SURVIVOR-CENTERED AND TRAUMA-INFORMED APPROACHES TO POLICIES AND TOOLS IN THE INTERNATIONAL DEVELOPMENT SECTOR

RAMEESHA QAZI

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Institute of Feminist and Gender Studies
University of Ottawa

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Contents

Abstract

In this groundbreaking Master's thesis, Rameesha Qazi explores the critical realm of survivor care policies and toolkits within the NGO space, driven by her own experience of sexual violence during my work abroad. Rooted in a survivor-centered and trauma-informed framework, my analysis encompasses an evaluation of policies from organizations and essential toolkits, revealing striking gaps in addressing systemic barriers, recognizing trauma's nuanced impact, and supporting diverse coping strategies. A unique contribution to the field and in recognizing contextual variations in survivor needs, I introduce a country guide as a practical tool for NGOs to enhance their survivor care policies, providing a roadmap for how to address gaps in support.

Furthermore, extending the focus beyond policies, I scrutinize toolkits from prominent organizations and propose recommendations, emphasizing the crucial need to engage survivors, provide comprehensive support, and amplify survivor voices.

The thesis not only underscores the urgency for trauma-informed, survivor-led approaches but also challenges prevailing norms in the development sector. It aims to reshape the discourse around sexual exploitation and abuse, advocating for tangible, sustainable change in policies and toolkits to ensure the safety, support, and empowerment of survivors within the NGO space. This research stands as a testament to the imperative role of survivor voices in shaping effective, adequate, and sustainable solutions for combating sexual violence within the development sector.

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THANK YOU,

To my exceptionally supportive loved ones, I could not have done this without you.

To my supervisor, thank you for creating the space for me to do this work and for helping me manage my own trauma through the writing process.

To Taylor Swift for her albums, Halsey for Manic, to Lin Manuel-Miranda for the Hamilton soundtrack, and to all the other music that helped me get through this process.

To my four-legged family for keeping me sane.

Dedication

This is for all the survivors that came before me, all the survivors that aren't believed, and all the survivors who cannot ask for help.

For all the survivors who are not yet survivors, I hope the resources I want to mainstream through this research help make your recovery just a little easier.

And I am sorry.

Acronyms

ACFID	Australian Council for International Development
AKFC	Aga Khan Foundation Canada
BOND	British Overseas NGOs for Development
CDFC	Co-operative Development Foundation of Canada
CHS	Core Humanitarian Standard Alliance
EWB	Engineers Without Borders
NGO	Non-governmental organization
PSEA	Protection against Sexual Exploitation and Abuse
SUCO	Solidarité Union Coopération
TICSCA	Trauma Informed Care and Survivor Centered Approaches
UN Peace Ops	United Nations Peace Operations

1. Introduction

Global sexual violence statistics should be enough to justify the continued need for more research and work to be done to understand and mitigate the prevalence of it: an estimated 736 million women—almost 1 in 3 or 30% of women aged 15 and older—have been subjected to physical and/or sexual intimate partner violence, non-partner sexual violence, or both at least once in their life. This figure does not include sexual harassment. Only 45% of people in Canada fully understand what it means to give consent to sexual activity (CWF, 2022). The rates of depression, anxiety disorders, unplanned pregnancies, sexually transmitted infections, and HIV are higher in women who have experienced violence compared to women who have not, as well as many other health problems that can last even after the violence has ended (World Bank, 2023; CWF, 2022; UN Women, 2022).

1.1. Topic and Research Question

The current non-governmental organization (NGO) sphere has policies and tools in place to support their staff if they are subjected to acts of sexual violence. A lot of these systems and resources, however, are not rooted in practice, nor in survivor-centred or trauma-informed approaches. This is not just speculation; it is based on my lived experience. As a survivor of a rape that took place while working in the NGO sphere, I have firsthand, lived knowledge of the fact that systems and resources in place are not up to par. These systems do not currently meet the needs of survivors and those who accompany them through these processes. The proposed research will investigate ways to better meet these needs. The findings of the research will contribute to addressing gaps in access to adequate survivor-centred and trauma-informed resources.

My research question is:

1) “What parameters would a strong Protection against Sexual Exploitation and Abuse (PSEA) policy and tool contain?”.

The sub-questions are as follows:

2) How do current policies fare next to this ideal?
3) How do current tools fare next to this ideal?
4) What would these findings look like in a resource for any particular country?

Ultimately the research goal is to inform advocacy for more adequate, accessible, and sustainable systems of support, rooted in intersectionality and with survivor-centred, trauma-informed approaches. I will define and explore these concepts further below in Section 1.3.

1.2. Research Objectives

The only real goal I have for this work is to help make the process a little bit easier for the next person who may have to follow it. I am not naïve in assuming that the issue of sexual violence will be eradicated in our lifetime, but I know that collectively the processes and systems for accessing resources and support can be greatly improved.

Ultimately the principal goal is for this research to become a tool of advocacy to push for more adequate, accessible, and sustainable systems of support, rooted in intersectionality and with survivor-centred, trauma-informed approaches. Some of the other research objectives are:

1) To lay out what survivor care policies and tool kits currently look like in the Canadian NGO space
2) To create survivor-led, survivor-centred, and trauma-informed resources for survivors and their accompaniers
3) To outline what survivor-centred and trauma-informed policies and tool kits in the NGO sphere in Canada would look like
4) To create a survivor-led, survivor-centred, and trauma-informed tool for reviewing policies

1.3. Key Concepts

There are many ways that this work can be approached. Because I wish to understand survivor-centred and trauma-informed approaches, I have come to learn that intersectionality is the best way. A survivor is not just a survivor of gender-based violence (GBV) but also systemic inequalities. By only looking at the gender side of things, usually, more than half the picture is missing which means that policies and tools that are created will not respond to the actual needs of a survivor. In the following section, I will explore further my rationale for using intersectionality as a theoretical framework, and below I will briefly define a survivor-centred and trauma-informed approach.

A survivor-centred approach "centralizes survivors' autonomy and requires that researchers and practitioners collaborate with survivors to understand their unique needs, contexts, and means of coping in order to provide relevant information for survivors to make their own informed choices" (Jumarali 2021). This approach at its core believes that survivors know their situations and needs best. A survivor-centred approach has profound ethical, legal, and other implications (Kyriakides 2022), by understanding that systems – which are outdated and are causing more harm to survivors – need to be rebuilt.

What is a trauma-informed approach? A "program, organization, or system that is trauma-informed realizes the widespread impact of trauma and understands potential paths for recovery; recognizes the signs and symptoms of trauma in clients, families, staff, and others involved with the system; and responds by fully integrating knowledge about trauma into policies, procedures, and practices and seeks to actively resist retraumatization" (Lee 2021). Adopting trauma-informed approaches involving gradual transitions may improve the safety of those exposed to trauma (James 2020) which is critical in ensuring that those who have already been victimized do not fall victim to more harm (Butler, Critelli and Carello 2019).

