated;
- Interviews must be free from coercion;
- Interviews must be documented with audio/video whenever possible to preserve integrity.
- A Suspect Interview Record (**Annex ...**) must be completed.
 - Identity, alibi, response to allegations
 - Interview mode (written/audio/video)

Internal Review and File Preparation

The investigator shall compile and review the case file in line with intake procedures. The file must include:

- Updated evidence logs;
- Witness and suspect statements;
- Supplementary interviews (if any);
- Internal legal opinion (if revised);
- Case File Checklist
- Case files must undergo a peer-review within the SGBV Unit before submission to ensure completeness and compliance with survivor-centred standards.

Case File Handover

The finalised file shall be submitted to the DPP/SGBV Prosecutor via the designated liaison officer.

- The Referral Register must be updated.
- File must be securely labelled with case ID, initials, and reference.

Monitoring and Records Management

All active investigations shall be logged using the Investigation Tracker Sheet.

- OIC shall conduct biweekly reviews;
- Regional SGBV Desk shall perform quarterly audits;
- Closed files shall be archived in password-protected folders or locked cabinets.

Minimising Secondary Victimisation

Avoid:

- Repetition, moral judgement, confrontation
- Pressure to reconcile or cooperate
- Forced or invasive procedures without informed consent
- Any actions likely to retraumatise the survivor

Inter-Agency Case Conference (for Complex Cases)

Triggered within 10 working days for cases involving:

- Minors;
- Incest or trafficking;
- Public officials;
- Repeat SGBV offenders.
- Participants: Lead Investigator, Social Welfare Officer, Medical Officer, Legal Counsel, and NAATIP/SGBV Desk. Survivor (or their representative) may participate or be represented, ensuring their voice shapes risk and protection strategies.

Outcomes of the Conference:

- Risk Management Plan, Witness Protection Strategy, Evidence Timeline, Prosecution Status.
- Signed minutes must be added to the case file.

Survivor Communication and Updates

The investigator shall:

- **Affirm dignity and agency:** Ensure survivors are treated as rights-holders, not case objects. Use respectful, non-judgmental language at all times.
- Inform survivors of their right to legal aid, facilitate early referrals to NALA or partner legal aid providers (e.g. FLAG), and document such referrals in the case file. Survivors should understand the potential benefits and risks of pursuing legal remedies. This ensures survivors receive legal advice at key stages, including complaint recording, protection order applications, and during any prosecutorial or court proceedings, thereby safeguarding their rights and promoting access to justice.
- Provide respectful updates without compromising legal strategy. Provide regular updates in clear, simple language, paced according to the survivor's preference, without compromising legal strategy. Survivors should be asked how often and in what form (e.g. phone, in-person, written) they want updates.
- Coordinate with support agencies as needed, actively link survivors with psychosocial, medical, and social support services, ensuring holistic care.
- **Privacy and safety:** Always check safe timing and mode of communication to avoid alerting perpetrators or endangering the survivor.
- Refer back to survivor communication standards outlined in Case Intake Step 6.

Handling Delayed Reporting and Historical SGBV Cases

SGBV cases may be reported months or even years after the alleged incident. Investigators must:

- Avoid prejudgment or dismissal based on delay, never dismiss or question credibility solely because of delay. Recognize that delayed disclosure is common due to fear, stigma, trauma, or lack of safe reporting options.
- Focus on corroborative elements: witness accounts, patterns of abuse, behavioral indicators and circumstantial or digital evidence.;
- Consider historical trauma disclosures (e.g., diaries, old messages, therapy notes, or disclosures to trusted persons.);

- Review the law on limitation periods and the admissibility of delayed complaints under the Evidence Act.
- Trauma-sensitive interviewing: Acknowledge that memory may be fragmented or non-linear due to trauma. Survivors should not be pressured to recall events in chronological order.
- Barrier recognition: Note contextual barriers (e.g., child survivor status at the time, power imbalances, community pressure) in the case file to contextualize the delay.
- Support during disclosure: Offer psychosocial or legal support presence during statements to minimize re-traumatization.

Digital Evidence Preservation and Cyber Forensics

With the rise of online SGBV (e.g., sextortion, cyberstalking):

- Engage relevant forensics units in the Police or other agencies promptly;
- Document digital sources (platform, date, account, IP if available);
- Use screenshots, downloads, and metadata tools;
- Preserve online content using digital hash/encryption for chain of custody.
- Investigators must coordinate with international cybercrime networks (e.g., Interpol, ECOWAS regional cyber desks) in cross-border cases.

Emergency Protection Measures (Pre-Trial)

For high-risk cases:

- Request Interim Protection Orders through the nearest magistrate (if not already obtained);
- Liaise with Social Welfare to arrange emergency shelter within 24 hours;
- Consider police escort or surveillance if threats escalate;
- Document all steps using the Emergency Response Log.
- Protection orders and safety measures must be developed in consultation with the survivor, respecting their wishes and risk assessment.

Joint Police-Prosecutor Investigations

For complex cases, initiate joint case planning with the Prosecutor within 48 hours;

- Conduct file previews with CID Supervisor and Prosecutor;
- Identify additional evidence needed early;
- Encourage co-drafting of legal opinion in high-profile or child-related cases.

SGBV in Custody or Institutional Settings

Where SGBV is reported within shelters, prisons, schools, or hospitals:

- Investigate independently of the institution and its staff to prevent bias, conflict of interest, or cover-ups. Where possible, assign external oversight or specialized SGBV investigators.
- Preserve evidence promptly: Collect facility logs, duty rosters, and CCTV footage visitor registers, and communication records within 24 hours to avoid tampering. Secure electronic data with digital forensics protocols ble;
- Survivor safety and dignity: Ensure immediate safety measures, such as safe transfer to another facility, protective supervision, or access to a safe room. Survivors must never be left in the custody of alleged perpetrators.
- Confidentiality safeguards: Protect the survivor's identity from institutional staff not directly involved in protection or investigation. Use coded files where possible.
- Interview the survivor with a neutral observer present (e.g., lawyer, social worker, child protection officer if under 18). Ensure privacy and prohibit institutional staff from presence during interviews.
- Notify oversight bodies (e.g., Department of Social Welfare, National Human Rights Commission). Involve independent monitoring bodies for transparency.
- Medical and psychosocial support: Ensure immediate referral for confidential medical examination, treatment, and psychosocial support by independent providers outside the institution.
- Further measures: Any staff member accused must be suspended from survivor contact pending investigation. Institutional leadership must cooperate fully, and obstruction should be documented and reported.

Survivor Feedback at Case Closure

- A closure feedback meeting shall be offered to survivors (voluntary);
- Closure feedback must be offered in writing and orally, and survivors should be referred to long-term support services.
- Use a Survivor Feedback Form to assess satisfaction, treatment, and unmet needs;

- Feedback data should be anonymized, analyzed, and reported quarterly to improve institutional practices.

Investigating Gender-Based Harassment and Online Abuse

- Treat online threats and cyberbullying image-based abuse (e.g., “revenge porn”), sextortion, and stalking with the same urgency and gravity as physical SGBV, recognising their severe psychological and social impact.
- Work with platform safety teams to request content takedowns or account suspensions;
- Assess immediate risks, such as doxxing, threats of offline harm, or public shaming. Support survivors in strengthening digital safety (e.g., privacy settings, safe devices, emergency contacts). Provide clear guidance on how to reduce exposure without blaming the survivor.
- Use screenshots, links, and timestamps to preserve online evidence;
- Engage Interpol Cybercrime Desk for cross-border digital abuse.
- Proactively liaise with social media platforms, telecom operators, and internet service providers to request content takedowns, account suspensions, and IP address disclosure. Prioritise survivor-driven preferences (e.g., rapid takedown vs. preserving evidence for prosecution).
- For online abuse with international elements, promptly engage Interpol Cybercrime Desk and regional cybercrime units. Ensure survivors are informed of timelines and jurisdictional limits.
- ☐ Refer survivors for counselling and psychosocial care to address trauma, anxiety, or reputational harm linked to online abuse.
- ☐ Inform survivors about available legal protections, such as protection orders covering digital harassment, defamation, or cyberstalking offences under national law. Support them in accessing legal aid.
- ☐ Take measures to prevent retaliation or further harassment, including requests to platforms for emergency locks or heightened monitoring.

SGBV Investigations in Rural or Informal Settlements

In areas lacking formal infrastructure:

- Work with trusted community actors (e.g., health volunteers, women leaders youth representatives, traditional leaders where appropriate) but ensure survivor choice in who is involved, to avoid breaches of confidentiality or stigma.
- Conduct interviews in neutral, survivor-chosen safe spaces (e.g., health posts, women's centres, mobile safe spaces) rather than homes where perpetrators or community pressure may exist. Guarantee privacy and safety before, during, and after interviews.
- Where infrastructure is lacking, use mobile units, community safe spaces, or itinerant outreach methods, ensuring accessibility for women, children, persons with disabilities, and marginalised groups.
- Use interpreters or paralegals with training in confidentiality;
- Allow survivors extra time for disclosure, recognising fear of gossip, retaliation, or social exclusion in tightly knit communities. Avoid repeated questioning that may retraumatise.
- Document unique contextual challenges e.g., distance to services, absence of police posts, cultural practices) and proposed solutions to strengthen systemic responses. Protect survivor identity in written records by using case codes.
- Anticipate risks such as ostracism, retaliation, or forced reconciliation by perpetrators' families. Develop a localised risk management plan, in coordination with Social Welfare and protection services.
- Facilitate discreet referrals to health, psychosocial, shelter, and legal services—leveraging community-based organisations but without exposing the survivor to unnecessary attention.

Accountability for Investigation Failures

Failure to act professionally or ethically will result in:

- Survivor-Centred Complaint Mechanism: Survivors must be provided safe, confidential, and accessible channels to lodge complaints against investigators (e.g., hotline, anonymous forms, liaison with support organisations). Complaints shall be acknowledged in writing and tracked until resolution.
- Immediate Internal investigation by Professional Standards Unit shall initiate prompt inquiries into alleged failures or misconduct, with specific attention to breaches of survivor rights, confidentiality, or safety. Disciplinary referral to the Disciplinary where warranted;
- All survivor complaints must be reviewed at a supervisory level, ensuring impartial follow-up and survivor feedback on the outcome.

- Any proven misconduct logged in officer service records, with periodic anonymised reporting to oversight bodies and civil society partners to build public trust.
- Officers found responsible for failures will undergo compulsory retraining on SGBV, survivor-centred investigation, and trauma-informed practice before resuming duties.
- Disciplinary Action: Cases substantiated through review shall be referred to the Disciplinary Committee or equivalent authority for proportionate sanctions, ranging from reprimand to suspension or dismissal, depending on gravity.
- Zero Tolerance for Retaliation: Survivors or witnesses who file complaints shall be protected from retaliation, intimidation, or neglect of their cases. Any retaliation will constitute a separate offence subject to disciplinary and legal consequences.

CHAPTER 6: MEDICAL AND PSYCHOSOCIAL CARE

A multi-faceted approach encompassing immediate medical attention and long-term psychological support is essential for the recovery of individuals who have experienced Sexual and Gender-Based Violence (SGBV). This specialized care aims to address the profound physical and emotional trauma inflicted upon survivors, ensuring their safety, health, and well-being.

Post-Exposure Prophylaxis (PEP)

PEP is a course of antiretroviral medications to prevent HIV infection after a potential exposure.

When to Use:

- Within **72 hours** of potential HIV exposure (the sooner, the better).
- Indications include:
 - ◆ Unprotected sex with an HIV-positive or high-risk partner
 - ◆ Sexual assault
 - ◆ Needle-stick injuries

Medical Care Includes:

- **Assessment of HIV risk/exposure**
- **Baseline HIV testing**
- Starting a **28-day course of antiretroviral therapy (ART)**, commonly:
 - ◆ Tenofovir + Emtricitabine + Raltegravir or Dolutegravir
- Monitoring for **side effects and adherence**
- **Follow-up HIV testing** at 4-6 weeks, 3 months, and 6 months

Emergency Contraception (EC)

Used to prevent pregnancy after unprotected sex.

Options:

- **Levonorgestrel (Plan B)**: Best within 72 hours (some efficacy up to 5 days)
- **Ulipristal Acetate (Ella)**: Effective up to 5 days; more effective than levonorgestrel
- **Copper IUD**: Most effective; can be placed within 5 days of unprotected sex

Medical Care Includes:

- Pregnancy risk assessment (menstrual history, timing of exposure)
- Counseling on EC options
- Prescription or administration of EC
- Follow-up pregnancy test if period is delayed by more than 1 week

STI Screening

Recommended for anyone with potential exposure to STIs, especially after unprotected sex or sexual assault.

Tests May Include:

- **Chlamydia & Gonorrhea:** NAAT testing (urine or swab)
- **Syphilis:** Blood test (RPR or VDRL)
- **HIV:** Rapid or 4th-generation blood test
- **Hepatitis B & C:** Blood test
- **Trichomoniasis:** Swab or urine (especially for women)
- **Herpes (HSV):** Only if symptoms are present

Medical Care Includes:

- Screening and prompt **treatment** if any infections are detected
- **Empiric treatment** in cases of sexual assault (CDC recommends treating for gonorrhea, chlamydia, and trichomonas)
- **Hepatitis B vaccination** if non-immune
- **HPV vaccination** if indicated

Integrated Approach in Emergency Situations (e.g. Sexual Assault):

- **Forensic examination** (if appropriate and within time limits)
- **PEP initiation**
- **Emergency contraception**
- **STI prophylaxis**
- **Counseling and support services**

Key Principles of Forensic Medical Care

- **Informed consent** must be obtained for **each** part of the examination and evidence collection.
- The patient's **privacy, dignity, and autonomy** are paramount.
- Use a **trauma-informed** and **non-judgmental** approach.
- **Timeliness** is critical – evidence deteriorates rapidly.

Forensic Examination: Components

Medical History

- Date, time, and location of incident.
- Description of events (using patient's own words, not interpretation).
- Details on physical trauma, sexual contact, use of condoms, ejaculation, douching, bathing, or urination post-assault.
- Menstrual and contraceptive history (for women).
- Past medical and psychiatric history.

Physical Examination

- Head-to-toe assessment for **bruises, abrasions, lacerations**, or other injuries.
- **Genital and anal examination** (if indicated) with a colposcope (if available).
- Use of **toluidine blue dye** or **Wood's lamp** to highlight injuries (optional).

Evidence Collection (Follow Local Protocols)

- Use a **sexual assault evidence kit (SAEK)**.
- Collect samples from:
 - ◆ Clothing (including undergarments)
 - ◆ Oral cavity (if oral assault occurred)
 - ◆ Fingernails
 - ◆ External genitalia, vagina, anus (as appropriate)
 - ◆ Pubic hair combing
 - ◆ Blood and urine (for toxicology or substance-facilitated assault)

Photographic Documentation

- Take photos of injuries **with consent**.
- Include identifying markers (e.g., a ruler, patient ID).
- Photos must be clear, labeled, and stored securely.

Documentation Guidelines

- Use **objective, precise, and detailed language**.
- Record **verbatim statements** where possible (e.g., “Patient states: ‘He hit me on the head’”).
- Include:
 - ◆ Time and date of examination
 - ◆ Observations (injuries, demeanor)
 - ◆ Procedures performed and evidence collected
 - ◆ Chain of custody documentation for all forensic samples

Patient Support and Follow-Up

- **Provide medical treatment:** STI prophylaxis, PEP, emergency contraception, wound care.
- **Psychological first aid** and mental health referral
- **Safety assessment** and connection to social services
- Legal reporting only if **mandated by law** or **consented to by the patient**

Chain of Custody

- Label and seal all specimens immediately.
- Document:
 - ◆ Who collected it
 - ◆ When and where it was collected
 - ◆ When and to whom it was transferred
- Maintain **secure storage** until handed over to authorities.

Sample Template Sections for Documentation

- **Patient demographics**
- **Date and time of exam**

- Consent forms
- History of incident
- General and genital physical exam findings
- Evidence collected
- Photographs taken
- Referrals made and medications given

Psychosocial Support

Key Principles of Immediate Psychosocial Support

- **Safety** - Ensure the person is in a physically and emotionally safe environment.
- **Calm** - Help reduce intense emotions and anxiety through grounding techniques and calm presence.
- **Connection** - Provide emotional presence, active listening, and human connection.
- **Self- and Community-Efficacy** - Empower individuals to regain a sense of control and involve them in decisions.
- **Hope** - Encourage optimism and highlight strengths and coping abilities.