Organizations who wish to support those who are subjected to trauma need to ensure that the systems (policies and tools) they design and implement need to "support … authentic engagement with clients and to invest in organizational cultures where [staff] can exercise [their] professional autonomy necessary to compassionately and respectfully meet the unique needs of all survivors" (Kulkarni 2018). They will be able to do this if they ensure their systems are designed for survivors by survivors, or at the very least are created with a survivor-centred and trauma-informed lens at the core of their work.

1.4. Theoretical and Conceptual Framework

As policies design peoples' practices, I believe that in collecting and analyzing the policies and tools that are out there, using grounded theory makes the most sense as one of the main approaches to my work. Grounded theory is used to describe "theories that were empirically derived from real-world situations" (Oktay 2012, 4). The diagram below illustrates the key concepts that frame this research, as defined above in Section 1.3.

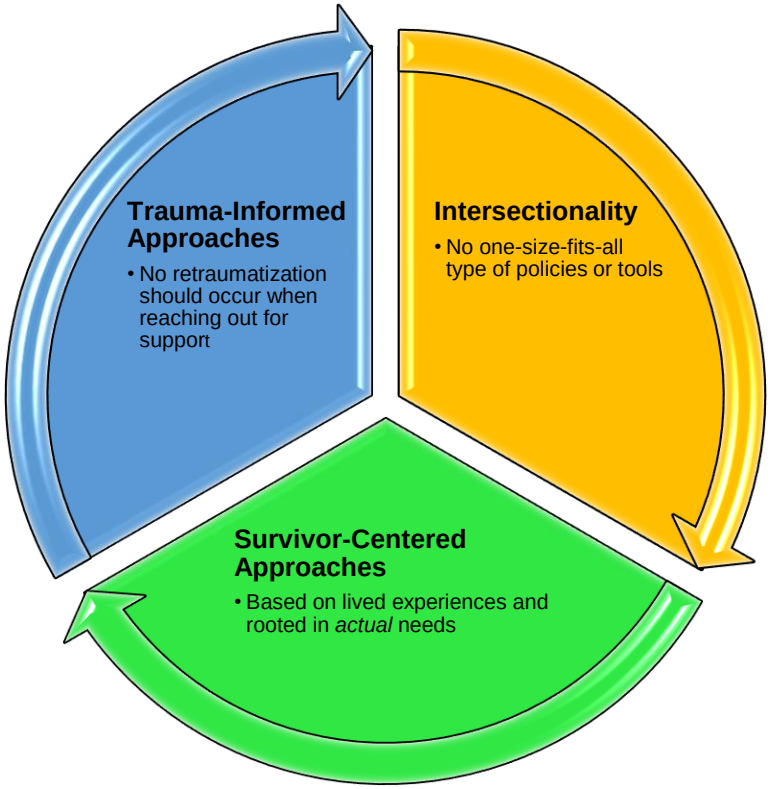

Figure 1 : Theoretical and conceptual framework

Since I am working with both a feminist and an international development theoretical lens in my work, I would be remiss not to touch on the frameworks that are driving the gender equality movement in international development today. At the time of writing this paper, the most widely accepted framework remains *gender mainstreaming* (Moser 2014; Moser and Moser 2005). UN Women has stated on their website that "Gender mainstreaming is a [...] strategy [...] to achieve the goal of gender equality" (United Nations n.d.). Women are disproportionately the victims of violent crimes and this, in turn, means that they disproportionately bear the burden of being survivors.

> Mainstreaming involves ensuring that gender perspectives and attention to the goal of gender equality are central to all activities - policy development,

> research, advocacy/dialogue, legislation, resource allocation, and planning, implementation and monitoring of programs and projects. (UN Women 2022)

Beyond gender mainstreaming is the incorporation of an intersectional lens in development work. It is important to me that this research operates through an intersectional (Crenshaw 1991, Collins 1986/2000, Bilge 2013) approach so tools for effective and sustainable social change can be implemented in bigger and better ways. Audre Lorde's feminist discourse is the cornerstone of some of the most prevalent theories in feminist and gender studies today. In the late '60s, Lorde said, "There is no such thing as a single-issue struggle because we don't live single-issue lives," (Lorde 1982) and in the early '80s she wrote, "There is no hierarchy of oppression." (Lorde 1983)

What theories did Lorde's perspective lead to? I would argue that it led directly to Kimberlé Crenshaw coining the term *intersectionality*. In a paper she co-authored, Crenshaw described intersectionality as "a method and a disposition, a heuristic and analytical tool" (Carbado, 2013). As Lorde would lay the foundation for Crenshaw, Crenshaw would lay the foundation for Patricia Hill Collins. Collins (2016) refers to something called the "interdependent phenomena" which highlights the "[interdependence] of oppressions, whether based on race, gender, class, sexuality, disability, nationality, or other social categories". I believe that this explains what Crenshaw meant when she came up with the term intersectionality and it shows that the multi-faceted complexities of real life should be considered in research design (Cho 2013, Hvenegård-Lassen 2020, MacKinnon 2013).

Crenshaw (1991) coined the term intersectionality to be able to fully describe how systems of oppression overlap to create people's lived experiences. Crenshaw writes about how feminist and antiracist analyses of violence against women (VAW) were not thoroughly dissecting the extent to which different women struggle within the status quo. Crenshaw also outlines how women from many immigrant communities are vulnerable to violence not just because they are women, people of colour, or poor, but because the systems in place were designed to deliberately subjugate them.

Crenshaw wrote this piece over 30 years ago, but the problems she outlines persist. The central idea she presents is that the experiences of women survivors of colour are products of intersecting patterns of racism and sexism, yet they are not included in discourses on feminism or racism. The voices of survivors, especially women of colour, are more important than tokenistic gestures toward diversity because they can speak to specific issues that few know about, or even understand. When Crenshaw started her work, she was focused on the lives of Black women and how they were being shaped by these systems of oppression; today the term is used in many contexts to describe the lived experiences of all (marginalized) people.

Patricia Hill Collins (2019, 1) writes about intersectionality:

> It was clear that deeply entrenched social inequalities would not disappear overnight, nor would the social problems that they engendered. What was different was a new way of looking at social inequalities and possibilities for social change. Seeing the social problems caused by colonialism, racism, sexism, and nationalism as interconnected provided a new vantage on the possibilities for social change.

The goal of using this vantage is to ensure we, as researchers and practitioners, understand how gender interacts with all axes of diversity and systems of oppression. Can this be done considering that "A [gender mainstreaming] framework prioritizes gender as an entry point to addressing inequity, whereby intersectionality rejects the prioritization of any one factor in such understandings and responses" (Hunting 2020)? It is possible to make sure that these two frameworks work together to achieve a

common goal. This can be done by ensuring that a gender-*first* approach is used and not a gender-*only* approach to understanding how systems of oppression come together to define women's lived experiences.

Collins lays out very clearly that intersectionality's paradigmatic ideas are relationality, power, social inequality, social context, complexity, and social justice (2019). In looking at these six core constructs it is important to understand how they fit together. **Relationality** helps us to understand the systems in which **power** gain or lose power, which is based on **social inequity** and **social context**. These four pieces come together in incredibly **complex** ways as they are all dynamic, constantly changing and sometimes without warning, which leads to **social justice** issues coming to light for all to see. Next, she lays out the four-guiding premises of these ideas:

1. Race, class, gender, and similar systems of power are interdependent and mutually construct one another.
2. Intersecting power relations produce complex, interdependent social inequalities of race, class, gender, sexuality, nationality, ethnicity, ability, and age.
3. The social location of individuals and groups within intersecting power relations shapes their experiences within and perspectives on the social world.
4. Solving social problems within a given local, regional, national, or global context requires intersectional analyses. (2019)

The breakdown of the core constructs and the guiding premises of intersectionality's paradigmatic ideas is a helpful explanation as it shows how to best understand the ideas and practices behind intersectionality as a framework of analysis. Using intersectionality as one of my research approaches will also ensure that I can highlight where access to resources is dependent on the victim's identity.

1.5. Contribution to the Literature

When searching for literature on Canadian NGOs and how they protect or support their staff when it comes to sexual exploitation and abuse (SEA) I found little literature directly on the topic. The literature that kept coming up concerned the abuse of aid beneficiaries, with articles such as:

- "Sexual exploitation and abuse in peace operations: trends, policy responses and future directions," by Jasmine-Kim Westendorf and Louise Searle (2017).
- "Sexual Exploitation and Abuse in UN Peacekeeping Missions: Problematising Current Responses," by Marsha Henry (2013).
- "'MINUSTAH is doing positive things just as they do negative things': nuanced perceptions of a UN peacekeeping operation amidst peacekeeper-perpetrated sexual exploitation and abuse in Haiti," by Carla King, Greg Ferraro, Sandra C. Wisner, Stéphanie Etienne, Sabine Lee, and Susan A. Bartels (2021).
- "Governing sexual behaviour through humanitarian codes of conduct," by Stephanie Matti (2015).

In sum, the literature looks at looks mostly at UN Peacekeeping missions and peacekeepers. There is a long history of UN Peacekeepers and aid workers committing acts that fall under SEA against the people they are supposed to be helping. In 2018, Oxfam was accused of covering up an investigation into the hiring of sex workers for orgies by staff working in Haiti after the 2010 earthquake (Gayle 2018). Once the news of this broke, it became even more clear that this was and is a problem in the humanitarian sphere. This is a serious issue that remains underaddressed.

Even less addressed is how NGOs protect their own staff facing SEA. Very little literature considers how NGOs, not just in Canada but around the world, protect the people that work for them in cases of SEA that happen to them or how they support beneficiaries that come forward needing the same kind of help. While I am not positioned to write about how NGOs assist beneficiaries, I believe that my work is well-positioned to support NGOs in protecting their staff.

"Research can … give voice to the experiences of survivor advocates" (Gill 2018), however, it must be done effectively. Traumatized survivors are indispensable in holding accountable the perpetrators (Milam 2017) and should be supported on their journeys to recovery. Bowen et al. (2016) lay out a framework which can be used to analyze policies from a trauma-informed lens, which I discuss further in Chapter 3. Bowen et al. (2016) suggest that "Policy is fraught with compromise, and just as trauma-informed social service programs may not fully actualize all principles of trauma-informed care at all times, it is unlikely that any single policy or article of legislation would fully reflect all the principles [of trauma-informed approaches]". Given that "it is important to stress from the outset that there is a lack of material on the concrete implementation of survivor-centred approaches" (Clark 2021), the proposed research comes at a time and place where it has an important contribution to make, through a three-part theoretical framework that brings in an intersectional, trauma-informed, and survivor-centred approach.

1.6. Ethics Note

In the next chapter, I will describe my research methods. This research draws only on documents that are readily available to the public and does not include human subjects. In using autoethnography, a grey literature review, and secondary sources, the need for institutional ethics approval did not arise.

1.7. Thesis Overview

The remainder of the thesis contains six chapters. These chapters are as follows:

- Chapter 2: looks at methods and outlines the steps I took to complete my research
- Chapter 3: looks at the "report card" tool I created and the rationale for it, as well as the limitations it has
- Chapter 4: presents a critique of policies that some Canadian organizations are using in PSEA
- Chapter 5: presents a critique of the tools that some Canadian organizations are using in PSEA
- Chapter 6: outlines the country guides project that I have developed to respond to ever-present challenges in the response to sexual and gender-based violence

This paper will first, create a "report card" to assess the policies that currently exist in the Canadian NGO space. It will then assess the policies and toolkits that already exist. It will then outline the need for and the process of how to create survivor-led, survivor-centred, and trauma-informed resources for survivors and their accompaniers. The report card model was used as it is universal and easily accessible to most people who would encounter it. The appendices include a report card template, a checklist to ensure policies are survivor-centered and trauma-informed, as well as the data collection tool to make a country guide, and all the sample country guides to date.

2. Methodology

2.1. Alignment of Methods with Research Questions

My research question changed throughout my studies from when I first arrived at the University of Ottawa. It began as “What resources are needed for robust PSEA policies and tools to protect women who do human rights work?”. Throughout my studies, it has become clear that that question is not nuanced enough, and the answer is simple: more resources.

As stated above, my research question has become:

1) “What parameters would a strong Protection against Sexual Exploitation and Abuse (PSEA) policy and tool contain?”

With the following sub-questions:

2) How do current policies fare next to this ideal?
3) How do current tools fare next to this ideal?
4) What would these findings look like in a resource for any particular country?

For each question and sub-question, I have chosen a particular method. I will list these methods below and devote a chapter section for each below:

1) "Report Card": In answer to the question about what parameters a strong policy and tool would contain, I conduct a review of secondary sources alongside autoethnographic observations, to iteratively develop (using grounded theory) an assessment framework, which I call a “report card”. I then use this blank “report card” in the subsequent two chapters.
2) “Policy Critique”: To consider how current policies fare next to this ideal, I use the assessment framework to develop a completed report card for existing PSEA policies.
3) "Tool Critique": To consider how current tools fare next to this ideal, I use the assessment framework to develop a completed report card for existing PSEA tools.
4) "Building Country Guides": Grounded Theory to triangulate findings from the "report card" and secondary literature review. This is addressed below.

2.2. Policy Shortlisting: Canadian NGOs and Overseas Volunteering

Canadian NGOs have been around for decades and for most of that time – from the late 1950s to the present -- they have sent Canadian volunteers abroad (Ngo 2013, 2). After the establishment of the Canadian International Development Agency (CIDA) in 1968, CIDA focused on sending youth internationally to “be more active global citizens [and] make a difference in Canada and abroad (Ngo 2013, 2). This trend for organizations to send youth overseas is important as it continues today, where

organizations and cross-cultural programs sometimes start as young as 15 (International Volunteer HQ 2023; GVI 2023; Budd 2023; Projects Abroad 2023).