Practical Steps for Immediate Emotional First Aid

- Approach Gently and Respectfully
 - Introduce yourself.
 - Ask if it's okay to talk.
 - Respect personal space and cultural norms.
- Listen Without Pressure
 - Use active listening: eye contact, nodding, minimal encouragement.
 - Let them share what they feel comfortable with.
 - Avoid pushing for details or retelling traumatic events.
- Offer Practical Help
 - Help with immediate needs (shelter, water, contact family).
 - Provide information clearly and calmly.

- If possible, guide them to support services.

→ Calming Techniques

- Grounding exercises (e.g., 5-4-3-2-1 technique).
- Breathing exercises (slow deep breaths together).
- Encourage rest and hydration.

→ Connect to Support

- Refer to mental health professionals if needed.
- Encourage staying connected with family/friends.
- Help them understand normal stress reactions vs. signs they might need more help.

Who Can Provide Emotional First Aid?

- Trained volunteers
- Teachers, community leaders, first responders
- Anyone trained in **Psychological First Aid (PFA)**
- **Social worker**
- **Nurse**
- **Mental Health specialist**

When Is It Needed?

- Natural disasters
- Accidents or medical emergencies
- Violent incidents or conflict
- Personal losses (e.g., death, displacement)

Trauma Counselors

Trauma counselors are mental health professionals trained in:

- **Psychological First Aid (PFA)**
- **Trauma-Informed Care**
- **Cognitive Behavioral Therapy (CBT) for trauma**

- EMDR (Eye Movement Desensitization and Reprocessing)
- Grief and loss counseling
- PTSD treatment

They may include:

- Clinical psychologists
- Licensed counselors or therapists
- Psychiatric social workers
- Mental health nurses

How to Access Trained Trauma Counselors

- One Stop Centers and Government Clinics
 - Many **One stop centers** and **public health facilities** offer free or low-cost trauma counseling, often integrated with SGBV case management.
 - Services are often integrated with GBV support and case management.
 - Ask directly for the **mental health or psychosocial support (MHPSS)** team.
 - *Ask your local Ministry of Health or Gender Office for a referral list.*
 - Survivors have the right to request a **female or child-sensitive counselor** where available.

→ NGO and Community-Based Services

Organizations like:

- **Ministry of gender children and social welfare (MGCS)**
- **Network against gender-based violence (NGBV)**
- **Child protection alliance (CPA)**
- **Department of social welfare (DSW)**
- **Peace of mind (POM)**
- **Other survivor support groups** (survivor-led groups, women's collectives, or youth safe spaces can offer peer counseling, solidarity, and empowerment.)

Often offer trauma counseling, especially in:

- Conflict/displacement settings

- Post-disaster zones
- Communities with high SGBV risk

→ Private Trauma Therapists

- Search local directories or platforms (e.g., **Peace of Mind, Fantanka**).
- Ask for specialists in:
 - **PTSD**
 - **Grief counseling**
 - **Child/adolescent trauma**
- Many offer **online or tele-counseling** for accessibility.

→ Tele-Mental Health Platforms

If in-person support isn't accessible:

- Use platforms that offer confidential, **trauma-informed therapy** offering **phone or video** sessions
- Some NGOs and health ministries have toll-free hotlines linking callers to trained trauma counselors.
- Survivors should be informed about **digital safety** (e.g., clearing call logs if they are at risk).

Always ensure platforms are confidential and trauma-informed.

→ Faith-Based or Traditional Healers

In some communities, trained trauma-informed pastoral counselors, imams or traditional healers are available. Ensure they are **non-judgmental, confidential**, and willing to collaborate with formal systems when needed.

These providers should:

- Respect survivor dignity and confidentiality,
- Avoid harmful practices or judgment,
- Be willing to collaborate with formal health and protection systems if needed.

When to Refer Immediately

Refer a survivor without delay to a trained trauma counselor psychologist, or emergency mental health service if they show any of the following:

- Persistent flashbacks, nightmares, or panic attacks that interfere with daily functioning.
- Suicidal thoughts, attempts or signs of self-harm
- Withdrawal or isolation - refusing to eat, speak, attend school/work, or interact with others.
- Severe anxiety uncontrollable fear, or frequent anger outbursts that place them or others at risk.
- Psychotic symptoms (e.g., hearing voices seeing things others don't, or extreme confusion/disorientation.)
- Child or adolescent survivors showing sudden regression (bedwetting, mutism, violent play), which may indicate acute trauma.
- Survivors expressing hopelessness (“there is no point in living”) or showing complete loss of motivation.
- Inability to care for self or dependents, especially if they are primary caregivers.

Guidance for first responders:

- Stay calm, listen without judgment, and do not leave the person alone if there is risk of self-harm.
- Provide immediate safety and comfort (quiet space, trusted support person if survivor agrees).
- Make a direct referral or accompaniment to the nearest trauma counselor, clinic, or emergency service.

What Does Mental Health Support and ongoing therapy Include?

- Individual Therapy
 - **Talk therapy** with a psychologist, counselor, or clinical social worker.
 - Common approaches:
 - **Cognitive Behavioral Therapy (CBT)**
 - **Trauma-Focused CBT**
 - **Narrative Therapy**

- **Eye Movement Desensitization and Reprocessing (EMDR)**
 - **Mindfulness-Based Therapy**
 - Frequency: Weekly or biweekly sessions, depending on need.
- Group Therapy
- Led by a trained mental health professional.
 - Focuses on shared experiences (e.g., survivors of violence, grief, anxiety).
 - Benefits: Peer support, reduced isolation, collective healing.
- Community-Based Mental Health Support
- **Peer support groups, community health workers, or trained lay counselors.**
 - Often more accessible in low-resource settings.
 - Focus on psychoeducation, basic coping skills, and referrals.
- Medication Support (If Needed)
- For moderate to severe mental health conditions like **depression, anxiety, or PTSD.**
 - Requires a **psychiatrist** or qualified **medical provider.**
 - Medication is usually combined with psychotherapy for best results.

How to Access Ongoing Therapy

- One Stop Centers & Public Health Clinics
- Offer free or low-cost ongoing mental health care.
 - Mental Health and Psychosocial Support (MHPSS) units are often available.
 - Follow-up sessions are scheduled based on case assessments.
- Hospitals & Mental Health Facilities
- Most general hospitals now have outpatient mental health clinics.
 - May require a referral from a primary care provider.
- NGO & Non-Profit Services
- Look for organizations offering:
 - GBV recovery support

- Refugee and IDP mental health programs
- Youth and child-focused mental health care
- Online and Teletherapy Services
 - Ideal for remote areas or when confidentiality is a concern.
 - Many platforms offer **licensed counselors** and **multilingual options**.

When to Recommend Ongoing Therapy

Refer someone for therapy when they:

- Experience prolonged sadness, fear, anxiety, or anger
- Struggle to function at work/school/home
- Have trouble sleeping or eating
- Show signs of PTSD (flashbacks, hypervigilance)
- Express hopelessness, guilt, or suicidal thoughts

Key Principles to Follow

- Confidentiality: Respect privacy at all times.
- Informed Consent: Explain therapy purpose and obtain consent.
- Cultural Sensitivity: Match clients with providers who understand their cultural background.
- Follow-Up: Check in regularly to ensure services are being accessed and are effective.

CHAPTER 7: PROSECUTION AND LEGAL PROCEEDINGS

After the police have completed their investigation, the category of the offence determines who prosecutes the case. The category of the crime is determined by the punishment of the crime. Crimes classified as misdemeanors or below (e.g., emotional, economic, or certain physical violence) may be prosecuted directly by the police. Felonies (more serious offences such as rape, aggravated assault, trafficking) fall under the mandate of the Office of the Attorney General and the Director of Public Prosecutions (DPP), who reviews case files for sufficiency of evidence before initiating court proceedings. At all stages, survivors of SGBV must be treated with dignity and respect; Kept informed of case progress, charges, and possible outcomes; Protected from intimidation, retaliation, or public exposure; and Provided with legal aid and psychosocial support to ensure full participation without re-traumatization.

Steps in Prosecution and Legal Proceedings

Step 1: Drafting of Charges

Once the nature and type of offence is identified, the charge sheet or information is drafted. Charges must be drafted with precision and clarity.

- Form and Content of a Charge or Information - A charge or information is a formal document that specifies the offence(s) an accused person is being tried for. While the C does not explicitly define the term, Section 110 mandates that it must contain a clear statement of the specific offence and all particulars necessary to inform the accused of the nature of the charge.
- The standard form of a charge or information includes:
 - Heading: Indicates the court with jurisdiction.
 - Reference Number: A case number for administrative purposes.
 - Parties: In criminal proceedings, the State is the complainant (often represented by the Inspector General of Police, the NDEA, or the Attorney General) and the alleged offender is the accused.
 - Preamble: Used only in an information filed at the High Court, it states that the Attorney General is informing the court of the charges.
 - Count(s): Each charge, or "count," is divided into a "Statement of Offence" (legal definition) and "Particulars of Offence." (factual details)
 - Date and Signature: The document must be dated and signed by the prosecuting authority.

→ Governing Rules for Drafting Charges

The drafting of charges is governed by four main rules as stipulated in Sections 110-113 of the CPA:

- **The Rule Against Ambiguity:** A charge must be clear and unambiguous to ensure the accused understands the offence they are facing. It must specify the offence, the relevant law and section, the date and place of the alleged crime, the name of the accused, and the victim or property involved. Failure to cite the correct offence-creating section can render a charge defective. Clarity prevents unnecessary adjournments or dismissals that delay justice and retraumatize survivors.
- **The Rule Against Duplicity:** Each count in a charge sheet must allege only one offence. Charging an accused with two or more separate offences in a single count makes the charge "bad for duplicity." For example, demanding and receiving a bribe are two distinct offences and must be charged in separate counts. An exception exists for certain theft-related offences where a gross amount of money stolen over a period can be specified in one count.
- **The Rule Against Misjoinder of Offenders:** Generally, each accused person should be charged and tried separately. However, there are exceptions under Section 111 of the CPC, which allow for joint trials in specific circumstances:
 - Persons who commit the same offence in the same transaction.
 - A principal offender and those who aided, abetted, or attempted to commit the offence.
 - Persons who jointly commit several offences of the same kind within a twelve-month period.
 - Persons who commit different offences during the course of the same transaction, determined by proximity of time and place, continuity of action, or community of purpose.

Where survivors face multiple offenders, proper joinder avoids repeat testimony in multiple trials, reducing trauma.

Step 2: Pre-Trial Proceedings

Once charges are filed, the case moves to the court system. The matter may proceed before a magistrate in the Magistrate's Court if it is a misdemeanor or before a judge in the High Court if it is a felony. Several events occur before the actual trial begins:

- **First Court Appearance (Mention):** The accused is formally charged before a magistrate or judge. The charges are read, and the accused is asked to enter a plea (guilty or not guilty).
- **Bail Hearing:** The court will decide whether to grant the accused bail (temporary release from custody) pending the trial. Conditions may be attached to the bail to ensure the safety of the survivor. In SGBV cases, bail hearings must prioritize the safety, dignity, and psychological well-being of survivors above all else. Courts should conduct thorough risk assessments before granting bail, considering the potential for re-traumatization, witness intimidation, or repeat violence. Where bail is granted, it must be subject to

strict conditions such as no-contact orders, geographic restrictions, surrender of travel documents, regular reporting to police, and in high-risk cases, electronic or community monitoring. Any breach of these conditions should result in immediate revocation of bail, ensuring that survivor protection is placed above the convenience of the accused.

- Disclosure of Evidence: The prosecution is required to share the evidence they have gathered with the defense team in matters proceeded before the High Court.
- Preparation Support: Survivors should be provided with pre-court orientation (explaining court layout, roles of actors, expected questions) to reduce fear and confusion.
- Legal Aid Access: Ensure survivors are referred to legal aid *before* first appearance, so they are not caught unprepared.
- Survivor/Victims Protection: The court and prosecution should uphold survivor-centered, trauma-informed practices at all stages of proceedings to minimize harm and safeguard dignity. Key protections include:
 - ◆ Survivors must be promptly informed of available relief, protection orders, and their right to claim compensation and access to psychosocial or legal aid services.
 - ◆ The court can order mandatory rehabilitation or counseling or psychosocial support for survivors, and where appropriate, rehabilitation programs for defendants to reduce reoffending.
 - ◆ Identity Protection: The identity of the complainant and details of the case are generally protected and must remain confidential unless disclosure is expressly ordered by the court. Pseudonyms, closed records, and witness protection measures should be used where safety is at risk, including shielding survivors' identities from the accused where legally permitted.
 - ◆ Anonymity: Allows a witness's true identity to be withheld from the public and sometimes even the Defence, using pseudonyms or other means to prevent identification. This is typically granted when there's a serious risk to the witness's life or safety.
 - ◆ In-Camera Proceedings: Courts may allow in-camera proceedings (private hearings) to ensure the survivor's safety and comfort, and to exclude persons from attending the trial. Service providers should advocate for this.
 - ◆ Child-Friendly Measures: For child survivors or witnesses, courts must apply child-friendly standards including:
 - the court must provide a conducive environment, including separate rooms for the child and accused, careful and sensitive treatment, and ensuring the child is accompanied by a Protection Officer or parent/guardian.
 - Testimony through intermediaries or video link where possible.
 - No reenactment or physical demonstration of acts.

- Mandatory accompaniment by a guardian, social worker, or Protection Officer.
- ◆ Enforcement: Protection orders must be strictly enforced, including directions to police to enforce them, including through arrest if violations occur.
- ◆ Customary and Hybrid Justice Systems (Mediation)
 - General Stance: Mediation is generally not recommended as a response to SGBV due to inherent of coercion, and unequal power-dynamics.
 - **Exception:** Only if a survivor explicitly requests mediation, their informed consent must be obtained in writing. Survivors must first receive legal and psychosocial counseling to fully understand risks and alternatives.
 - An independent officer (e.g., judicial officer, victim advocate, or social worker not connected to the mediator) must verify that the survivor's choice is
 - A case worker should *never* mediate a case themselves, as their role is to support and advocate for the survivor. If mediation is chosen, the case manager can support the survivor by connecting them with a third-party mediator.
 - Mediator's Responsibilities: Mediators should be knowledgeable about the complexities of SGBV, the power imbalance between abuser and survivor, and associated risks. They should meet with the survivor alone first, provide full and accurate information, and work to ensure the survivor's needs and wishes are taken into account. Mediators must prioritize safety over reconciliation or settlement.
 - Post-Mediation Support: Case managers should continue to work with survivors after mediation to assess safety and well-being and to monitor for further violence. If the mediated settlement is violated, case managers should reassess needs and revise the action plan, which may include formal reporting to the police and referral to formal justice system.

Step 2: The Trial

This is the core of the legal proceedings where both the prosecution and the defense present their cases before a judge or magistrate. The trial is the stage where evidence is tested before the court. To ensure survivors of SGBV are protected, their dignity preserved, and their voices safely heard, the following trauma-informed procedures must be followed:

→ Opening Statements:

- ◆ Both sides present a roadmap of their case.

- ◆ Survivors should not be named or directly identified during openings. Instead, the court should use pseudonyms or initials, consistent with identity protection orders.
 - ◆ Counsel must use neutral, respectful language when referring to the survivor. No stigmatizing or demeaning terms may be used.
 - ◆ Prosecutors should frame the survivor as a rights-holder and participant in justice, not merely an evidentiary object, signaling early that the trial respects their dignity. The prosecution may note, where legally permissible, that trauma can affect memory recall and disclosure timing, so the court interprets testimony with a trauma-informed lens.
- Examination of Witnesses: The prosecution calls its witnesses, including the survivor, police officers, and medical experts, to testify. The defense has the right to cross-examine these witnesses.
- ◆ Survivor Testimony:
 - Survivors must be given the choice to testify via video link, behind screens, or in-camera to minimize retraumatization. Courts must allow the presence of a trained support person, victim advocate, or trauma counselor during testimony. Survivors must be offered frequent breaks during testimony to regulate trauma triggers.
 - Judges should intervene proactively to stop inappropriate, aggressive, or irrelevant cross-examination questions (e.g., about sexual history, clothing, or reputation).
 - Judges are mandated to screen questions in advance when possible, excluding irrelevant or retraumatizing ones as being within their overall duty over the conduct of proceedings.
- Other Witnesses:** Police officers, medical experts, and community witnesses testify as required, with corroborative evidence prioritized to reduce reliance on survivor re-telling.
- Presentation of Evidence: All collected evidence, such as medical reports, photographs, and physical objects, is formally presented to the court.
- ◆ Sensitive exhibits (e.g., photographs of injuries, clothing) must be handled discreetly, with limited public display, and survivors consulted beforehand where possible.
 - ◆ Where possible, the prosecution should present corroborative scientific and circumstantial evidence to avoid overburdening survivors' testimony.