There are a lot of NGOs in Canada and there is no way to look at them all. To pick the organizations I would be looking at I started with the Canadian Government website that lists the organizations that are part of the volunteer cooperation program (VCP) (Global Affairs Canada 2023). The VCP is the most current version of the program that sends youth overseas and is described online as:

> "…opportunities for skilled Canadians to participate in Canada's international development assistance efforts. The program supports Canadian organizations in sending a broad range of Volunteers interested in lending their time and expertise to help communities in developing countries. The VCP (2020-2027) aims to deploy more than 10,000 Canadian Volunteers to some 50 developing countries."

Ngo (2013, 2-3) wrote, "Today, there are more than 20 Canadian organizations sending youth abroad, such as Uniterra, Engineers Without Borders, Global Youth Action Network, Students for Development Program, YMCA and Free the Children that promote volunteering abroad as a way to develop global citizenship". At the time of my research, Global Affairs Canada has 13 organizations on their list. I decided to add the Aga Khan Foundation Canada (AKFC) to this list since I know of and have participated in their fellowship program which is very prestigious in the development sector.

Looking at the list I had compiled of organizations that send youth overseas for placements, I realized it was quite long. To then shorten this list, the next step was to look for organizations that had the following policies available for the public to see:

a) Safeguarding
b) Gender
c) PSEA
d) Ethics/Code of Conduct

It is a newer standard for organizations to have policies around safeguarding and PSEA, and the mere fact that they exist is a step in the right direction.

The results then looked like this:

Organizations	Policies			
	Safe-guarding	Gender	PSEA	Ethics/ Code of Conduct
1. Aga Khan Foundation Canada (AKFC)	Yes	Yes		Yes
2. Catalyste+			Yes	Yes
3. Co-operative Development Foundation of Canada (CDFC)			Yes	
4. Crossroads International		Yes	Yes	Yes
5. Cuso International (CUSO)	Yes		Yes	Yes
6. Engineers Without Borders (EWB)				
7. Fondation Paul Gérin-Lajoie			Yes	Yes
8. International Bureau for Children's Rights	Yes	Yes		
9. Oxfam-Québec	Yes	Yes	Yes	Yes

Organizations	Policies			
	Safe-guarding	Gender	PSEA	Ethics/ Code of Conduct
10. SUCO		Yes	Yes	Yes
11. UPA Développement international		Yes		Yes
12. Veterinarians Without Borders				
13. World University Service of Canada (WUSC)				
14. Youth Challenge International (YCI)			Yes	Yes

Table 1: Institutions with policies on safeguarding, gender, PSEA, or ethics

Based on the policies that were available on their websites as public information, the list of organizations for policy analysis was created (i.e. all organizations that each had 3-4 of the four kinds of policies):

1) Aga Khan Foundation Canada
2) Crossroads International
3) Cuso International
4) Oxfam-Québec
5) SUCO

Based on the policies I found, I did a feminist content analysis. Content analysis, which is seen as a flexible method for analyzing text data by researchers, and the specific type "varies with the theoretical and substantive interests of the researcher and the problem being studied" (Hsieh and Shannon 2005, 1277). Patricia Leavy (2011, 22) writes, "Feminist content analysis will continue to offer a perspective and tool for investigating technological developments and the complex ways they may come to stifle and/or promote equality for women."

Tilley (2018, 2-3) writes about the characteristics of feminist discourse analysis. It includes four main points that are in line with the methodology used in the research of this paper. The four characteristics of feminist discourse analysis are:

1) Critically examining and challenging assumptions in discourse related to power dynamics, particularly patriarchy.
2) Intersectionality; considering the interconnectedness of social categories.
3) Recognizing discourse as both pervasive and intensely material, going beyond text or talk to actively shape and limit subjects and their relationships.
4) An empathetic understanding of the ways in which people are caught within and pressured by social, cultural, professional, and political systems and structures.

Essentially, Tilley writes, "Feminist discourse analysis helps illuminate connections between individuals' life situations and the broader institutional, economic, and political structures containing those lives" (2018, 3) which is what this paper seeks to di as well.

This feminist content analysis, a qualitative research method, focused on the language in the context of these policies, giving special consideration to the contextual meaning through them (Hsieh and Shannon 2005, 1278; Tilley 2018, 1). The findings of the analysis of these policies can be found in Chapter 4.

Qualitative research methods were chosen because, some researchers argue that that only qualitative methods can capture the subtleties and nuances of women's lived experiences and, furthermore, that these methods are "better" and "more feminist" than quantitative approaches (Hesse-Biber 2010, 128).

"Feminist" research focuses on the lives of women and probes questions of power, difference, silence, and oppression, with the goal of moving toward a more just society for women and other oppressed groups (Hesse-Biber 2010, 129). Feminist research, among many things, does the following: ask new questions, address issues of difference, stress the importance of the empowerment of women in the research process by advocating the practice of reflexivity, and stress the importance of social justice, social transformation, and social change on behalf of women and other oppressed groups (Hesse-Biber 2010, 131). The research presented in this paper does all four of these things.

Another principle of feminist research upheld in this paper is: "Feminist research aims for social transformation and change for women and other oppressed groups. Feminists often employ their research findings in the service of public policy issues." (Hesse-Biber 2010, 145). Referring back to the objectives of this research, which is "to become a tool of advocacy to push for more adequate, accessible, and sustainable systems of support, rooted in intersectionality and with survivor-centred, trauma-informed approaches", social transformation is the ultimate goal of this paper and a goal of feminist research.

2.3. Tool Shortlisting: Guides and Handbooks to Address PSEA

In a sector built on supporting the world's most vulnerable populations, it can be hard to imagine taking advantage of people in those vulnerable populations, but it does happen. The need for PSEA first became widely apparent in 2002:

> "In 2002, a report detailed sexual abuse and exploitation of refugees by aid workers in West Africa. It became known as the 'West Africa food for sex scandal' and triggered a major response across the aid sector. The UN Secretary General issued a bulletin on Special Measures for the Protection from Sexual Exploitation and Abuse (PSEA). The UN Interagency Standing Committee (IASC) PSEA Task Force was established and at the same time, a group of child-focused international nongovernmental organizations (NGOs) established the Keeping Children Safe Coalition (now Keeping Children Safe). The coalition developed a set of standards and tools to safeguard children from all forms of harm, including sexual exploitation and abuse." (Safeguarding Resource & Support Hub 2020-2023)

Overall, Canadian NGOs do not produce their own tool kits when it comes to PSEA. However, organizations that operate as multilaterals, alliances and/or hubs that bring different NGOs to collaborate on resources, or nationally dedicated centres on PSEA do create such handbooks.
To shortlist the toolkits I used a slightly modified version of the same rubric that I created for the policy review [refer to Figure 5.

Through my work experience and a review of organizations that are leaders in the PSEA sector, I was able to create a list of toolkits that are looked at as key resources across the sector. The list is as follows:

1) BOND: 20 core elements: a toolkit to strengthen safeguarding report-handling
2) CHS: PSEAH Implementation Quick Reference Handbook
3) ACID: Guidance for the Development of a Prevention of Sexual Exploitation, Abuse and Harassment Policy
4) FORUS: KEEPING PEOPLE SAFE: A guide to safeguarding for non-governmental organizations and platforms
5) UN Peace Ops: Sexual Exploitation and Abuse Risk Management Toolkit
6) DIGNA: Toolkits for addressing PSEA

The findings of the analysis of these policies can be found in Chapter 5.

3. Report Card

3.1. Autoethnography

Autoethnography is a form of research where researchers can connect their lived experiences to wider social issues. I believe that autoethnography is important in my approach to this work as I am positioning myself as qualified to do this work (Bouvard 2001) because I am a woman of colour, an immigrant, and a survivor. It is about time we start listening to the survivors who are brave enough to come forward and doing work on survivors, by survivors, for survivors. Anything less perpetuates the same systems that allow – and will continue to allow – many intersecting layers of violence.

I also sought to outline how this work should be done to eliminate the reliance on damage-centred research (Tuck, Tuck & Yang) moving forward. When talking about intersectionality Crenshaw talks about how change within a system can only be demanded in ways that reflect the logic of the institutions they are challenging. Patricia Hills Collins states:

> "intersectionality named the structural convergence among intersecting systems of power that created blind spots in antiracist and feminist activism. Crenshaw counselled that antiracist and feminist movements would be compromised as long as they saw their struggles as separate and not intertwined. Significantly, racism and sexism not only fostered social inequalities but also marginalized individuals and groups that did not fit comfortably within race-only, gender-only mono-categorical frameworks. Women of colour remained politically marginalized within both movements, an outcome that both reflected the harm done by racism and sexism and limited the political effectiveness of both movements." (Collins 2019)

In understanding the complexities and systems which intersectionality as a framework can cover and effectively dismantle, there are a few clouds of doubt in its ability to have this effect – and one of these clouds is the fact that damage-centred research is the main way in which much research happens on marginalized communities.

Catharine A. MacKinnon (2013, p 1020) writes that:

> Intersectionality as [a] method … does not simply add variables. It adopts a distinctive stance, emanates from a specific angle of vision, and, most crucially, embodies a particularly dynamic approach … while remaining grounded in the experiences of classes of people within hierarchical relations 'where systems of race, gender, and class domination converge,' criticizing a rigidly top-down social and political order from the perspective of the bottom up.

MacKinnon is clear in her work that intersectionality understands the complex ways in which hierarchies work while also arguing that there is indeed no hierarchy of oppressions – as Lorde so wonderfully stated many years before.

During the research phase of this paper, I found a 10-step checklist on how to mobilize an intersectional lens in different sectors of work done by The Opportunity Agenda (2017). Based on that list I think that there are five concrete steps for ensuring an intersectional approach is being used: (1) Intersecting issues; (2) Inclusivity; (3) Collaboration; (4) Disaggregated data; and (5) Results sharing. These five steps

helped in the development of an assessment framework while keeping in mind some root causes of inequalities, as described below.

3.2. “Report Card” Development

The first step for the report card was to develop a list, by reviewing my autoethnographic journal entries of the past, of the things I needed when I was raped abroad. This list was as follows:

- To be believed by my peers, doctors, and those I work with
- Local support person to translate and navigate the system
- Money (this would be used for but is not limited to hospital bills, calls home, medications, and flights home)
- Someone to accompany me to the hospital (local or not)
- Alternate housing or hotel stays depending on the situation
- Leave from work (preferably paid)
- Transportation (from where it happened to home, home to the hospital, to the consulate)
- Support from the embassy or consulate

The next step was to understand what the literature says is best practice when you are developing a trauma-informed system that is survivor-centred and intersectional. Many authors have listed what survivor-centred approaches and/or trauma-informed approaches/systems should include and the principles they should be built on. The literature outlined in the table below and Figure 3 is what I leveraged to create the report card in the next section of this chapter.

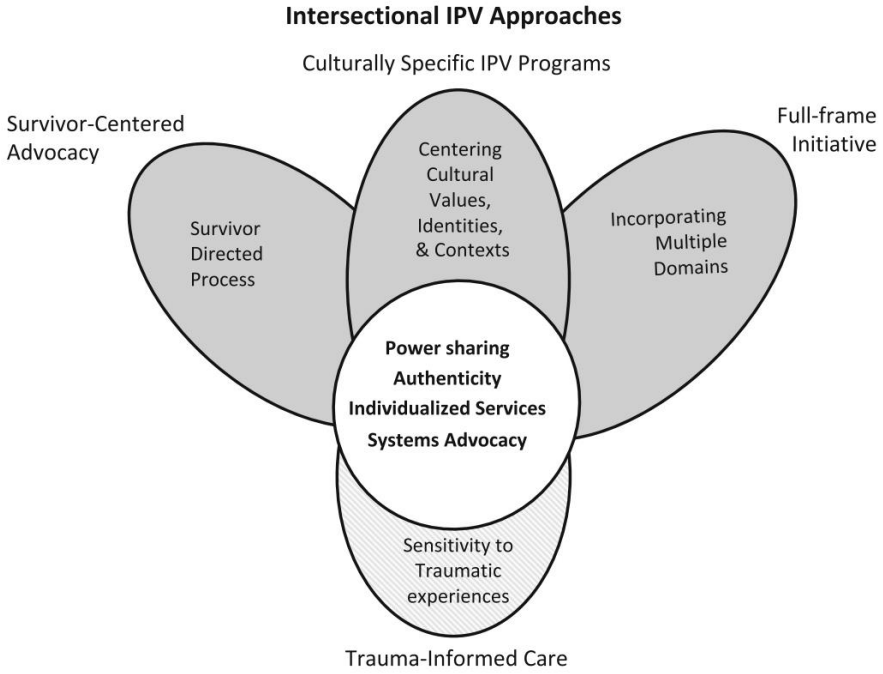

Figure 2: Intersectional trauma-informed intimate partner violence approaches from Kulkarni (2018).