- ◆ Digital/online abuse evidence should be protected from unnecessary circulation to prevent reputation damage, secondary victimization.
- Defense's Case: The defense then presents its case, which may include calling its own witnesses. The accused has the right to testify but cannot be forced to do so. The defense must adhere to trauma-informed trial guidelines that prohibit intimidation, character assassination, or introducing irrelevant material designed to humiliate survivors. Prosecutors must raise objection in a timely manner to such conduct
- Prosecution should object to any attempt to misuse cultural or gender stereotypes and request the court that it should be ruled inadmissible.
- Secondary Victimization Monitoring: Court/prosecution staff to log any breaches of survivor-protection rules; repeated violations by defense counsel should trigger disciplinary review.
- Closing Arguments: Both the prosecution and the defense summarize their arguments and try to persuade the court of their position. Survivor dignity must be respected in language used; degrading or stigmatizing language must be prohibited. Prosecutors should emphasize survivor rights and the seriousness of SGBV as an offense against both the survivor, communities and public.

Step 3: Judgment and Verdict

After hearing all the evidence and arguments, the judge or magistrate will deliver a judgment. This includes a verdict of either guilty or not guilty. The prosecution must have proven the case "beyond a reasonable doubt" for a guilty verdict to be reached.

Step 4: Sentencing

- If the accused is found guilty, the court will invite the convict or his/her counsel for a plea mitigation, at this stage, the defense or convict can make submissions on what they believe is an appropriate punishment.
- Ensure that during sentencing arguments, language remains non-stigmatizing and survivor-respectful. Prosecutors actively challenge defense arguments that rely on victim-blaming (e.g., dress, behaviour, delay in reporting).
- Request in-camera or closed sentencing arguments where survivors' safety or identity could be compromised.
- Prosecutors should highlight factors that justify stronger sentences, including:
 - ◆ The vulnerability of the survivor (child, person with disability, person in custody).
 - ◆ Repeat offending or breach of trust (e.g., parent, teacher, guardian, religious leader).

- ◆ Severity of harm - physical, psychological, economic, or social stigma.
 - ◆ Use of violence, coercion, or threats.
 - ◆ Emphasize that leniency risks impunity, particularly in SGBV and harmful traditional practices (e.g., FGM). Argue that sentences must deter future offences and signal that the State prioritizes survivor safety and dignity.
- Survivors may submit a confidential victim-impact statement (separate from testimony) written or delivered via advocate) that conveys how the crime affected them physically, psychologically, socially, and economically. Where survivors cannot appear, prosecutors should respectfully summarize the statement, making sure the survivor's voice is central.
- The court will then impose a sentence, which can range from fines and community service to imprisonment, depending on the severity of the crime and the sentencing guidelines in place.
- Request that sentencing orders include:
- ◆ restraining/protection orders to prevent contact or retaliation.
 - ◆ Argue for compensation or restitution, citing the CPA and Sexual Offences Act provisions, to address medical bills, counseling, relocation, or loss of livelihood.
 - ◆ Encourage sentencing conditions that link offenders to mandatory counseling, rehabilitation, or behaviour-change programs.
- If incarceration is imposed, recommend conditions to prevent intimidation of survivors or witnesses during imprisonment and post-release.
- Use available **sentencing guidelines** (e.g., for FGM, child sexual abuse, trafficking) to ensure fairness and consistency. Cite international and regional human rights standards (CEDAW, Maputo Protocol, CRC) to reinforce the obligation to impose survivor-centred, proportionate, and deterrent sentences.
- Keeping Survivors Informed of Judgement and Sentence: Survivors must be informed of the court's judgment and sentence immediately after delivery, in language that is simple, respectful, and accessible (including translation or child-friendly formats where necessary) and a clear explanation of the verdict and sentence, including what it means in practice. Survivors must be offered a written summary of the judgment and sentence, ensuring they have an accurate, accessible record without needing to rely solely on memory of court proceedings.

Step 9: Appeals

If either the prosecution or the defense is not satisfied with the verdict or the sentence, they may have the right to appeal the decision to a higher court. The appellate court will review the

trial proceedings for any legal procedural, or constitutional errors that affected the fairness of the trial or sentencing.

- Survivors must be informed promptly, in plain language, about the filing of an appeal, expected timelines, and possible outcomes.
- Prosecutors must ensure protective measures (such as restraining orders or bail conditions) remain in force pending appeal, to safeguard survivors from retaliation or intimidation.
- Survivors should not be compelled to re-testify except where strictly necessary, and courts should use existing records or anonymised testimony where possible to avoid retraumatization.
- Argue against unnecessary delays that prolong survivor stress and uncertainty.
- When challenging an acquittal or lenient sentence, prosecutors should highlight survivor impact statements, aggravating factors, and risks of impunity to ensure survivor voices shape appellate reasoning.
- Throughout this process, it is essential for survivors of SGBV to have access to legal representation, counseling, and other support services to navigate the complexities of the justice system and to begin the healing process.

Survivor/ Victim Participation and Regular Updates

Meaningful Participation

Survivor participation serves several important purposes. It empowers survivors to express their views on issues that affect them, ensuring their experiences are considered and preventing harmful gender stereotypes from shaping judicial outcomes. Involving survivors in justice processes ensures that their experiences are considered, allowing decision-makers to understand the impact of certain actions on them. Additionally, participation can lead to acknowledgement of harm and access to compensation or other forms of reparation. Overall, these elements highlight the significance of victim participation.

For victim participation to be meaningful, it should be able to achieve various goals while also respecting the interests of other parties involved in the proceedings. Participation must begin at the earliest stages of the process and continue through pre-trial, trial, sentencing, and reparations, and appeals. This approach safeguards against marginalisation and helps transform justice processes into survivor-centred systems. Meaningful participation allows survivors to express their views and concerns regarding any decisions made by investigators or prosecutors, such as whether to close a particular investigation, pursue a specific line of inquiry, or drop charges.

It's crucial to involve survivors in cases of sexual and gender-based violence to prevent gender myths from influencing the trial. Their participation is important during the confirmation of charges, trial proceedings, sentencing, and reparations.

Survivors must be informed promptly about developments in proceedings to exercise their rights effectively. While their participation should not compromise the defense's right to a fair and speedy trial, the assumption that it will is not supported by past experiences.

Survivors' participation is essential in truth commissions and reparation processes, especially during the mandate definition stage. Involving feminist organisations and women survivors helps create an inclusive framework and ensures appropriate criteria from the start. Victimizations suffered by women". Positive experiences in this respect have been noted in Timor-Leste and Ghana. Second, just as for court proceedings, truth commissions need to ensure gender-sensitive, trauma-informed and comprehensive outreach, logistical considerations, sensitive procedures and protection measures to ensure that survivors can participate in the processes of the truth commission itself.

As the truth commission developed its proposal, survivors participated in a consultative workshop, which led to the addition of a program aligned with their priorities and raised awareness of the commission's challenges. Survivor involvement is essential in implementing reparation measures, including designing collective reparations and identifying survivors for delivery. Both implementing bodies and survivors play a vital role.

Right to Updated Information

Survivors have the right to be informed about ongoing investigations and developments in their cases, as outlined in the Nairobi Declaration. To ensure women and girls can access justice, information outreach must specifically target them, considering their challenges in the public sphere. Additionally, care must be taken in communication to avoid stigmatization and secondary victimization, which requires thoughtful planning with local groups that support survivors.

The right to information requires a common conceptual framework for survivors and governments to understand justice and quasi-judicial processes. In Peru, preliminary research aided "knowledgeable participation" and established common ground for reparations discussions, clarifying expectations and challenges. In contrast, in South Africa and Nepal, insufficient consultation and differing visions led to adversarial positions between the government and civil society. Communication strategies must be designed in partnership with local survivor-support organisations to avoid stigmatization or retraumatisation. International experiences show that meaningful consultation helps build common understanding, whereas lack of consultation can create mistrust and adversarial positions between survivors and institutions.

Watching brief representation by FLAG or legal aid services

Independent oversight and survivor advocacy are strengthened through "watching brief" representation, provided by organisations such as FLAG, the Gambia Bar Association, or other accredited legal aid services. These organisations bring specialised expertise in SGBV law, monitor proceedings for fairness, and ensure survivors' rights are respected. They not only identify procedural irregularities but also support survivors emotionally, prepare them for court, and advocate for victim-friendly measures. Their presence increases accountability of prosecutors, law enforcement, and the judiciary, while also pushing for deterrent and proportionate sentencing.

The role of FLAG and Legal Aid Services:

- Expertise in SGBV Law: Organizations like FLAG possess specialized knowledge in SGBV legislation, survivor-centered approaches, and the complexities of prosecuting such sensitive cases. This expertise allows them to identify procedural irregularities, advocate for appropriate sentencing, and ensure that the victim's trauma is not exacerbated by the legal process.
- Victim Support and Advocacy: Beyond legal observation, these services often provide crucial emotional and psychological support to survivors navigating the daunting legal system. They can explain legal jargon, prepare survivors for court appearances, and act as a liaison between the survivor and various stakeholders, including the police, prosecutors, and judiciary.
- Ensuring Accountability: By maintaining a "watching brief," these organizations act as independent monitors, holding law enforcement agencies, prosecutors, and the judiciary accountable for their actions and decisions in SGBV cases. This oversight helps to prevent case dismissals based on technicalities, ensure thorough investigations, and push for timely judicial processes.
- Training and Capacity Building: Often, these organizations also engage in capacity building for law enforcement and judicial officers, sharing best practices and advocating for improved responses to SGBV. Their presence in court serves as a constant reminder of the need for sensitivity and adherence to SGBV protocols.
- Filling Gaps in the Justice System: In contexts where state-provided legal aid for SGBV survivors might be limited, independent legal aid services and organizations like FLAG play an indispensable role in ensuring access to justice for vulnerable individuals who might otherwise be unable to afford legal representation.

The involvement of FLAG or legal aid services through watching briefs significantly enhances the chances of successful prosecution of SGBV cases. Their presence helps to:

- Improve the quality of investigations and evidence collection.
- Ensure that survivors' testimonies are handled with sensitivity and respect.
- Advocate for victim-friendly court procedures.
- Push for appropriate and deterrent sentences for perpetrators.
- Contribute to a more just and equitable legal system for SGBV survivors.

In essence, "watching brief representation" by organizations like FLAG or legal aid services is a cornerstone of a survivor-centered justice system for SGBV cases, providing critical oversight, advocacy, and support that extends beyond mere legal observation.

Referral to reparative justice (for TRRC-era cases)

In cases stemming from the TRRC era, a critical pathway for victims is their referral to mechanisms of reparative justice. This process is designed to address the profound harms suffered during the period investigated by the TRRC, offering avenues for healing, recognition, and material or symbolic redress.

Scope of Cases: These cases typically involve serious human rights violations and abuses that occurred within the mandate period of the TRRC. They encompass a wide range of infractions, including but not limited to extrajudicial killings, enforced disappearances, torture, SGBV, arbitrary detention, and other gross violations of human rights perpetrated by state and non-state actors. The TRRC's findings and recommendations form the basis for identifying individuals and communities eligible for reparative measures.

Objectives of Reparative justice: Reparative justice aims to repair, to the greatest extent possible, the damage caused by human rights violations. It goes beyond financial compensation, to encompass measures that:

- **Acknowledge and Recognise:** Officially validating the suffering of victims and acknowledging the wrongs committed.
- **Restore Dignity:** Helping victims regain their self-worth and agency.
- **Prevention of Recurrence:** Contributing to systemic changes that prevent similar abuses from happening again.
- **Reconciliation:** Fostering trust, social cohesion and national healing by addressing past injustices.

The referral process typically involves several stages:

The referral process should be transparent, survivor-centred, and trauma-informed, and typically involves:

- **Identification of Victims:** Using the TRRC's investigations, testimonies, and subsequent verification processes, individuals recognized as victims of TRRC-era abuses are identified. Community-based mapping ensures inclusion of vulnerable groups who may not have testified.
- **Assessment of Needs:** A comprehensive assessment of the victim's needs is conducted. This can include physical and psychological harm, economic loss, loss of livelihood, educational disruption, stigma, and intergenerational effects. and other forms of damage. Survivors must be actively consulted, with independent psychosocial support to avoid retraumatization.
- **Tailored Reparation Programs:** Based on the assessment, victims are referred to specific reparative programs. These programs can include:

- Monetary Compensation: Direct financial payments to acknowledge material losses and suffering.
-
- Rehabilitation Services: Provision of medical, psychological, and social support services to aid recovery.
- Restitution: Measures to restore victims to their original situation before the harm occurred, such as return of property or reinstatement of employment.
- Satisfaction: Symbolic measures such as public apologies, commemorations, memorialization, truth-telling initiatives, and judicial or administrative sanctions against perpetrators.
- Guarantees of Non-Recurrence: Institutional reforms, legal changes, and educational initiatives to prevent future abuses.

The implementation of reparative justice for TRRC-era cases often relies on specific legal frameworks and the establishment of dedicated institutions. These frameworks ensure that the referral process is transparent, victim-centered, and compliant with international human rights standards. Collaborations between government bodies, civil society organizations, and international partners are often crucial for the effective delivery of reparative programs.

CHAPTER 8: HANDLING CASES INVOLVING VULNERABLE GROUPS

Children

Handling SGBV cases involving children requires a tailored, sensitive, and survivor-centered approach, prioritizing the child's best interests and safety. All actors involved, whether specialized or not, must adhere to specific principles and procedures to minimize further harm and support the child's healing and recovery.

1. Guiding Principles for Working with Child Survivors

In addition to the general guiding principles for all GBV survivors (safety, confidentiality, dignity, and non-discrimination), specific principles apply when working with children. These include:

- a. **Do No Harm:** Always consider whether any intervention might place the child at additional risk (e.g., retaliation, stigma, family rejection). Minimise the number of professionals the child interacts with, to reduce repeated retelling of traumatic experiences.
- b. **Promote the child's best interest:** This is central to good care, ensuring the child's physical and emotional safety and well-being throughout their care and treatment. All actions should ensure children's rights to safety and ongoing development are never compromised.
- c. **Comfort the child and adolescent:** Children and adolescents who disclose abuse need comfort, encouragement, and support from service providers, who should believe them and never blame them.
- d. **Ensure appropriate confidentiality:** Information about a child's abuse should be collected, used, shared, and stored confidentially. Sharing information should be on a need-to-know basis and, where possible, with permission from the child or caregiver. Limits to confidentiality exist to protect the child's health or safety.
- e. **Involve the child in decision-making:** Children have the right to participate in decisions affecting them, appropriate to their age and maturity. Service providers should involve children and adolescents in decisions commensurate with their capacity, which may include informed consent for older adolescents.

- f. Support empowerment and resilience: Care should affirm a girl's strengths and agency, supporting her to feel power and control over her life, which is critical for her long-term recovery.

2. Disclosure and Identification

The process of disclosure differs for children compared to adults due to their age and capacity.

- a. Direct vs. Indirect Disclosure: Direct disclosure is when a child or their family/friends share information about abuse with a service provider. Indirect disclosure might occur when a witness shares information or when an event like an STI or pregnancy propels the abuse to be revealed.
- b. Voluntary vs. Involuntary Disclosure: Voluntary is when a child readily shares information; involuntary is when information is shared against the child's wishes or they are forced to disclose.
- c. Responding to Disclosure: All actors, including front-line responders, should know how to respond by providing Psychological First Aid (PFA), accurate information on services, and support to access them, always ensuring confidentiality. Service providers should not promote or practice identification of GBV survivors (where others inform a service provider without consent) and should actively discourage it among community members. However, for child survivors, identification may be practiced in line with mandatory reporting requirements.
- d. Safe Environment for Disclosure: Actively create spaces where children feel safe to disclose (schools, clinics, child-friendly corners in police stations).