Author	Criteria/Principles	
Bowen and Murshid (2016)	Principles of trauma-informed social policy	Safety
		Trustworthiness and Transparency
		Collaboration and Peer support
		Choice
		Intersectionality of identity characteristics
Elliott, Bjelajac, Fallot, Markoff, Reed (2005)	The 10 principles of trauma-informed services	Recognize the impact of violence and victimization on the development and coping strategies
		Identify recovery from trauma as a primary goal
		Employ an empowerment model
		Strive to maximize a women's choice and control over her recovery
		Are based on a relational collaboration
		Create an atmosphere that is respectful of survivors' needs for safety, respect, and acceptance
		The goal of trauma-informed services is to minimize the potential for retraumatization
		Emphasize women's strengths, highlighting adaptations over symptoms and resilience over pathology
		Strive to be culturally competent and to understand each woman in the context of her life experiences and cultural background
		Trauma-informed agencies solicit consumer input and involve consumers in designing and evaluating services
Harris and Fallot (2001)	Requirements for creating a trauma-informed system of care	Administrative commitment to change
		Universal screening
		Training and Education
		Hiring practices
		Review of policies and procedures
Soueid, Willhoite, Sovcik (2017)	Mental health-informed principles of working with survivors	(1) Safety and stability; (2) Remembrance and mourning; (3) Reconnection
	Creating a safe environment	(1) Preparation; (2) Confidentiality; (3) Settling boundaries; (4) Do no harm; (5)Follow up
Lee, Kourgiantakis, Lyons, Prescoss-Cornejo (2021)	A program, organization, or system that is trauma-informed:	Realizes the widespread impact of trauma and understands potential paths for recovery
		Recognizes the signs and symptoms of trauma in clients/families/staff/other key stakeholders
		Responds by fully integrating knowledge about trauma into policies, procedures, practices
		Seeks to actively resist retraumatization

Author	Criteria/Principles	
	Policies that are built on trauma-informed approaches include the following principles	Trauma awareness or acknowledgement
		Safety and trustworthiness
		Choice, collaboration, and relational connection
		Strengths and skill building
		Cultural, historical, and gender sensitivity and safety
		Engagement
		Developmentally appropriate considerations
Jumarali, Nnawulezi, Royson, Lippy, Rivera, Toopet (2021)	Strategies for participatory engagement	Trust
		Restore choice and control
		Support or enhance methods of coping
		Promote emotional safety
Bedera (2021)	Preventing and addressing institutional betrayal	Respond adequately to claims of trauma
		Proactive steps to avoid retraumatization
		Recognize the severity of victims' experiences
		Make it easy to report
		Create an environment in which sexual violence seems less likely
Cattaneo, Stylianou, Hargrove, Goodman, Gebhard, Curby (2021)	The Nature and Challenge of Survivor-Centered Practice for Intimate Partner Violence (IPV) Survivors	Increasing opportunities for survivors to exercise meaningful choices
		Listening deeply and amplifying survivors' voices
		Engaging in collaborative Partnerships which seek to minimize power differentials
		Crafting individualized solutions that build on survivors' strengths
		Providing validation and support of survivors' experiences
		Addressing systemic elements that limit survivors' opportunities and access to resources and justice
Maynard, Farina, Dell, Kelly (2019)	Four key elements	Realizes the widespread impact of trauma and understands potential paths for recovery
		Recognizes the signs and symptoms of trauma in clients, families, staff, and others involved with the system;
		Responds by fully integrating knowledge about trauma into policies, procedures, and practices
		Seeks to actively resist retraumatization of both persons served and staff
	Six principles	Safety
		Trustworthiness and transparency

Author	Criteria/Principles	
		Peer support
		Collaboration and mutuality
		Empowerment, voice and choice
		Cultural, historical, and gender issues
Tebes, Champine, Matlin, Strambler (2019)	Trauma-informed practices are characterized by	Realizes the widespread impact of trauma and understands potential paths for recovery
		Recognizes the signs and symptoms of trauma in clients/families/staff/other key stakeholders
		Responds by fully integrating knowledge about trauma into policies, procedures, practices
		Seeks to actively resist retraumatization

Table 2: Criteria and principles derived from the literature

3.3. “Report Card” and Review of Grey Literature

The research topic and research questions are big when looking at the international development sector as a whole, but I decided to include the following criteria when looking at these policies and tools:

- I looked at the policies from Canadian NGOs and national PSEA hubs that exist (currently only in the UK, Australia, and Canada)
- I looked at the NGOs that have programs that send youth abroad for work/volunteer experiences; these were then filtered further based on whether they had public PSEA or safeguarding policies (which is best practice)

To answer my research questions, I gathered the policies and toolkits that exist in the sector and are publicly available.

Once I gathered these tools but had not yet read them, I made a list of all the things that I needed in the wake of my sexual assault to feel like I was supported and able to make decisions for myself. I then used the body of academic literature I have identified to add to this list. The goal here was to develop a “report card” with the criteria for what should be included and three levels of grading (see *Figure 5* for the report card that I developed).

This report card idea I felt would be most impactful as most people are familiar with the concept, it is used in academia regularly to measure progress across areas of studies (i.e., Carleton Trans Advocacy Group (CTAG) Calls to Action) and of students, and it is used frequently in the NGO space (i.e., Oxfam Canada’s Feminist Scorecard). We also see report cards like this in Canada around election time where party platforms are graded. I think it will have a big impact on the sector as it will look like something people are familiar with and show clear steps on how to improve.

Criteria			Weight	Grade (alphabetical/numerical)				
				F (0)	D (1)	C (2)	B (3)	A (4)
1		**Institutional Commitment**						
1.1		• Administrative commitment to change						
1.2		• Fully integrate the knowledge of trauma into policies and procedures	*2*	0/4	1/4	2/4	3/4	4/4
1.3		• Training and education on policies and TIA						
1.4		• Regular review of policies and practices						
2		**Institutional Culture**						
2.1	*	• Survivors are believed and experiences validated						
2.2		• Acknowledges intersectionality (historical/gender/cultural)	*1*	0/4	1/4	2/4	3/4	4/4
2.3	*	• Listen to and amplify survivor voices						
2.4		• Understanding of trauma and paths to recovery						
3		**Guiding Principles of Policies**						
3.1		• Emotional Safety						
3.2		• Intersectionality						
3.3		• Addresses systemic elements that limit survivor access to resources and opportunity	*2*	0	1-2	3-4	4-5	6+
3.4	*	• Actively resists retraumatization						
3.5	*	• Identifies recovery as a primary goal						
3.6		• Recognizes the impact of violence on development and coping strategies						
3.7		• Transparency						
4		**Trauma-Informed Care and Survivor-Centered Advocacy (TIC & SCA)**						
4.1		• TIC/SCA Mentioned						
4.2		• Pre-identified support person						
4.3		• Concrete steps for the context the survivor is in						
4.4		• Safety is prioritized (confidentiality)	*3*	0	1-3	4-5	6-8	9+
4.5		• Make it easy to report						
4.6		• Choices are available for pre-vetted services						
4.7		• Confidentiality						
4.8		• Do No Harm						

Criteria			Weight	Grade (alphabetical/numerical)				
				F (0)	D (1)	C (2)	B (3)	A (4)
4.9		• Engage survivors in developing and evaluating the process						
4.10		• Support/enhance methods of coping						
5		**Empower Survivors**						
5.1	*	• Restore choice and control	*3*	0/4	1/4	2/4	3/4	4/4
5.2	*	• Maximize choice						
5.3		• Power sharing						
5.4		• Survivor directed process						
6		**Resources for Survivors**						
6.1	*	• Financial support (hospital, meds, phone calls, flights, hotel, insurance)	*1*	0	1	2	3	4
6.2	*	• Appropriate medications provided (Plan B, PreP, Antibiotics)						
6.3	*	• Arrange hotel/housing						
6.4	*	• Provide leave from work						

Table 3: Report card created based on the literature and autoethnography

3.4. Asterix System

In the blank report card, I have included a column of asterisks which is to signify everything that I have included from my lived experience as well as from the literature.