3. Informed Consent and Assent and Confidentiality for Child Survivors

- Evolving Capacities: A child's ability to participate in decision-making is informed by their age, capacity, and maturity, recognizing the "evolving capacity of the child".
- Consent vs. Assent:

- Informed Consent (voluntary agreement by someone with legal capacity) is sought from caregivers for younger children.
 - Informed Assent (expressed willingness to participate) is sought from younger children (e.g., 6-11 years) even if they cannot provide full legal consent.
 - Older adolescents (e.g., 15-17 years) may have the capacity to provide informed consent directly, balancing their best interest with a survivor-centered and empowerment approach.
- **Practical Steps to Ensure Genuine Assent:**
 - Use age-appropriate language and visual aids to explain services and options.
 - Check for understanding by asking the child to repeat back in their own words what will happen.
 - Make clear that saying *no* is always allowed and will be respected.
 - Offer choices whenever possible (e.g., who is present, timing of meetings, female vs. male staff).
 - Monitor for signs of pressure or fear; if present, delay decision-making until the child feels safe.
 - **When Caregiver Consent is Not Required:** Service providers should not refuse care if an adolescent survivor does not want caregiver consent. Consent from a caregiver may not be required if: the caregiver is the perpetrator or complicit in the abuse, the child does not want parents to know, the child is unaccompanied or separated, or involving them poses safety risks to the child. In such cases, a case manager may provide informed consent on behalf of the survivor based on the best interest principle.
 - **Limits to Confidentiality:** Confidentiality must be maintained unless the child's health or safety is at risk, or mandatory reporting laws apply. These limits should be communicated to the child and caregivers at the beginning of service delivery.

4. Case Management for Child and Adolescent Survivors

Case management for children and adolescents must be tailored to their specific needs, vulnerabilities, and capacities. Child and adolescent survivors are considered "Children in Difficult Circumstances (CIDC)".

- **Communication:** Use simple, clear language, avoiding professional jargon.

- **Decision-Making Involvement:** Involve the child in decision-making in line with their evolving capacities.
- **Safety Assessment:** Continuously assess safety risks, especially concerning caregiver involvement if a family member is the perpetrator.
- **Case Plan Development:** Develop the case plan promptly (e.g., within 24 hours).
- **Referrals:** Provide age-appropriate referrals and ensure service providers can deliver age-appropriate care. Accompany the child to all examinations and interviews.
- **Regular Updates:** Update the case plan after every monthly visit, reflecting changes and progress.
- **Addressing Child/Early Marriage:**
 - **Direct Intervention:** It is not the immediate role of a case manager to directly intervene to stop an early marriage due to potential harmful unintended consequences for the girl. The approach should focus on understanding the girl's situation and what she wants.
 - **Existing Marriages:** For girls already married, support them to assess their needs, provide information on health/psychosocial consequences, offer access to services (health, reproductive health, safety, protection, legal, psychosocial), carry out safety planning, and help identify supportive persons and coping strategies. Inform the girl and parents of mandatory reporting requirements before informing police.

5. Multi-Sectoral Support to Child Survivors

A holistic SGBV response for children involves coordinated multi-sectoral services. Schools should be integrated into case management plans to provide continuity of education and early warning for relapse of distress. Support reintegration of child survivors into safe community networks, reducing risks of stigma or isolation.

Health/Medical Care:

- Health care providers play a crucial role in immediate and lifesaving care.
 - Never examine a child against their will, unless in a life-threatening situation.
 - Take special care in determining who is present during interviews and examinations, as a family member might be the perpetrator. Always ask the child who they would like to present.
 - Assure the child they are not in trouble and never blame them.
 - Ensure age-appropriate medical care, equipment, and drug prescriptions.
 - Provide PFA and counseling.

- Medical certificates should be prepared by health care providers, and only the survivor has the right to decide whether and when to use this document.
- Legal/Justice:
 - Mandatory reporting of all forms of GBV against children is required
 - Specific procedures vary by type of violence and age (child/adolescent).
 - Priority is given to medical treatment before interviewing the survivor.
 - Complaints should be dealt with by a female officer with GBV expertise, handled with extreme confidentiality, and details shared with the case manager within 24 hours for child survivors.
 - In interviews, police should ensure the presence of a parent/guardian/caregiver (unless not in the child's best interest) or a social worker.
 - Interviews should be age-friendly and consider the child's maturity.
 - Legal assistance should be provided in child-friendly language, ensuring the child understands and can participate. Special measures should be taken by judiciary authorities for child survivors.
- Emergency Shelter Homes:
 - Temporary shelters are for emergency use; interim shelters are transitional.
 - Shelters should preferably be for GBV survivors and their accompanying children only.
 - Adherence to a survivor-centered approach and GBV guiding principles is required.
 - An all-female shelter staff is critical, and the presence of adult males at the shelter must be avoided to ensure safety and well-being of GBV survivors.
 - GBV case management should be provided on-site by trained staff.

6. Staff Competencies and Communication

- Qualities and Competencies: Case managers working with children need warmth, empathy, and competencies such as strong understanding of GBV, social norms, available services, survivor-centered approach, and active listening skills.
- Specialised Training: Require staff to receive training on child development, trauma-informed care, and child interviewing techniques.

- Communication Techniques:
 - Be nurturing, comforting, and supportive.
 - Reassure the child they are not at fault and are believed, using phrases like "I believe you" or "It's not your fault".
 - Do no harm: avoid anger, forcing answers, or making the child repeat their story multiple times.
 - Speak in a way children will understand, adapting language to their age and developmental stage.
 - Help the child feel safe by finding a private, quiet space and offering choice in who is present.
 - Explain the purpose of the meeting clearly and what will happen at every step.
 - Use appropriate interviewers: primarily female for girls, and offer choice for boys (female or male).
 - Pay attention to non-verbal communication.
 - Be honest if you don't know an answer.

- Self-Care for Staff: Case managers should also receive psychosocial support and supervision to manage vicarious trauma.

7. Mandatory Reporting for Children

- Required Reporting: Mandatory reporting of all forms of GBV against children is required. Explain to children in plain language what "mandatory reporting" means, so they don't feel betrayed if authorities are informed.
- Communication: Service providers must communicate mandatory reporting procedures to children and/or their caregivers at the beginning of service delivery.
- Prioritizing Child Safety: In situations where a child's health or safety is at risk, limits to confidentiality exist to protect the child.
- No Service Withholding: Services should not be withheld from a child or adolescent survivor if they refuse parental involvement or if parental consent is absent.
- Every mandatory report should be immediately accompanied by a safety plan to address risks of retaliation or further harm.

In summary, responding to SGBV cases involving children requires specialized training, adherence to child-specific guiding principles, careful management of disclosure and consent, tailored case management, and coordination across multiple sectors, always prioritizing the child's safety and best interests.

8. Long-Term Recovery and Reintegration

- Regular follow-up sessions beyond the immediate crisis period to monitor the child's emotional and social recovery.
- provide support and counseling to non-offending caregivers to help them support the child.
- Facilitate safe peer networks or support groups for adolescent survivors to reduce isolation.

Pregnant survivors

For pregnant survivors of sexual and gender-based violence (SGBV), the journey to healing and justice is fraught with unique and complex challenges. The physical and emotional trauma of violence is compounded by the physiological and psychological demands of pregnancy, requiring a multi-faceted and highly sensitive approach from all who offer support. All interventions must balance urgent medical needs, psychosocial well-being, safety, dignity, and reproductive rights.

1. Guiding Principles working with pregnant survivors

A survivor-centered approach is the cornerstone of any intervention. This means placing the survivor's rights, needs, and wishes at the forefront of all actions. Key principles include:

- **Survivor's choices:** Respect the survivor's wishes at every stage, including whether to access medical care, report to police, or pursue legal action. Providers should *never* impose decisions but instead equip survivors with accurate, accessible information to make informed choices.
- **Prioritizing Safety and Confidentiality:** The immediate priority is to ensure the survivor is in a safe environment, free from the perpetrator and further harm. All information shared by the survivor must be treated with the utmost confidentiality.
- **Providing Psychological First Aid:** This involves offering practical care and support in a non-intrusive, compassionate, and respectful manner. It is crucial to listen without judgment, validate their feelings, and reassure them that the violence was not their fault. Avoid pressing for details of the assault unless the survivor volunteers the information.

- **Informed Consent:** The survivor has the right to make informed decisions about every aspect of their care, including medical examinations, reporting the incident to the police, and seeking legal counsel. They should be provided with clear, accurate, and comprehensive information about all available options and potential consequences.

2. Clinical Management: Addressing Urgent Health Needs

- **Comprehensive Medical Assessment:** A trained healthcare provider should conduct a thorough but gentle examination to address any immediate physical injuries.
- **Post-Exposure Prophylaxis (PEP):** To prevent HIV and other sexually transmitted infections (STIs), PEP should be offered as soon as possible, ideally within 72 hours of the assault.
- **Emergency Contraception:** While the survivor is already pregnant, this may be relevant in discussions about future reproductive health choices.
- **Antenatal Care:** The pregnancy itself requires careful monitoring. The physical and psychological trauma of SGBV can increase the risk of complications such as preterm labor, low birth weight, and miscarriage. Consistent and supportive antenatal care is vital.
- **Termination of Pregnancy:** The Women's Act 2010 of The Gambia permits the termination of a pregnancy to save the life of the mother. However, accessing this service can be challenging due to social stigma and potential provider reluctance. Survivors must receive non-directive counseling on all lawful options, free from stigma or coercion, and providers should facilitate safe, timely access where chosen.

3. The Psychological Scars: Long-Term Healing

The psychological impact of SGBV during pregnancy can be profound and long-lasting. Survivors are at a heightened risk of:

- **Depression and Anxiety:** The trauma of the assault, coupled with hormonal changes during pregnancy, can lead to severe mental health challenges.
- **Post-Traumatic Stress Disorder (PTSD):** Flashbacks, nightmares, and severe anxiety are common reactions.
- **Difficulty Bonding with the Baby:** The circumstances of the conception can create complex emotional responses.
- **Trauma-informed counseling** should include coping strategies, stress reduction techniques, and safe spaces for survivors to explore feelings about the pregnancy and unborn child.
- **Continuity of Care Post-Delivery:** Support must extend to the postnatal period, with emphasis on bonding, parenting support, and ongoing trauma recovery.

4. Legal support

For survivors who choose to report the violence, the legal process can be intimidating. It is crucial that survivors are accompanied and supported by trained professionals who can help them navigate the police and judicial systems. The Legal procedure should entail the following:

- **Investigation:** Once a report is filed, the police will conduct an investigation, which includes taking the survivor's statement, gathering evidence, and identifying the perpetrator.
- **Charging and Prosecution:** If there is sufficient evidence, the police will charge the perpetrator, and the case will be handed over to the prosecution for legal proceedings. Prosecutors should highlight the aggravating impact of violence during pregnancy when making sentencing submissions, emphasizing harm to both survivor and unborn child.
- **Court Proceedings:** The case will be heard in court. The survivor will be required to provide testimony. Legal representation from organizations like FLAG is crucial at this stage to ensure the survivor's rights are protected and their voice is heard effectively. It is important to ensure that the matter is heard in closed court sessions to protect the privacy and dignity of the survivor.
- **Judgment and Sentencing:** If the perpetrator is found guilty, the court will deliver a judgment and sentence. Survivors should be supported to provide confidential victim-impact statements on the effect of violence including pregnancy, which judges must take into account during sentencing.

Throughout this process, social workers from the Department of Social Welfare or other organizations play a vital role in providing psychosocial support, helping the survivor to cope with the emotional stress of the legal proceedings. Pregnant survivors may have heightened safety needs and require accommodation that is medically equipped for antenatal care. The dual vulnerability, as both survivor of violence and expectant mother, requires heightened sensitivity, coordination, and advocacy at every stage.

Persons with disabilities.

Persons with disabilities experience disproportionately high rates of SGBV. The intersection of gender inequality and disability discrimination creates a unique and acute vulnerability, yet these survivors often face the greatest barriers to accessing justice, protection, and care. In The Gambia, as in many parts of the world, a concerted and specialised approach is required to ensure that support systems are not just available, but truly accessible to every survivor.

Handling SGBV cases involving survivors with disabilities demands a rights-based, survivor-centred approach that is intentionally adapted to overcome specific challenges related to communication, physical accessibility, and deeply ingrained social stigma.

1. Guiding principles working with survivors with disability

- **Presume Competence:** Always assume that a survivor with a disability is capable of making their own decisions and providing their own testimony, regardless of the nature of their disability, unless legally determined otherwise. Their autonomy and agency are paramount.
- **Do No Harm:** Use respectful, person-first language (“woman with a disability”), ensure extra patience in communication, and avoid practices that embarrass or re-traumatise.
- **Intersectional Approach:** Recognise that survivors may face multiple, overlapping vulnerabilities (gender, poverty, age, disability, rural location).
- **Ensure Accessibility:** This is a non-negotiable cornerstone of support. Police stations, hospitals, shelters, and courts must be barrier-free (with ramps, toilets, seating); provide qualified sign language interpreters, Braille, large print, easy-read formats, and visual aids; train service providers to avoid stereotypes, infantilisation, or assumptions about credibility.
- **Physical Accessibility:** Police stations, hospitals, shelters, and courtrooms must be physically accessible, with ramps, accessible toilets, and other necessary modifications.
- **Communication Accessibility:** Services must have access to qualified sign language interpreters. Information should be available in various formats. For survivors with intellectual disabilities, communication should be simple, clear, and use visual aids where helpful.
- **Prioritise Safety and Confidentiality:** This is critical, especially when the perpetrator may be a caregiver. Safety planning must be creative and tailored to the survivor’s specific circumstances and dependency needs.
- **Adopt a “Do No Harm” Approach:** Service providers must be trained to avoid re-traumatising the survivor. This includes not making assumptions, using respectful and person-first language (e.g., “a woman with a disability,” not “a disabled woman”), and exercising extreme patience.

A Step-by-Step Guide to Handling Cases

1. Identification and First Response:

- **Active Listening and Observation:** Be attuned to non-verbal cues of distress. For survivors with communication difficulties, it may take longer to disclose abuse. Create a safe, private, and patient environment.
- **Immediate Safety Assessment:** Assess the survivor’s immediate risk. If the alleged abuser is the caregiver, the safety plan is a priority. This involves confidential consultations with the survivor to identify safe spaces, alternative caregivers, or trusted contacts.

- **Contacting Specialised Support:** In The Gambia, connect with the Gambia Federation of the Disabled (GFD). This umbrella organisation can provide invaluable expertise, resources, and links to specialised services for persons with different types of disabilities.

2. Accessible Medical and Psychosocial Care:

- **Informed Consent:** The process of obtaining informed consent must be adapted. For a survivor who is deaf, this requires a sign language interpreter. For a survivor with an intellectual disability, it means explaining procedures in simple, concrete terms, checking for understanding at every step.
- **Medical Examination:** Healthcare providers must be trained on how to conduct examinations on persons with various physical disabilities and how to communicate effectively and sensitively throughout the process. The One-Stop Centres located in major hospitals are the primary points for comprehensive care, but it is crucial to advocate for accessibility adaptations within them.
- **Psychosocial Support:** Counselling must be adapted. Therapists may need to use different communication techniques. Support groups specifically for survivors with disabilities can reduce isolation and foster peer support.

3. Navigating the Legal System:

- a) **Reporting to the Police:** Advocate for the survivor to be interviewed by an officer from a Gender and Child Protection Unit. It is crucial to have a support person or a disability expert present. Insist on the provision of necessary accommodations, like a sign language interpreter.
- b) **Legal Aid:** Connect the survivor with organisations providing free legal aid, such as FLAG and the National Agency for Legal Aid (NALA). Inform these legal providers about the survivor's specific disability and accommodation needs from the outset.
- c) **Court Proceedings:** The survivor has a right to accommodations in court to ensure they can give their testimony effectively. This can include having a support person present, using communication aids, or providing testimony via video link to reduce stress. The Sexual Offences Act 2013 provides for protective measures for vulnerable witnesses, which is directly applicable to survivors with disabilities.

Handling SGBV cases for survivors with disabilities is a test of a society's commitment to inclusive justice. It requires moving beyond a one-size-fits-all model to a system that is flexible, adapted, empathetic, and equipped to empower the most marginalised survivors to reclaim their safety, dignity, and rights.

Senior Citizens

The image that often comes to mind in cases of SGBV is that of a younger woman, man or a child. However, this narrow focus tragically overlooks a silent and suffering demographic: our senior citizens. In The Gambia, as across the world, older persons, particularly women, are

vulnerable to SGBV, yet their plight is often shrouded in secrecy, stigma, ageism, and a profound lack of awareness.

Handling SGBV cases involving senior citizen survivors requires a nuanced, age-sensitive, survivor centred understanding of their unique vulnerabilities and a compassionate, rights-based approach that affirms their dignity and right to justice and care.

1. Guiding Principles for an Age-Sensitive Response

To effectively support an older survivor, all actions must be guided by a survivor-centred and age-sensitive framework.

- **Prioritise Dignity and Respect:** Approach the survivor with the utmost respect for their life experience and autonomy. Avoid patronising or dismissive language or tone. Listen patiently, as it may take them longer to process and articulate their traumatic experience.
- **Ensure Safety and Confidentiality:** The immediate priority is the survivor's safety. If the perpetrator is a family member or caregiver, safety planning is critical and complex. It may involve exploring alternative living arrangements, engaging with the Department of Social Welfare, or seeking support from trusted community elders or religious leaders.
- **Recognise Their Agency:** An older person has the right to make their own decisions. Do not assume you know what is best for them. Provide clear, accessible information about medical, psychosocial, and legal options, and support them to decide for themselves.
- **Adopt a Multi-Disciplinary Approach:** Effective support requires collaboration between healthcare providers, social workers, legal aid organisations, and community support structures such as religious or traditional leaders.
- **Combat Ageism:** Service providers must be trained to identify and challenge ageist assumptions (e.g., that sexual violence does not affect older people or that they cannot testify).

A Step-by-Step Guide to Handling Cases

1. Identification and Sensitive Engagement:

- **Look for Red Flags:** Be aware of signs of abuse, which may include unexplained injuries, withdrawal, depression, anxiety, changes in hygiene, or fear around a specific person.
- **Create a Safe Space for Disclosure:** If you suspect abuse, find a private and comfortable setting to speak with the survivor alone. Use open-ended, non-judgmental questions. For example, "I've been worried about you. Is everything okay at home?" is better than "Is [caregiver's name] hurting you?"
- **Listen with Empathy:** When they disclose, listen without interruption. Validate their feelings and reassure them that the abuse is not their fault and that they are not alone.

2. Medical and Psychosocial Care:

- **Comprehensive Medical Assessment:** Encourage a visit to a healthcare facility, ideally one with a One-Stop Centre. The medical examination must be conducted with extra care, considering potential pre-existing health conditions, fragile skin, and mobility issues. The healthcare provider should explain every step of the process clearly and gently.
- **Trauma-Informed Psychosocial Support:** Counselling should be adapted to the survivor's life context. They may be grappling not only with the trauma of the assault but also with betrayal by a loved one, fear of the future, and profound grief. Connecting them with peer groups of other seniors, if available, can be highly therapeutic.
- **Engage Social Welfare:** The Department of Social Welfare can play a crucial role in assessing the survivor's living situation, providing support, and exploring options for alternative care if necessary.

3. Accessing Justice:

- d) **Informed Legal Options:** The survivor must be informed of their legal rights under The Women's Act and The Sexual Offences Act. Explain the legal process in simple, clear terms.
- e) **Connect with Legal Aid:** Refer the survivor to organisations that provide free legal services, such as the Female Lawyers Association - Gambia (FLAG) or the National Agency for Legal Aid (NALA). These organisations can provide legal advice and representation, ensuring the survivor's voice is heard in the justice system.
- f) **Reporting to Police:** If the survivor chooses to report, they should be accompanied by a trusted support person (e.g., a social worker). The police Gender and Child Protection Units are trained to handle such cases, but it is important to advocate for a patient and respectful interview process.

5. Systemic Safeguards

- **Dedicated Senior Support Desk:** Within police stations and One-Stop Centres, designate focal persons trained to work with senior survivors.
- **Community Watch and Elder Councils:** Engage community elders and religious leaders in awareness-raising and referral pathways, while ensuring confidentiality.
- **Mandatory Training:** Police, health workers, and judges should undergo regular training on elder abuse and SGBV.
- **Monitoring and Accountability:** Establish reporting systems to track cases of SGBV involving seniors, ensuring they do not “disappear” in the system.

Addressing SGBV against senior citizens is not only about justice for the individual survivor, but also about confronting systemic invisibility. An age-sensitive justice response affirms that dignity and safety are lifelong rights, not privileges that fade with age.

People Living with HIV/AIDS

In The Gambia, a nation with a robust legal framework against SGBV and a dedicated national response to HIV/AIDS, the effective handling of these intersecting crises requires a nuanced, compassionate, and highly coordinated approach.

1. Immediate Response: A Survivor-Centered Approach

The initial hours and days after an incident of SGBV are critical. The primary focus must be on the survivor's safety, well-being, and choices. A survivor-centered approach, a cornerstone of international guidelines, should underpin all interactions.

2. Guiding Principles working with survivors with HIV/Aids

- **Confidentiality and Safety:** The survivor's privacy is paramount. Information should only be shared with their explicit consent. Their immediate physical safety must be assessed and addressed.
- **Respect and Non-Discrimination:** Treat the survivor with dignity and respect, regardless of their HIV status, gender, sexual orientation, or any other factor. A non-judgmental attitude is crucial.
- **Empowerment:** The survivor is the primary decision-maker in their own recovery. Provide them with comprehensive information about all available options so they can make informed choices about their medical care, psychosocial support, and legal action.

3. Accessing Integrated Care: The One-Stop Centers

A critical resource for SGBV survivors in The Gambia is the network of **One-Stop Centers**, often located within major hospitals. These centers are designed to provide a range of services in a single, accessible location, minimizing the need for survivors to recount their trauma multiple times.

Services at the One-Stop Centers typically include:

- **Medical Care:** This is a crucial first step.
 - **Post-Exposure Prophylaxis (PEP):** To prevent HIV infection, PEP should be offered to the survivor as soon as possible, ideally within 72 hours of exposure. This involves a 28-day course of antiretroviral drugs.
 - **HIV Testing and Counseling:** Survivors should be offered confidential HIV testing and counseling. If a survivor tests positive, they must be linked to long-term HIV care and treatment services.

- Treatment for other Sexually Transmitted Infections (STIs) and Injuries: Comprehensive medical care addresses any physical injuries and provides preventive treatment for other STIs.
- Emergency Contraception: To prevent unwanted pregnancy.
- Psychosocial Support: Survivors of SGBV, particularly those also dealing with an HIV diagnosis, experience immense trauma. The One-Stop Centers and the national Gender Management Information System (GMIS) helpline (199) offer psychosocial support. While specialized counseling for this dual trauma may be limited, these services provide a crucial first line of emotional and psychological care.
- Legal Assistance: The centers can facilitate contact with the police and provide information on legal rights and options. Survivors have the right to legal representation, and organizations like the FLAG may offer support.
- Safe Spaces: For survivors who are not safe at home, the centers can provide referrals to shelters.

4. The Referral Pathway: Connecting SGBV and HIV Services

While the One-Stop Centers provide initial care, a clear and efficient referral pathway to long-term HIV services is essential for survivors who test positive. This involves a coordinated effort between the SGBV response teams and the National AIDS Secretariat and its partner organizations. The goal is to ensure a seamless transition from emergency care to sustained HIV treatment, adherence support, and ongoing counseling.

5. Navigating the Justice System

For survivors who choose to report the case, the justice process can be intimidating. It is crucial that law enforcement and legal professionals are trained to handle these cases with sensitivity, particularly concerning the survivor's HIV status.

Key considerations for the justice system:

- Confidentiality of HIV Status: A survivor's HIV status is confidential and should not be disclosed in court proceedings unless absolutely necessary and with the survivor's informed consent.
- Avoiding Stigma and Blame: Law enforcement and legal professionals must be vigilant in preventing victim-blaming and stigmatization related to both the assault and the survivor's HIV status.

Addressing these challenges requires a multi-sectoral approach involving government agencies, civil society organizations, community leaders, and international partners. Continued investment in training for service providers, public awareness campaigns to combat stigma, and the empowerment of survivors are crucial steps towards ensuring that every SGBV survivor in

The Gambia, including those living with HIV/AIDS, receives the comprehensive care, support, and justice they deserve.

Sex Workers

Sex workers exist at the intersection of multiple vulnerabilities, facing disproportionately high rates of sexual and gender-based violence (SGBV). In The Gambia, where sex work is criminalized and heavily stigmatized, survivors face immense barriers to seeking help and justice.

1. The Critical Legal and Social Context

Understanding the environment is the first step to providing effective support.

- **Criminalization of Sex Work:** Under The Gambia's Criminal Code, activities related to sex work are illegal. This is the single most significant barrier for survivors, as they often fear arrest, prosecution, or harassment if they report violence to the police.
- **The Legal Paradox:** While sex work is criminalized, SGBV is also a crime under the Sexual Offences Act (2013). A person's occupation does not disqualify them from legal protection against assault. A sex worker who has been assaulted is a survivor of a crime and is, by law, entitled to justice and protection.
- **Pervasive Stigma:** Sex workers frequently experience discrimination from healthcare providers, law enforcement, and judicial officials. They may be blamed for the violence they endured, disbelieved, or dismissed.
- **Intersectional Risks:** Many sex workers are also migrants, living with HIV, or undocumented. These overlapping identities increase vulnerability and can intensify discrimination.

2. Guiding principles working with Sex Workers

Any interaction with a sex worker survivor must be guided by the following principles:

- **Prioritize Safety and Confidentiality:** The survivor's immediate physical safety and absolute confidentiality are non-negotiable. Do not share their story or status without their explicit, informed consent.
- **Adopt a Non-Judgmental, Rights-Based Stance:** The survivor's profession is irrelevant to the violence they have suffered. The focus must be on the violation of their human rights. Affirm their right to be safe and to live free from violence.
- **Empower the Survivor:** The survivor is the expert on their own life and needs. Present them with all available options (medical, psychosocial, legal) and their potential risks and benefits, allowing them to make the decisions they feel are best for them. Respect their choices, including the choice not to report the incident to the police.

- Harm Reduction Approach: Acknowledge the reality of the survivor's circumstances and work to minimize the harm they may face from both the assault and the systems they may interact with.
- Build Trust: Survivors are more likely to disclose and seek help if they believe providers are non-judgmental, confidential, and supportive

3. A Step-by-Step Guide for Support

Step 1: Immediate Medical and Psychosocial Care (The Priority)

Medical care should never be contingent on filing a police report.

- Access One-Stop Center: The SGBV One-Stop Centers located in major health facilities (e.g., Bundung Maternal and Child Health Hospital, Farafenni General Hospital) are the primary destinations for comprehensive care. These centers *should* provide services to all survivors without discrimination.
- Advise on a Support Person: Due to potential stigma, advise the survivor to go with a trusted friend, a peer, or a representative from a supportive civil society organization (CSO) if possible.
- Essential Medical Services: Ensure the survivor is offered and can access:
 - Post-Exposure Prophylaxis (PEP): A 28-day course of medication to prevent HIV infection, which must be started within 72 hours of the assault.
 - Emergency Contraception: To prevent unwanted pregnancy.
 - STI Testing and Treatment: Comprehensive screening and presumptive treatment for other sexually transmitted infections.
 - Treatment of Injuries: Any physical injuries must be documented and treated.
- Psychosocial Support:
 - Connect the survivor to the counseling services at the One-Stop Center or the national GMIS helpline (199).
 - Acknowledge the immense trauma and potential for re-traumatization.
 - Explore connections with peer support networks. Organizations working with key populations may have or know of informal support groups.

Step 2: Legal support

This is the most complex step due to the criminalization of sex work. The survivor's autonomy in this decision is paramount.

- Acknowledge the Risk: Be transparent about the potential risks of engaging with law enforcement. The survivor could face arrest, bribery, or further harassment.
- Present the Options Clearly:
 1. Option A: Report to the Police (with Legal Support):
 - If the survivor chooses to report, they should not go alone.
 - They must be connected with legal aid before approaching the police. Organizations like FLAG) can provide legal counsel to help navigate the process and protect the survivor from self-incrimination. A lawyer can advocate on their behalf, emphasizing their status as a victim of a violent crime.
 2. Option B: Do Not Report to the Police:
 - This is a valid and often wise choice for self-preservation.
 - Reassure the survivor that this decision does not invalidate their experience. They are still entitled to and can access full medical and psychosocial care without a police report.
 3. Option C: Document and Report to a CSO:
 - Encourage the survivor to document the details of the incident (date, time, location, description of the assailant, injuries) for their own records.
 - They can report the incident confidentially to a trusted CSO that works on human rights or with key populations. This data is vital for these organizations to track patterns of violence and advocate for policy change, even if it doesn't lead to an individual prosecution.
 4. Advocacy and Systemic Change

Handling individual cases is critical, but the ultimate goal is to change the systems that enable violence against sex workers- **structural transformation** is the ultimate safeguard.

- g) Support for Key Population-Led Organizations: Groups led by sex workers are best placed to advocate for rights, build peer trust, and deliver survivor-sensitive services.
- h) Advocacy for Decriminalization: The criminalization of sex work is a key driver of violence and a barrier to justice. Advocating for the decriminalization of sex work is a core component of reducing SGBV against this population.
- i) Safe Reporting Pathways: Advocate for mechanisms that allow sex workers to report violence without fear of arrest — e.g., “firewall” policies separating reporting of SGBV from enforcement of prostitution laws.

- j) **Training and Sensitization:** There is a pressing need for continuous training of police, healthcare workers, and judicial officials on the rights of sex workers and the importance of providing non-discriminatory, trauma-informed care and justice.
- k) **Accountability Mechanisms:** Establish independent complaints channels against police or service providers who harass, exploit, or abuse sex workers.

Refugees

In The Gambia, the trauma of displacement is often compounded by a heightened vulnerability to SGBV for refugees and asylum seekers. Having fled conflict or persecution, survivors may face new threats in transit or even within host communities. Handling these sensitive cases requires a deep understanding of the refugee protection framework and a response that is not only survivor-centered but also acutely aware of the legal and social precarity of those seeking sanctuary.

1. The Protection Framework: Rights and Responsibilities

It is critical to understand that refugees and asylum seekers are protected under both international and national law.

- **International Law:** The 1951 Refugee Convention and its 1967 Protocol, to which The Gambia is a signatory, establishes the core principle of *non-refoulement*, which forbids a country from returning a refugee to a territory where they face threats to their life or freedom.
- **National Law:** The Gambia has its own Refugees Act (2008), which domesticates its international obligations. Crucially, all individuals on Gambian soil, regardless of their status, are protected by its national laws. This means a refugee survivor of SGBV has the same right to justice and protection under the Sexual Offences Act (2013) as a Gambian citizen.

2. Guiding principles working with refugees and asylum seekers

When supporting a refugee survivor, the standard principles of SGBV response must be augmented with considerations specific to their situation.

- **Survivor-Centered Approach:** The survivor's needs, rights, and choices must be at the forefront of all actions.
- **Confidentiality and Safety:** Strict confidentiality is paramount. A breach could not only cause social stigma but also endanger the survivor's safety and their asylum claim. An immediate safety assessment is the first priority.
- **Do No Harm:** This principle is especially vital. Any action taken must not inadvertently expose the survivor to further harm, such as jeopardizing their legal status, leading to stigmatization within their community, or triggering re-traumatization.

- **Respect and Non-Discrimination:** Provide support with dignity, irrespective of nationality, ethnicity, religion, or the circumstances that led them to flee their country.
- **Informed Consent:** The survivor must be provided with clear information about all options, potential risks, and available services in a language they understand, so they can make an informed decision.

3. The Critical Pathway: A Step-by-Step Response

Navigating the support system can be daunting for refugees. A coordinated referral pathway is essential.

Step 1: Connect with UNHCR or a Designated Partner

This is the most important first step. Before any other action is taken, the survivor should be connected with the United Nations High Commissioner for Refugees (UNHCR) or one of its official implementing partners (such as the Gambia Red Cross Society).

Why is this critical?