When I sought support, I was asked at various points if I was lying or if I had chosen to do this and then changed my mind, which is why criteria 2.1 and 2.3 are critical to this work. In my experience, there are systems in place to assist in the aftermath of such an event happening that do retraumatize survivors therefore including criteria 3.4 is crucial and it stems from both the literature and my lived experience.

Criteria 5.1 and 5.2 are also from my lived experience and the literature as ensuring survivors have their choices restored after someone else took them away is extremely important when starting the road to recovery. Not having choices in the aftermath of such an event also leads to retraumatization as others continue to make decisions for the survivor.

The criteria in section 6 of the report card come directly from my lived experience:

1) *Financial support (hospital, meds, phone calls, flights, hotel, insurance)*
    I. I was essentially an intern working overseas for a stipend that was not enough for the medical assistance I needed, and it was the norm at the hospital I was in to pay upfront for the tests needed. There was no working credit card system and so cash was needed, and quickly.
    II. I chose to end my contract early and it was important for my flight ticket to be changed which meant the organization I was working for needed to pay for a new flight, which I could not afford.

2) *Appropriate medications provided (Plan B, PreP, Antibiotics)*
    I. The country I was in did not have any Plan B medication as family planning was not allowed there at the time, luckily one of my roommates (a fellow Canadian) was working for an organization that had one dose of Plan B covered under their insurance and I was able to get it. If my organization had known that beforehand they would have been able to ensure I was also travelling with Plan B.

3) *Arrange hotel/housing*
    I. I needed a night away from where I was living and my organization was able to arrange this for me, again I was working as an intern and was not able to afford a night at a hotel on my own.

4) *Provide leave from work*
    I. I could no longer focus on work in the weeks after my assault, and I needed support from my organization to take time off and eventually end my contract early to return home to Canada.

3.5. Blind Spots

Based on my lived experience as an expatriate overseas when I was assaulted, I know that one of the most important resources for me was effectively useless: the Canadian Consulate.

As a Canadian citizen, I expected that the support that the Consulate could provide me would go beyond having someone take my story down in a public setting where anyone could overhear us and being told that recidivism was my responsibility to stop.

This expectation is not just based on knowing that there are other Canadians at the consulate who may have some kind of comfort or support they can provide. On the Canadian government travel website, it clearly states that if someone happens to you while you are abroad that you are to report it to a hotline. Which I did. The person on the other end was not trained in survivor-centred or trauma-informed approaches and was exceptionally unprepared to handle a phone call of that nature, but told me that someone from the consulate would reach out in the morning and that I could rely on them for support.

Originally, I had “Consulate support” as a line in the report card but as I have come to learn through my work, that is not something that any one NGO can do. This topic will be revisited in the chapter titled Country Guide with some recommendations for how Canadian organizations can lobby consulates and embassies to ensure they are training people in survivor-centred and trauma-informed approaches so that the next person that needs support can look to them for it.

4. Policy Critique

As outlined in Chapter 2, based on the literature review I will be looking at the policies of the following organizations in this chapter:

1) Aga Khan Foundation Canada
2) Crossroads International
3) Cuso International
4) Oxfam-Québec
5) SUCO

The following table shows the scoring of each policy:

Criteria		AKF	Crossroads International	CUSO International	Oxfam Quebec	SUCO
Institutional Commitment		**B**	**A+**	**B**	**A+**	**C**
1.1	Administrative commitment to change	✓	✓	✓	✓	✓
1.2	Fully integrate knowledge of trauma into policies and procedures	X	✓	X	✓	X
1.3	Training and education on policies and TIA	✓	✓	✓	✓	✓
1.4	Regular review of policies and practices	✓	✓	✓	✓	X
Institutional Culture		**C**	**B**	**B**	**C**	**C**
2.1	Survivors are believed and experiences validated	✓	✓	✓	✓	✓
2.2	Acknowledges intersectionality (historical/gender/cultural)	X	X	X	X	X
2.3	Listen to and amplify survivor voices	✓	✓	✓	✓	X
2.4	Understanding of trauma and paths to recovery	X	✓	✓	X	✓
Guiding Principles of Policies		**C**	**C**	**C**	**B**	**F**
3.1	Emotional Safety	X	✓	X	✓	X
3.2	Intersectionality	✓	X	X	✓	X
3.3	Addresses systemic elements that limit survivor access to resources and opportunity	X	X	X	X	X
3.4	Actively resists retraumatization	X	✓	✓	✓	X
3.5	Identifies recovery as primary goal	✓	✓	✓	✓	X
3.6	Recognizes impact of violence on development and coping strategies	X	X	X	X	X
3.7	Transparency	✓	✓	✓	✓	✓
TICSCA		**B**	**B**	**C**	**C**	**B**
4.1	TIC/SCA Mentioned	X	✓	✓	X	X
4.2	Preidentified support person	X	✓	X	X	✓
4.3	Concrete steps for the context the survivor is in	✓	✓	X	X	✓
4.4	Safety is prioritized (confidentiality)	✓	✓	✓	✓	✓
4.5	Make it easy to report	✓	✓	✓	✓	✓
4.6	Choices are available for pre-vetted services	✓	X	X	X	✓
4.7	Confidentiality	✓	✓	✓	✓	✓
4.8	Do no harm	✓	✓	✓	✓	✓
4.9	Engage survivors in developing and evaluating the process	X	✓	X	X	X

Criteria		AKF	Crossroads International	CUSO International	Oxfam Quebec	SUCO
4.10	Support/enhance methods of coping	X	X	X	X	X
Empower Survivors		**A**	**A**	**B**	**C**	**D**
5.1	Restore choice and control	✓	✓	✓	✓	✓
5.2	Maximize choice	✓	✓	X	✓	X
5.3	Power sharing	✓	✓	✓	X	X
5.4	Survivor directed process	✓	✓	✓	X	X
Resources for Survivors		**A**	**A**	**F**	**A**	**F**
6.1	Financial support (hospital, meds, phone calls, flights, hotel, insurance)	✓	✓	X	✓	X
6.2	Appropriate medications provided (Plan B, PreP, Antibiotics)	✓	✓	X	✓	X
6.3	Arrange hotel/housing	✓	✓	X	✓	X
6.4	Provide leave from work	✓	✓	X	✓	X
Overall Grade		AKF	✓	CUSO International	Oxfam Quebec	SUCO
		B+	**B+**	**C**	**B-**	**D+**

Table 4: Report card completed for NGO policies

4.1. Overview of Policies

All the policies that were included in the analysis included the following seven things:

1) Administrative commitment to change
2) Training and education on policies and TIA
3) Survivors are believed and experiences validated
4) Transparency
5) Make it easy to report
6) Confidentiality
7) Do no harm

All of the policies were missing the following three elements:

1) Addresses systemic elements that limit survivor access to resources and opportunities
2) Recognizes the impact of violence on development and coping strategies
3) Support/enhance methods of coping

4.2. Summary of Findings

In looking at the policies they all missed three key criteria, (1) addressing systemic elements that limit survivor access to resources and opportunity, (2) recognizing the impact of violence on development and coping strategies, and (3) supporting/enhancing methods of coping.