- **Mandated Protection Agency:** UNHCR is legally mandated to protect refugees and can provide immediate protection interventions.
- **Expert Navigation:** They understand how to navigate the Gambian legal and healthcare systems without jeopardizing a survivor's asylum claim.
- **Access to Resources:** UNHCR can provide translators, culturally sensitive counselors, and direct support that may not be available through standard channels.
- **Confidential Reporting:** They have established confidential reporting and data management systems designed for vulnerable populations.

Step 2: Access Urgent Medical Care Safely

Once connected with a protection officer or caseworker, accessing medical care is the next priority.

- **Facilitated Visit to One-Stop Centers:** The caseworker should facilitate the survivor's visit to an SGBV One-Stop Center. This ensures the survivor is accompanied, has translation support if needed, and is treated with the appropriate sensitivity.
- **Comprehensive Medical Services:** The survivor must be offered the full range of post-rape care, including:
 - Post-Exposure Prophylaxis (PEP) to prevent HIV, ideally within 72 hours.
 - Emergency contraception.
 - Treatment and testing for other STIs.

- Care for any physical injuries.
- Forensic evidence collection, if the survivor consents and is considering legal action.

Step 3: Provide Specialized Psychosocial Support

The trauma of SGBV is layered on top of the trauma of displacement.

- **Culturally and Linguistically Appropriate Counseling:** UNHCR and its partners are best positioned to provide or refer the survivor to counselors who understand their cultural background and can communicate in their language. Standard counseling may be ineffective or even harmful without this cultural competence.
- **Community-Based Support:** Gently connect the survivor with trusted community leaders or support groups within the refugee community, but only with the survivor's explicit consent, to avoid gossip or stigma.

Step 4: Legal Options with Caution

The decision to report to the police is the survivor's alone, but it must be an informed one.

- **Do Not Report Alone:** A refugee survivor should never be advised to go to the police alone.
- **Legal Counsel via UNHCR:** All interactions with law enforcement must be coordinated through UNHCR's protection unit. They can engage legal aid partners like the Female Lawyers Association - The Gambia (FLAG) to ensure the survivor's rights as both a victim of crime and a refugee are protected throughout the process. This coordination prevents misunderstandings or actions by authorities that could negatively impact their asylum case.

Key Support Agencies in The Gambia

- l) **UNHCR (The UN Refugee Agency):** The primary point of contact for all refugees and asylum seekers. They lead the protection response.
- m) **The Gambia Commission for Refugees (GCR):** The government body responsible for refugee affairs and UNHCR's main counterpart.
- n) **One-Stop Centers:** Located in major health facilities for integrated SGBV response.
- o) **Implementing Partners (e.g., Gambia Red Cross Society, TANGO-affiliated CSOs):** Local and international NGOs that work on the ground to deliver services to refugees on behalf of, or in partnership with, UNHCR.

When handling an SGBV case involving a refugee or asylum seeker in The Gambia, the guiding rule is to connect them immediately and confidentially with UNHCR. This single step unlocks a

specialized support system designed to provide comprehensive care while safeguarding them from further harm and protecting their fundamental right to seek asylum.

CHAPTER 9: VICTIM PROTECTION AND RIGHTS

The center of victim protection lies in a set of fundamental principles that guide the actions of governments, law enforcement, and support organizations worldwide. These core tenets emphasize a victim-centered approach, ensuring that individuals are treated with compassion, respect, and dignity throughout their interaction with the justice system. Key among these is the principle of "do no harm," which seeks to prevent re-victimization and further trauma during legal proceedings.

Safety planning and enforcement of protection orders

This critical component of addressing SGBV cases involves a two-pronged approach.

1. Comprehensive Safety Planning:

Law enforcement agencies are required to create comprehensive and dynamic safety plans for survivors, tailored to their individual needs and risks. These plans should include immediate risk assessment, provision of emergency contact information, identification of secure housing, ensuring children's safety, custody arrangements, and school protections, and financial and practical support. Additionally, LEAs must establish discreet communication methods, ensure children's safety, advise on evidence preservation, and connect survivors with psychological and emotional support. Survivors should also be informed of their legal options and rights, and receive assistance with legal processes.

2. Rigorous Enforcement of Protection Orders:

LEAs are responsible for the effective and swift enforcement of protection orders, which includes:

- Serving orders to perpetrators without delay, clearly stating terms and consequences.
- Considering lawful monitoring in high-risk cases.
- Treating violations as serious criminal offenses with:
 - ◆ Prompt officer dispatch.
 - ◆ Meticulous evidence gathering.
 - ◆ Prompt arrest if probable cause exists.
 - ◆ Meticulous recording of details.
- Maintaining strong communication with courts for efficient order issuance and accountability.
- Regular training for law enforcement on safety planning, legal frameworks, and best

practices with a survivor-centered and gender and age sensitivity approach.

→ Educating the community about protection orders and reporting violations.

Access to shelter and relocation support

Women and girls that are at a risk or have been subjected to SGBV are often not able to afford housing; they require assistance in navigating the judicial, police, health and social services system. Access to safe shelters and relocation support offer protection while supporting and empowering survivors to become self-sufficient and independent. This shelter and relocation support are not only a response but also a voice in the fight against SGBV as they play a role in raising awareness and generating social change.

Procedures for addressing violations of victim rights

The Procedure to be used to address violations of victim rights is as follows:

Protecting the Victim/survivor

The first priority when responding to SGBV must be to respond to the needs of victims/survivors and ensure that they are properly protected. A number of different institutions and organizations may play a role in offering this protection for example the police, social services, the state, and the court. Addressing gender-based violence need to ensure:

- A victim-centered approach
- Accessibility for all victims
- Confidentiality and privacy for victims and survivors
- The safety and well-being of victims/survivors (and any accompanying children)
- Full accountability for perpetrators
- Effective access for victims/survivors to legal remedies and legal aid, free where possible.

Some practical measure to respect these principles might include:

- 24-hour hotlines for information, referral, and counselling.
- One-stop centers as immediate points of contact.
- Provision of safe accommodation for example safety houses and shelter opportunities for victims to keep using their home with continual assessment of risk, relocation support for long term needs etc
- Reintegration support: long-term housing, education, and social networks.
- Access to gender sensitive primary health care and specialist gender-based violence services;
- Advocacy and legal support, including free legal assistance, advice, advocacy and court support services for victims/survivors

- Emergency barring orders in cases of SGBV
- Facilitating the economic independence of victims/survivor from the abusers
- Support for the professional and social reintegration of victims/survivors focusing on ensuring their capacity to make decisions about their lives. This may include training, support finding work, support finding long-term accommodation, and assistance building a social network of support.

Prevention of SGBV:

Prevention must address root causes and enabling environments of SGBV. A multi-faceted approach to prevention is crucial, encompassing education, community engagement, policy development, and the promotion of gender equality.

Effective prevention strategies involve the following:

- Awareness and Education: Disseminating information about SGBV, its various forms, consequences, and the importance of consent is vital. This includes educational programs in schools, public campaigns, and training for frontline workers.
- Challenging Harmful Norms: Addressing societal norms, attitudes, and stereotypes that perpetuate gender inequality and justify SGBV is essential. This requires promoting positive masculinities and femininities, challenging patriarchal structures, and fostering respectful relationships.
- Empowerment: Empowering individuals, especially women and marginalized groups, with knowledge, skills, and resources to recognize and respond to SGBV. This includes economic empowerment, access to justice, and opportunities for leadership.
- Community Mobilization: Engaging communities in prevention efforts by fostering local ownership, encouraging bystander intervention, and supporting community-led initiatives to prevent SGBV.
- Policy and Legislative Reform: Developing and enforcing laws and policies that protect victims, hold perpetrators accountable, and promote gender equality. This includes addressing legal loopholes and ensuring the effective implementation of existing legislation.
- Digital SGBV Prevention: Addressing online harassment, revenge porn, sextortion, and ensuring data protection laws.
- Support for Survivors: While prevention aims to stop SGBV before it occurs, robust support systems for survivors are also a critical component of a comprehensive response, as they help to mitigate the long-term impact of violence and break cycles of abuse.

Mishandling of evidence

This means an investigating officer made a critical error in the way evidence is stored, transported, secured or handled. For example, an investigating officer may claim to have clear evidence in proving an accused guilty however if a suspect pleads not guilty it may be discovered that the Officer mishandled evidence. Proper handling of evidence might lead to a guilty verdict

but mishandling of evidence could be called into question or even excluded from the case entirely. It may appear from the outside that the accused is guilty, but the accused could still receive a not guilty verdict because the officer no longer has the necessary evidence to prove the guilt of the accused. Mishandling of evidence can happen in different ways. It could be that the investigating officer tampered with evidence or used unqualified experts to examine it. Therefore, in SGBV cases the investigating officer ought to handle evidence in a proper way to ensure that in leading evidence in court it might lead to a guilty verdict of the perpetrator. To prevent miscarriages of justice, clear chain-of-custody protocols must be documented. Mishandling should trigger disciplinary action against officers. Survivors must be updated transparently about the status of evidence.

Breach of confidentiality

Survivors have the right to choose to whom they will or will not tell their story and information should only be shared with the informed consent of the survivor. Confidentiality promotes and supports safety, trust, confidence and empowerment meaning anyone who access information about a survivor must not share any of that information without the explicit permission and informed consent of the survivor. Breaching confidentiality can put the survivor and others at risk of further harm. If SGBV service providers do not respect confidentiality other women and girls may be discouraged from seeking help. Breaches must be treated as serious misconduct, with disciplinary and legal remedies available.

Secondary victimization

Secondary Victimization occurs when the victim suffers further harm not as a direct result of the criminal act but due to the manner in which institutions and other individuals deal with the victim. Secondary victimization may be caused, for instance by repeated exposure of the victim to the perpetrator, repeated interrogation about the same facts, the use of inappropriate language, or insensitive comments made by all those who come into contact with victims.

CHAPTER 10: MONITORING, EVALUATION, AND ACCOUNTABILITY

Effective implementation of these (SOPs for addressing SGBV cases hinges upon robust monitoring, thorough evaluation, and clear accountability mechanisms. This section outlines the key components necessary to ensure continuous improvement, uphold professional standards, and guarantee justice for survivors.

Internal complaint mechanisms and disciplinary channels

To foster an environment of responsibility and adherence to these SOPs, it is imperative to establish clear and accessible internal complaint mechanisms within all relevant law enforcement agencies. These mechanisms should allow for confidential reporting of any deviations from the SOPs, misconduct, or negligence in handling SGBV cases. This includes, but is not limited to:

- **Confidential Reporting System:** Implement secure and confidential channels for officers, staff, and the public to report concerns without fear of reprisal. This could involve dedicated hotlines, anonymous online portals, or designated SGBV focal points within each agency.
- **Prompt and Impartial Investigation:** Ensure that all complaints are investigated promptly, thoroughly, and impartially by an independent internal body or a specially designated unit trained in SGBV sensitivity. Investigations must be conducted with due regard for the privacy and safety of all parties involved.
- **Clear Disciplinary Procedures:** Establish a transparent and well-defined disciplinary framework for addressing violations of the SOPs. This framework should outline a range of disciplinary actions, from corrective measures and retraining to suspension or termination, commensurate with the severity of the infraction.
- **Feedback and Learning:** Ensure that lessons learned from internal investigations are integrated into training programs and SOP revisions to prevent future occurrences and promote a culture of continuous improvement.

Oversight by NHRC, Ombudsman and MoJ

External oversight plays a critical role in ensuring the integrity and effectiveness of SGBV case management. The National Human Rights Commission (NHRC), the Office of the Ombudsman, and the Ministry of Justice (MoJ) are key institutions entrusted with providing independent scrutiny and accountability:

- **National Human Rights Commission (NHRC):** The NHRC should regularly monitor the adherence of law enforcement agencies to human rights principles and the provisions of these SOPs in SGBV cases. This includes conducting independent investigations into allegations of human rights violations, issuing recommendations, and advocating for policy reforms.
- **Office of the Ombudsman:** The Ombudsman's office should serve as an independent body for receiving and investigating complaints from the public regarding

maladministration or injustice in the handling of SGBV cases by law enforcement. Their role includes ensuring fairness, transparency, and accountability in administrative processes.

- **Ministry of Justice (MoJ):** The MoJ, as the principal legal advisor to the government and custodian of the rule of law, holds a crucial oversight role. This involves:
 - **Legal Framework Review:** Ensuring that the legal framework for SGBV cases is robust, aligned with international standards, and effectively implemented by law enforcement.
 - **Policy and Guidance:** Providing legal guidance and policy directives to law enforcement agencies on SGBV case management.
 - **Accountability for Prosecutions:** Monitoring the efficiency and effectiveness of the prosecution of SGBV cases and intervening where necessary to ensure justice is served.

Data collection (disaggregated by gender, age, type of case)

Comprehensive and disaggregated data collection is fundamental for evidence-based decision-making, track justice outcomes, identifying trends, and measuring the impact of these SOPs and SGBV interventions. All relevant agencies must systematically capture and maintain data that includes:

- **Gender:** Record the gender of both survivors and alleged perpetrators to understand gendered patterns of SGBV.
- **Age:** Collect age data for survivors, particularly to identify trends related to child sexual abuse and other age-specific vulnerabilities.
- **Type of Case:** Categorize SGBV cases by type (e.g., rape, sexual assault, domestic violence, trafficking, harmful traditional practices) to understand prevalence and specific challenges associated with different forms of violence.
- **Geographical location:** Record the geographic location where incidents occur to identify hot spots and inform targeted interventions.
- **Relationship between Survivor and Perpetrator:** Document the relationship to understand the dynamics of violence, particularly in cases involving intimate partners or family members.
- **Case Status and Outcome:** Track the progress of each case through the justice system, from initial reporting to investigation, prosecution, and final disposition (e.g., conviction, acquittal, withdrawal, appeal).
- **Services Provided:** Record the type of support services offered to survivors (e.g., medical, psychosocial, legal aid) and the accessibility of these services.

This disaggregated data will enable accurate analysis of the SGBV landscape, highlight trends,

identification of vulnerable groups, detection of hotspots, and the development of targeted prevention and response strategies.

To strengthen accountability and transparency, anonymized statistics should be compiled and published on a quarterly or annual basis, ensuring stakeholders and the public are informed of progress and persistent gaps in addressing SGBV.

Periodic case reviews and audits

Regular and systematic reviews and audits of SGBV cases are essential for assessing the quality of investigations, adherence to protocols, and the overall effectiveness of the response system:

- **Case File Reviews:** Conduct regular, independent reviews of a sample of SGBV case files to assess the thoroughness of investigations, proper documentation, adherence to timelines, and appropriate application of legal procedures.
- **Process Audits:** Periodically audit the entire SGBV response process, from the initial contact with law enforcement to the final resolution of the case. This includes evaluating the efficiency of inter-agency coordination, victim support mechanisms, and evidence collection.
- **Quality Assurance Checklists:** Develop and utilize standardized quality assurance checklists to ensure consistency and completeness in case management.
- **Expert Review Panels:** Consider establishing expert review panels, including SGBV specialists, legal professionals, and survivor advocates, to provide independent assessments and recommendations for improvement.
- **Identification of Best Practices and Gaps:** These reviews should aim to identify best practices that can be replicated and systemic gaps or challenges that require corrective action.

Feedback loops to improve SOP implementation

To ensure the SOPs remain relevant, effective, and responsive to the evolving needs of survivors and the challenges faced by law enforcement, robust feedback loops must be established:

- **Survivor Feedback Mechanisms:** Create safe and accessible channels for survivors to provide feedback on their experiences with law enforcement and the justice system. This could include anonymous surveys, focus groups, or dedicated feedback platforms.
- **Law Enforcement Personnel Feedback:** Regularly solicit feedback from officers, investigators, and other personnel involved in SGBV cases regarding the practical implementation of the SOPs, challenges encountered, and suggestions for improvement.
- **Inter-agency Coordination Forums:** Convene regular inter-agency meetings and forums involving all relevant stakeholders (law enforcement, judiciary, health, social services, civil society organizations) to share lessons learned, discuss challenges, and collectively

identify solutions.

- **Research and Analysis:** Support ongoing research and analysis of SGBV trends, best practices, and the effectiveness of interventions to inform continuous refinement of the SOPs.
- **Annual Review and Revision:** Establish a schedule for annual or bi-annual review and revision of the SOPs based on data analysis, feedback, and evolving national and international standards.

CHAPTER 11: TRAINING AND CAPACITY BUILDING

This section outlines the national training and capacity-building framework for all officers involved in the prevention, investigation, prosecution, and support services related to sexual and gender-based violence (SGBV). It aims to ensure that law enforcement, prosecutors, immigration officers, health workers, and social service providers are equipped with the appropriate knowledge, skills, and survivor-centered approaches necessary to handle SGBV cases effectively, ethically, and in compliance with national laws and international standards

Institutional Training Framework

All SGBV-related training must follow nationally standardised modules and be coordinated among:

- Ministry of Justice (MOJ)
- Gambia Police Force (GPF) - Gender Unit & CID
- Immigration Department & NAATIP (Anti-Trafficking Agency)
- Ministry of Health (MoH) - Forensic Units & Trauma Care
- Directorates of Social Welfare & Children
- Gambia Armed Forces (GAF) & Security Forces

Frequency

- Induction Training: Within 30 days of assignment as personnel to the Gender or SGBV units of the relevant institutions.
- Refresher Courses: Every 6 months.
- Special Sessions: When laws or protocols are updated (within 3 months)

Core Curriculum Modules

The below essential training topics must be included in all SGBV training programmes. The modules are designed to build legal knowledge, technical skills, ethical conduct, and trauma-informed sensitivity among all officers in the SGBV response chain.

Overview of SGBV Laws

An overview of the key legal frameworks governing SGBV in The Gambia is essential. It introduces officers to the core provisions of national laws such as the Women's Act, Sexual Offences Act, Domestic Violence Act, Children's Act, Trafficking in Persons Act, and relevant sections of the Criminal Offences Act and Criminal Procedure Act. Understanding these laws is essential for ensuring lawful case handling, protecting survivors' rights, and strengthening accountability throughout the SGBV response chain.

Advanced Investigative Training and Survivor Centered Response -Police Officers (CID, Gender Unit, Child Welfare)

Police officers are the primary responders in most SGBV cases and play a foundational role in ensuring proper case handling from the moment of reporting. Their training should enhance their capacity to respond sensitively to survivors, gather evidence lawfully, and coordinate with other agencies while upholding legal and ethical standards.

Skills to be trained on:

- Trauma-Informed Interviewing Techniques
- Interviewing techniques for children, vulnerable persons and traumatized adults.
- Ethical documentation and form usage (e.g., intake, consent, referral, arrest reports).
- Scene Preservation, Chain of Custody, and Forensic Management
- Multi-Agency Referral Protocols & Coordination

Prosecutors

Prosecutors have a duty to ensure that SGBV cases are prosecuted effectively, fairly, and in a manner that protects the survivor's dignity and rights. Training for prosecutors must focus on improving case analysis, survivor engagement, courtroom strategies, and coordination with investigators and support service providers.

- **General Skills Training (Applicable to Both Police and State Prosecutors)**
 - File review protocol and use of prosecutorial checklist
 - Coordination with police investigators to identify and close investigative gaps.
 - Application for protection orders, in-camera hearings, and protective mechanisms.

- Handling evidence and testimony from vulnerable or traumatized witnesses.
- Legal Opinion Writing & Prosecutorial Liaison
- Understanding the appeals process and basic legal requirements under the Criminal Procedure Act (CPA).
- Survivor-centered communication and courtroom conduct.

- **Specialised Skills for Police Prosecutors (Subordinate Courts)**

Police prosecutors require practical, procedural, and courtroom-focused training suited for frontline prosecution in Magistrates' and Children's Courts. Additional skills they should be trained on include:

- Drafting and filing of charges using appropriate templates
- Conduct of examination-in-chief, cross-examination, and re-examination in trauma-sensitive ways.
- Preparing and presenting physical, forensic and digital evidence in court.
- Real-time coordination with police investigators during the trial.
- Updating survivors on trial progress and ensuring protective orders are implemented.
- Managing high-volume caseloads while maintaining accurate documentation standards and file integrity.
- Liaising with clerks and court registrars for timely scheduling and file movement.

- **Specialised Skills for State Prosecutors (High Court and Appellate Levels)**

State prosecutors manage complex or high-risk SGBV cases and are responsible for setting legal strategy, filing indictments, and handling appeals. Additional skills they should be trained on include:

- Legal research and drafting legal: preparing legal opinions, indictments, trial and appellate briefs in serious or complex SGBV cases.
- Legal analysis of forensic, digital, circumstantial, and corroborative evidence.
- Managing high-profile or sensitive trials, including media considerations.

- Use of expert witnesses (e.g., medical, psychological, ballistic, digital evidence).
- Supervising joint case review with investigators and social welfare.
- Drafting and filing of appeal processes, notices, and written submissions.
- Briefing survivors on legal options, plea negotiations, and trial expectations.
- Strategic litigation planning for precedent-setting SGBV cases.
- Appeals Court Process & Post-Trial Case Management
- **Strategic Litigation:** Pursuing precedent-setting cases to strengthen SGBV jurisprudence.
- **Post-Trial Management:** Overseeing enforcement of judgments, sentence follow-ups, and victim notification of outcomes.

◆ Additional Cross-Cutting Training Areas

To keep pace with evolving SGBV challenges, prosecutors at all levels should also be trained on:

- **International Human Rights Standards:** CEDAW, Maputo Protocol, ICC and UN Guidelines on Prosecutorial Conduct.
- **Digital and Online SGBV:** Cyber-harassment, sextortion, and handling electronic evidence.
- **Restorative Justice Safeguards:** Ensuring alternative justice pathways do not compromise survivor rights.
- **Cultural and Community Sensitivity:** Understanding harmful norms, stigma, and the survivor's social context.
- **Inter-Agency Case Conferences:** Participating in survivor-centered multi-agency coordination.
- **Continuous Professional Development:** Mandatory refresher courses, peer reviews, and mentoring for junior prosecutors.

Immigration and Anti-Trafficking Officers

Officers working in immigration and NAATIP are often among the first to encounter survivors of cross-border sexual exploitation and trafficking. Their training must strengthen their ability to identify SGBV-linked trafficking cases, ensure safe and lawful referral procedures, and support inter-agency coordination in accordance with national and international legal standards.

Skills to be trained on:

- Identification of trafficking and exploitation indicators within SGBV contexts (e.g., coercion, grooming, movement control).
- Trauma-informed interview techniques for victims of sexual exploitation, forced labour, and child trafficking.
- Use of national referral mechanisms, safe shelter pathways, and survivor-centered support services.
- Documentation of statements and handover reports in compliance with the Evidence Act and Trafficking Act.
- Legal obligations related to immigration status, residency, and repatriation procedures for trafficking survivors.
- Coordination with Police, Social Welfare, and the DPP for case referral, evidence transfer, and prosecution.
- Ensuring survivor dignity, safety, confidentiality, and access to psychosocial support services throughout the identification and referral process.

Social Welfare and Health Personnel

Social workers and health professionals are key actors in ensuring the safety, well-being, and recovery of SGBV survivors. Their role includes both service provision and legal support through timely and accurate documentation. Training must equip them to manage sensitive disclosures, work collaboratively with other sectors, and document cases for use in legal proceedings.

Skills to be trained on:

- Effective inter-agency coordination with law enforcement, prosecutors, shelters, and child protection stakeholders.
- Documentation and report writing for legal and evidentiary use (e.g., case assessments, shelter admission, risk analysis).
- Preparation of medical and psychosocial reports in line with court admissibility standards.
- Confidential handling of patient records and survivor disclosures under the Health Act and the Children's Act.
- Referral pathways for mental health, reproductive health, and long-term survivor support.

- Participation in multi-disciplinary case conferences and survivor protection planning.

Military and Security Forces (GAF and Related Units)

Members of the armed forces and other security actors have an important responsibility in preventing, reporting, and responding to SGBV within the institution and during peacekeeping or internal operations. Their training must address both internal accountability and external protection obligations, particularly when interacting with civilians.

Skills to be trained on:

- Understanding and applying military and civilian legal obligations related to SGBV under the Sexual Offences Act, Armed Forces Act, and international law.
- Prevention of SGBV within military settings, including internal complaint and reporting mechanisms.
- Protection of civilians, particularly women and children, during peacekeeping, disaster response, and public order operations.
- Identification and reporting of SGBV incidents committed by civilians or fellow personnel.
- Coordination with law enforcement, social welfare, and health services for survivor referral and safety planning.
- Trauma awareness and basic survivor sensitivity in the field or emergency deployments.

Competency-Based Training Approach

This section outlines the application of practical, results-oriented learning methodologies to ensure that officers not only acquire theoretical knowledge but also demonstrate the ability to apply skills effectively in the field. A competency-based approach promotes professional confidence, reinforces survivor-centered practices, and supports inter-agency coordination.

Practical Learning Methods:

- Officers shall participate in mock interviews, arrest simulations, evidence handling drills, and courtroom testimony exercises, modelled on real SGBV scenarios
- Junior officers must be given the opportunity to shadow experienced investigators or prosecutors to enhance learning through mentorship and observation.
- Evaluation of trainees shall be based on written assessments, oral presentations, and observed field simulations, ensuring a well-rounded review of theoretical understanding and field competency.

Training, Monitoring, and Quality Assurance

This section establishes a monitoring and evaluation system to ensure the effectiveness of SGBV training efforts. It introduces standard assessment tools and performance indicators to ensure that officers are continuously improving and adhering to survivor-centered procedures.

- Continuous Assessment Metrics:
 - Bi-annual evaluation reports measuring improvements in SGBV case handling, investigation quality, and survivor outcomes.
 - Survivor feedback surveys to assess officer sensitivity, professionalism, and respect for survivor dignity.
 - A National SGBV Training Database managed by the Ministry of Justice or designated authority, listing all trained officers and their certification status.
 - Monitoring visits are conducted jointly by the Ministry of Interior, Ministry of Justice, NHRC, and designated oversight bodies (such TANGO) to assess compliance with SOP standards and training integration.
- Accountability Framework:

Officers who fail to meet minimum training or competency standards may be subject to:

- Mandatory retraining under the supervision of certified trainers.
- Reassignment to non-SGBV duties or placement under corrective supervision pending compliance.
- Performance review and feedback sessions are aimed at identifying knowledge gaps and corrective action.

Training of Trainers (ToT) and Regional Certification

- To ensure sustainability and regional accessibility, a structured Training of Trainers (ToT) programme shall be established. The goal is to build a cadre of certified trainers in every region who can deliver standardised training to frontline responders.
- A minimum of five (5) officers per region shall be certified as SGBV trainers.
- Annual refresher ToT workshops shall be conducted to ensure trainers remain updated on legal reforms, SOP revisions, and survivor-centered methodologies.
- Certified trainers shall assist in regional and divisional training, case review sessions, and performance audits.
- Certification shall be valid for three years, subject to performance evaluation and periodic renewal.

Institutional Accountability and Reporting Mechanism Training

This module will reinforce ethical standards, internal accountability, and survivor protection within institutions. It ensures that officers are trained not only in enforcement but in upholding institutional transparency and survivor trust.

- Orientation on internal reporting mechanisms for professional misconduct or ethical breaches.
- Training on whistleblower and witness protection, especially for staff reporting institutional wrongdoing or safeguarding vulnerable survivors.
- Use of survivor-centered grievance redress mechanisms, accessible across all stations and units.
- Development of annual transparency reports documenting training coverage, officer performance, misconduct reports, and corrective actions taken.

Law and Procedure Update Clinics

In a fast-evolving legal landscape, justice-sector actors must be continuously updated on changes to national laws, judicial interpretations, and international obligations. Law and Procedure Update Clinics institutionalise this need for professional currency.

- Biannual law clinics shall be coordinated by the Ministry of Justice in collaboration with the GBV Unit of the Police.

- Clinics shall provide updates on the Criminal Procedure Act (2025), Evidence Act, Criminal Code, Women's Act, Sexual Offences Act, and other GBV-related instruments.
- Participation is mandatory for all justice-sector personnel involved in the SGBV response chain, including prosecutors, police investigators, immigration officers, and social workers.

Training Officer / Training Focal Point

Each lead SGBV response agency (e.g., Police Gender Unit, DPP's Office (SGBV Unit), Immigration Department, NAATIP, Social Welfare, etc.) shall designate a Training Officer or Training Focal Point responsible for coordinating all internal and external SGBV-related training activities. This officer ensures that all staff receive the appropriate induction, refresher, and specialised training as outlined in this SOP.

Key responsibilities:

- Coordinate and maintain training schedules in line with national SGBV training plans.
- Track attendance, performance, and certification of all staff under the agency's SGBV response chain.
- Liaise with the Ministry of Justice and the GBV Coordination Committee on national training standards and modules.
- Submit quarterly training and capacity-building reports.
- Maintain an up-to-date internal training database for their unit.
- Participate in annual SOP reviews to propose training-related updates.
- Where resources permit, the Training Officer shall also serve as the institutional lead for the Training of Trainers (ToT) programme

CHAPTER 12: DOCUMENTATION, RECORD-KEEPING & DATA SECURITY

This section outlines standardised procedures for documenting, managing, securing, and transferring case information across the SGBV response chain. Proper documentation and record-keeping are essential to:

- Uphold the legal admissibility of evidence under the Evidence Act and Criminal Procedure Act (CPA 2025).
- Protect the dignity, privacy, and safety of survivors.
- Ensure institutional accountability, inter-agency coordination, and prosecutorial effectiveness.
- Support compliance monitoring, audit readiness, and data-informed decision-making.

Standard Case File Composition

A case file shall be formally opened at the point of complaint intake and maintained throughout the life cycle of the case, from intake to final resolution. Each file must be:

- Organized in chronological order.
- Marked by status: Active, Under Review, In Court, or Closed.
- Accessible only to authorized personnel.
- Mandatory contents include:
 - ❖ SGBV Case Intake Form
 - ❖ Risk and Safety Assessment Form
 - ❖ Survivor's Statement (handwritten/verbatim)
 - ❖ Informed Consent Form
 - ❖ Referral /Transfer Form
 - ❖ Chain of Custody Form
 - ❖ Medical & Psychosocial Evaluation Reports
 - ❖ Internal Legal Opinion
 - ❖ Prosecutor Feedback form
 - ❖ Prosecutorial Review Checklist

- ❖ Charge Sheets and Court Documents
- ❖ Hearing Notices, Bail Orders and Rulings
- ❖ Final Outcome Summary (Judgment, Sentencing, or NFA Memo)

Note: All forms must be signed, dated, and verified. Incomplete or improperly documented files must be returned for correction before further processing.

Chain of Custody Protocols

To comply with Section 174 of the Criminal Procedure Act (2025) and Section 31 of the Evidence Act, officers must:

- Use the standard Chain of Custody Form
- Record each transfer of physical evidence with:
 - Officer names
 - Rank and badge numbers
 - Date and time of transfer
 - Reason for transfer
 - Signature of both handing and receiving officers
- All evidence must be:
 - Properly sealed, tagged, and labelled.
 - Stored in designated, secured evidence rooms with 24/7 access logs.
 - Biological samples (e.g., swabs, clothing, blood) must be refrigerated or frozen as required, with storage conditions logged.
 - Digital evidence (phones, media, computers) must be preserved with hash values to prevent tampering claims.
 - Transferred only when necessary and tracked digitally or physically. → Any discrepancy, loss, or tampering must be immediately reported, documented, and investigated.
 - **Court Presentation:**
 - The officer presenting evidence must certify its integrity and continuity from

collection to court.

→ Exhibits should be referenced against the Chain of Custody Form in open court to strengthen admissibility.

Confidentiality and Survivor Data Protection

- In line with Evidence Act Section 36 and Children’s Act Sections 75-78: Files containing names, addresses, medical details, or psychosocial information must be:
 - ❖ Redacted for public sharing.
 - ❖ Restricted to authorised personnel only.
 - ❖ Stored in locked cabinets or encrypted digital drives.
- All digital systems used must:
 - ❖ Implement role-based access controls.
 - ❖ Log every entry and edit via audit trails.
 - ❖ Be regularly backed up to protected servers.

Digital Protection Standards: All digital files must be encrypted, with access limited through password-protected user roles. System administrators must maintain audit trails that log every access or edit. Full system backups shall be performed weekly, and removable storage devices must be avoided. Files shared across agencies must be transmitted securely (e.g., encrypted email or secure drive links).

Roles and Responsibilities

Officer	Responsibilities
Investigating Officer (IO)	Ensure all forms are filled, evidence is sealed, and consent is obtained.
Station Clerk	File organization, logbook maintenance, and daily tracking sheet updates.

Prosecution Clerk	Receives file from IO, assigns DPP case number, and logs delivery to Prosecutor.
Data / IT Officer	Secures case database, maintains passwords, and performs system backups.
SGBV Unit Heads (Police & DPP)	Monitors file turnaround time, supervises inter-agency sharing, and ensures completeness.

- File Transfer and Tracking

All inter-agency file transfers must

- Use a standardized File Referral/Transfer Form (Annex ...) with:
- File ID, sender/receiver names, signatures, and date/time.
- Be logged into a Digital Tracking Sheet and verified by the receiving agency within 24 hours.

- Monitoring Protocol

- Delays of more than 3 working days shall automatically trigger an alert to the responsible supervisor.
- Monthly reconciliation of file movement logs against physical files shall be conducted by the station administrator or unit head.

- Dual Manual and Digital Records

To ensure service continuity in areas with limited internet access:

- Manual registers must mirror digital formats and follow the same standards.
- All physical files must be digitised quarterly at the divisional level.
- Police and DPP (SGBV Unit) shall maintain a centralised SGBV Case Registry, using Excel or an approved digital case management system.

- Monthly File Movement Monitoring

Each unit head (Police or DPP) shall:

- Review at least 10% of files monthly.
- Check for: Signed consent forms, custody logs, and referral forms
- Clear progression of case stages with no unexplained delays
- Updated case status (e.g., filed in court, pending hearing, closed, or appealed).

- Audit Visits:

- Quarterly joint audits led by the Ministry of Justice (MOJ) and the National Human Rights Commission (NHRC) shall verify:
 - ❖ File completeness.
 - ❖ Adherence to confidentiality protocols.
 - ❖ Timeliness of file movement and case handling.

- Monitoring and Review

To assess system effectiveness and inform policy decisions, the following indicators shall be tracked by the National GBV Coordination Committee, in collaboration with law enforcement and justice sector agencies:

- Average time from intake to case closure.
- Percentage of files with complete documentation (including legal opinions and chain of custody).
- Number of successful prosecutions and appeals.
- Number of trained officers within each quarter.
- Survivor satisfaction and uptake of support services.

CHAPTER 13: INTERFACE WITH TRANSITIONAL JUSTICE MECHANISMS

This section details the critical integration of Law Enforcement Agency (LEA) Sexual and Gender-Based Violence (SGBV) procedures within the broader transitional justice processes in The Gambia. It demonstrates how effective and sensitive handling of SGBV cases by LEAs can directly contribute to the goals of truth, accountability, reparations, and institutional reform, which are cornerstones of any comprehensive transitional justice framework.

TRRC-linked survivor referrals

- Procedure: LEA personnel shall identify and, with informed consent, facilitate referrals of SGBV survivors whose cases fall within the mandate of any established Truth, Reconciliation, and Reparations Commission (TRRC) or similar transitional justice mechanism.
- Information Sharing: Protocols shall be established for secure and confidential sharing of relevant, non-sensitive case information with the TRRC, as per legal frameworks and survivor consent, to support their documentation and investigation efforts.
- Collaboration: LEAs shall collaborate with the TRRC to ensure a coordinated approach to survivor support, avoiding re-traumatization and ensuring access to appropriate services.
- **Testimony Safeguards:** A separate methodology shall be developed for the sharing, archiving, and use of survivor testimony in transitional justice mechanisms. This methodology must explicitly prioritize survivor well-being, ensure informed consent at every stage, and guard against retraumatization, misuse, or unauthorized disclosure.

Psychosocial Support Integration

- Survivors referred to transitional justice mechanisms should have access to **continuous psychosocial support** (before, during, and after testimony-sharing). This avoids retraumatization and ensures their participation is empowering rather than harmful.
- LEAs should coordinate with mental health professionals and survivor support organizations as part of the referral chain.

Use of reparative and restorative justice tools

- Consideration: In appropriate SGBV cases, particularly those involving less severe forms of violence or where the survivor expresses a preference, LEAs shall consider and facilitate the use of reparative and restorative justice tools.
- Implementation: This includes referring cases to trained mediators or community leaders for restorative dialogues, victim-offender mediation (where safe and

appropriate), and community-based reconciliation initiatives, always with the survivor's free, prior, and informed consent, and ensuring their safety and dignity.

- Training: LEA personnel shall receive training on the principles and application of reparative and restorative justice in SGBV contexts.

Documentation of patterns for policy reform

- Analysis: LEAs shall systematically document and analyze patterns of SGBV, including systemic issues, common perpetrators, and institutional failures identified during investigations and through data collection (Section 3).
- Reporting: Aggregated findings on these patterns shall be regularly reported to the Ministry of Justice, the National Human Rights Commission, and other relevant policy-making bodies to inform legislative reviews, policy reforms, and targeted interventions aimed at preventing future SGBV.
- Contribution to Justice: This contributes to broader transitional justice goals by ensuring lessons learned from past and ongoing SGBV cases inform systemic changes to prevent recurrence.

GLOSSARY

Common terms and definitions used in this document are defined below. These terms and definitions are not legal definitions and are not intended as such.¹

Adolescence: defined as the period between ages 10 and 19 years old. It is a continuum of development in a person's physical, cognitive, behavioral and psychosocial spheres.

Adolescent: Any person between the ages of 10-19 years old.

Adult: Any person 18 years and older.

Assessment: The beginning stage of case management or psychosocial services in which information is gathered and evaluated for the purpose of making an appropriate decision about a course of action. Assessment prevents assumptions, creates grounds for developing an appropriate plan of action, and helps identify survivor strengths.

Attitude: Opinion, feeling or position about people, events, and/or things that is formed as a result of one's beliefs. Attitudes influence behavior.

Belief: An idea that is accepted as true. It may or may not be supported by facts. Beliefs may stem from or be influenced by religion, education, culture and personal experience.

Caregiver: This term describes the person who is exercising day-to-day care for another person. He or she is a parent, relative, family friend or other guardian; it does not necessarily imply legal responsibility. Caregiver is a term that is used in this resource to describe a person who provides day-to-day care for a child/children or for a person with a disability (for those who need such support).

¹ In an effort to ensure consistency, to the extent possible, some definitions have been taken directly from the IASC Guidelines for Integrating Gender-based Violence Intervention in Humanitarian Action. <http://gbvguidelines.org> and from the Caring for Child Survivors of Sexual Abuse: Guidelines for health and psychosocial service providers in humanitarian settings. <http://gbvresponders.org/response/caring-child-survivors/>

Case action plan: The case document that outlines the main needs of the client and goals and strategies for meeting their needs and improving their current condition.

Case conference/meeting: Case conferences are small meetings with appropriate service providers (e.g. already involved in the person's care) scheduled when the person's needs are not being met in a timely or appropriate way. The purpose of the case conference is to gather the appropriate service providers (and concerned support people in the person's life as appropriate) to identify or clarify ongoing issues regarding the person's care. Case conferences provide an opportunity to review activities including progress and barriers towards goals; to map roles and responsibilities; to resolve conflicts or strategize solutions; and to adjust action plans.

Case documentation: Information related to the provision of case management services. Generally, this information includes dates of services; the specific service provider; a brief description of the situation and the person's responses to the subject matter; relevant action plans and follow-up appointment information. Case documentation also includes dates and reasons for closing the person's case.²

Case management: GBV case management, which is based on social work case management, is a structured method for providing help to a survivor. It involves one organization, usually a psychosocial support or social services actor, taking responsibility for making sure that survivors are informed of all the options available to them and that issues and problems facing a survivor and her/his family are identified and followed up in a coordinated way, and providing the survivor with emotional support throughout the process.

Case supervision: The process whereby a caseworker shares case work decisions, challenges and experience with another professional (generally a direct supervisor) who offers guidance, knowledge and support. Supervision helps caseworkers improve their case management skills and allows caseworkers to share the burden of hearing and responding to survivors' problems and experiences regarding violence; it also creates general awareness of the care being provided.

Caseworker: This term describes an individual working within a service providing agency, who has been tasked with the responsibility of providing case management services to clients. This means that caseworkers are trained appropriately on client-centered case management; they are supervised by senior program staff and adhere to a specific set of systems and guiding

² In humanitarian settings, it is best practice to collect and store data in case files with non-identifying data only. For more information about the safe and ethical collecting, storing and usage of information, please go to www.gybims.org.

principles designed to promote health, hope and healing for their clients. Caseworkers are also commonly referred to as social workers, case managers, among others.

Child: Any person under the age of 18. Children have evolving capacities depending on their age and developmental stage. In working with children, it is critical to understand these stages, as it will determine the method of communication with individual children. It will also allow the caseworker to establish an individual child's level of understanding and their ability to make decisions about their care. As a result, the caseworker will be able to make an informed decision about which method of intervention is most appropriate for each individual child. The following definitions clarify the term "child" with regard to age/developmental stages for guiding interventions

and treatment:

- Children = 0-18, as per the CRC
- Young children = 0-9
- Early adolescents = 10-14
- Later adolescents = 15-19

Child abuse: Child sexual abuse is defined as any form of sexual activity with a child by an adult or by another child who has power over the child. By this definition, it is possible for a child to be sexually abused by another child. Child sexual abuse often involves body contact. This could include sexual kissing, touching, and oral, anal or vaginal sex. Not all sexual abuse involves body contact, however. Forcing a child to witness rape and/or other acts of sexual violence, forcing children to watch pornography or show their private parts, showing a child private parts ("flashing"), verbally pressuring a child for sex, and exploiting children as prostitutes or for pornography are also acts of sexual abuse.

Child/early marriage: A child or early child marriage is a formal marriage or informal union before age 18. Even though some countries permit marriage before age 18, international human rights standards classify these as child marriages, reasoning that those under age 18 are unable to give informed consent. Therefore, early marriage is also a form of forced marriage as children are not legally competent to agree to such unions.

Confidentiality: Confidentiality is an ethical principle that is associated with medical and social service professions. Maintaining confidentiality requires that service providers protect information gathered about clients and agree only to share information about a client's case with their explicit permission. All written information is maintained in a confidential place in locked files and only non-identifying information is written down on case files. Maintaining confidentiality means service providers never discuss case details with family or friends, or with

colleagues whose knowledge of the abuse is deemed unnecessary. There are limits to confidentiality while working with children.

Disclosure: The process of revealing information. Disclosure in the context of this resource refers to a survivor voluntarily sharing with someone that she has experienced or is experiencing GBV.

Empathy: Attempting to see things from the survivor's point of view and sharing that understanding with the survivor. Empathy can be communicated through verbal and nonverbal communication.

Economic violence/abuse: An aspect of abuse where abusers control victims' finances to prevent them from accessing resources, working or maintaining control of earnings, achieving self-sufficiency and gaining financial independence. It is one form of intimate partner violence.

Emotional violence/abuse (also referred to as psychological abuse): Infliction of mental or emotional pain or injury. Examples include: threats of physical or sexual violence, intimidation, humiliation, forced isolation, social exclusion, stalking, verbal harassment, unwanted attention, remarks, gestures or written words of a sexual and/or menacing nature, destruction of cherished things, etc. It is one form of intimate partner violence.

First responder: is a person with specialized training who is among the first to arrive and provide assistance or incident resolution at the scene of an emergency. First responders typically include law enforcement officers (commonly known as police officers), emergency medical services members (such as EMTs or paramedics). In some jurisdictions, emergency department personnel, such as doctors and nurses, are also required to respond to disasters and critical situations, designating them first responders.

Humanitarian worker: An employee or volunteer, whether internationally or nationally recruited, or formally or informally retained from the beneficiary community, engaged by a humanitarian agency to conduct the activities of that agency.

Informed assent: The expressed willingness to participate in services. This applies to younger children who are by definition too young to give informed consent, but old enough to understand and agree to participate in services, the child's "informed assent" is sought. Informed assent is the expressed willingness of the child to participate in services.

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. To ensure consent is “informed”, service providers must provide the following information to the survivor:

- Provide all the possible information and options available to the person so she/he can make choices.
- Inform the person that she/he may need to share his/her information with others who can provide additional services.
- Explain to the person what will happen as you work with her/him.
- Explain the benefits and risks of services to the person.
- Explain to the person that she/he has the right to decline or refuse any part of services.
- Explain limits to confidentiality.

Intimate partner violence: Intimate partner violence applies specifically to violence occurring between intimate partners (married, cohabiting, boyfriend/girlfriend or other close relationships), and is defined as behavior by an intimate partner or ex-partner that causes physical, sexual or psychological harm, including physical aggression, sexual coercion, psychological abuse and controlling behaviors. This type of violence may also include the denial of resources, opportunities or services.

Mandatory reporting: This refers to state laws and policies which mandate certain agencies and/or persons in helping professions (teachers, social workers, health staff, etc.) to report actual or suspected forms of interpersonal violence (e.g., physical, sexual, neglect, emotional and psychological abuse, unlawful sexual intercourse).

Parent: The child’s mother or father. Note that in some societies it is common for girls and boys to spend time with other members of their extended family and sometimes with unrelated families. Throughout this resource, the term “parent” generally refers to the biological parent. In some cases, it may refer to the person or persons who assume the child’s care on a permanent basis, such as, for example, foster or adoptive parents, or extended family members providing long-term care.

Perpetrator: A person who directly inflicts or supports violence or other abuse inflicted on another against his/her will.

Physical assault: An act of physical violence that is not sexual in nature. Example include: hitting, slapping, choking, cutting, shoving, burning, shooting or use of any weapons, acid

attacks or any other act that results in pain, discomfort or injury. It is one form of intimate partner violence.

Psychosocial: A term used to emphasize the interaction between the psychological aspects of human beings and their environment or social surroundings. Psychological aspects are related to our functioning, such as our thoughts, emotions and behavior. Social surroundings concern a person's relationships, family and community networks, cultural traditions and economic status, including life tasks such as school or work.

Sexual violence: Sexual violence is “any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances, or acts to traffic a person's sexuality, using coercion, threats of harm or physical force, by any person regardless of relationship to the victim, in any setting, including but not limited to home and work. Sexual violence includes, at least, rape/attempted rape, sexual abuse and sexual exploitation.

Sexual exploitation: The term ‘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. Some types of forced and/or coerced prostitution can fall under this category.

Sexual Gender-based violence: Sexual Gender-based violence (SGBV) is an umbrella term for any harmful act perpetrated against a person based on socially ascribed (i.e. gender) differences between males and females. It includes acts that inflict physical, sexual or mental harm or suffering, threats of such acts, coercion and other deprivations of liberty. These acts can occur in public or in private spaces. Common forms of SGBV include sexual violence (rape, attempted rape, unwanted touching, sexual exploitation and sexual harassment), intimate partner violence (also called domestic violence, including physical, emotional, sexual and economic abuse), forced and early marriage and female genital mutilation.³

Survivor/Victim: A person who has experienced gender-based violence. The terms “victim” and “survivor” can be used interchangeably, although “victim” is generally preferred in the legal and medical sectors, and “survivor” in the psychological and social support sectors.

Trauma: Traumatic experiences usually accompany a serious threat or harm to an individual's life or physical well-being and/or a serious threat or harm to the life or physical well-being of the individual's child, spouse, relative or close friend. When people experience a disturbance

³ IASC Guidelines for Integrating Gender-based Violence Intervention in Humanitarian Action. <http://gbvguidelines.org>

to their basic psychological needs (safety, trust, independence, power, intimacy and esteem), they experience psychological trauma.⁴

⁴ Herman, J. Trauma and Recovery: The Aftermath of Violence from Domestic Abuse to Political Terror, Basic Books, New York, 1992, p. 7.

ACRONYMS

- CSOs - Civil Society Organisations
- DPP - Director of Public Prosecution
- FGM - Female Genital Mutilation
- IPV - Intimate Partner Violence
- NFA - No Further Action
- PFA - Psychological first aid
- PSEA - Prevention of sexual exploitation and abuse
- PSS - Psychosocial support
- RFP - Referral focal point
- SGBV - Sexual Gender Based Violence
- SEA - Sexual exploitation and abuse
- SOPs - Standard Operating Procedures
- TRRC - Truth, Reconciliation and Reparations Commission