First, addressing systemic elements that limit survivor access to resources and opportunities. Organizations need to understand that a survivor coming to them may not have faced just that one instance of violence or trauma; they could have a myriad of things that have happened to them throughout their lives. Each experience a survivor has had in their lives will colour how they reach out for support or what their recovery journey will look like. This is why options for support and recovery need to be understood as nuanced to ensure that they are adequate and appropriate for survivors.

Second, recognizing in plain language that violence impacts development and coping strategies. These things must be communicated in such policies for staff and beneficiaries of the policy so that staff can understand the principles that underscore the process outlined in the policy but also to ensure that everyone gets regular reminders about the systemic barriers that exist for survivors to access support and support themselves. Organizations must understand that how survivors see the world and interact with it is severely affected by and through their experiences with trauma, without this understanding a policy cannot be and should not be approved by leadership or gender equality/HR experts.

Third, supporting/enhancing methods of coping for survivors. Organizations can ensure that those who need support will be successful on their road to recovery. This means that they will be assisted in a way that is most positively impactful for them rather than being at risk for retraumatization or further trauma in realizing that they do not have the mean to support themselves effectively.

Some of the policies that are missing are the integration of the knowledge of trauma into policies and procedures. None of the policies mention that the writers are survivors or that survivors had any influence on the policies themselves. Co-authorship by or involvement of survivors or those with lived experience of trying to access support is of course not the norm nor a requirement for a policy to be good, but to take a policy to the next level this is something that organizations should be thinking about having as a best practice, when and where possible. This is something critical in adopting an empowerment approach to supporting survivors who are trying to access support. No two survivors will choose the same course of treatment or support and it is exceptionally important that choices are available to any survivor, and they get to direct their path to recovery.

Some policies do not meet the criteria of actively resisting retraumatization. This is hard to do and begs the question of how or what an organization would have to say in a policy to show people that they believe this is important. But clearly outlining it as an objective would clearly convey the message. Other report criteria that should be listed as goals or objectives are (1) emotional safety and (2) recovery as the primary goal.

Quite a few of the policies do not have concrete steps for the context that their staff, volunteers, or other stakeholders could be working in or choices for pre-vetted services, a critical step in ensuring the safety of all. This is something that survivors need immediately after something has happened to them and not having them laid out or any planning before an emergency is irresponsible. Pre-vetted services are an important consideration for survivors who may one day need to use their policy and support systems. It helps no one to wait until a crisis for organizations to have some kind of support mapping completed, and it is important that services that they do recommend do not retraumatize or negatively impact the survivor in any way.

In many policies, it is not clear anywhere in the policy that survivors are engaged in developing or evaluating the process, only that internal processes will update and approve the policy at regular intervals. It is important that organizations, where possible, leverage the experiences of survivors who have interacted with their policies and systems.

Some policies are missing an acknowledgement of intersectionality when it comes to survivor supports (historical, gender, cultural, etc.). Survivor support cannot be created on a “one-size-fits-all” model because it does not effectively work. Survivors' experiences are coloured by their experiences before the trauma and since the trauma, which means that all support systems and documents must understand that an intersectional approach is the only effective way to ensure their effectiveness and sustainability.

4.3. Recommendations

It can be challenging to ensure policies include all the important trauma-informed and survivor-centered (TISC) criteria but to make this more manageable I have created a policy checklist (Refer to Annex B) The policy analysis checklist I developed was based on my lived experience as well as my literature review on what survivor-centred and trauma-informed policies should include. This checklist takes the criteria from the report card and poses them as questions for organizations to use as a review tool to ensure their policies are following the TISC requirements to be effective, adequate, and sustainable.

A blank version of the report card can be found in the annexes for organizations to use.

5. Tool Critique

As outlined in Chapter 2, based on the literature review I will be looking at the policies of the following organizations in this chapter:

1) BOND: 20 core elements: a toolkit to strengthen safeguarding report-handling
2) CHS: PSEAH Implementation Quick Reference Handbook
3) ACID: Guidance for the Development of a Prevention of Sexual Exploitation, Abuse and Harassment Policy
4) FORUS: Keeping People Safe: A guide to safeguarding for non-governmental organizations and platforms
5) UN Peace Ops: Sexual Exploitation and Abuse Risk Management Toolkit
6) DIGNA: Toolkits for addressing PSEA

The following table shows the scoring of each policy:

Criteria	BOND	CHS	ACID	FORUS	UN Peace Ops	DIGNA
Institutional Commitment	**A**	**A**	**A**	**A**	**D**	**F**
1.1 Fully integrate knowledge of trauma into policies and procedures	✓	✓	✓	✓	X	X
1.2 Training and education on policies and TIA	✓	✓	✓	✓	X	X
1.3 Regular review of policies and practices	✓	✓	✓	✓	✓	X
Institutional Culture	**B**	**B**	**C**	**B**	**F**	**F**
2.1 Survivors are believed and experiences validated	✓	✓	✓	✓	X	X
2.2 Acknowledges intersectionality (historical/gender/cultural)	✓	✓	X	✓	X	X
2.3 Listen to and amplify survivor voices	X	X	X	X	X	X
2.4 Understanding of trauma and paths to recovery	✓	✓	✓	✓	X	X
Guiding Principles of Policies	**B**	**A**	**B**	**A**	**D**	**F**
3.1 Emotional Safety	✓	✓	✓	✓	X	X
3.2 Intersectionality	✓	✓	X	✓	X	X
3.3 Addresses systemic elements that limit survivor access to resources and opportunity	X	✓	X	✓	X	X
3.4 Actively resists retraumatization	✓	✓	✓	✓	X	X
3.5 Identifies recovery as primary goal	X	✓	✓	✓	X	X
3.6 Recognizes impact of violence on development and coping strategies	✓	✓	✓	✓	X	X
3.7 Transparency	✓	✓	✓	✓	✓	X
TISCA	**B**	**B**	**B**	**B**	**D**	**C**
4.1 TIC/SCA Mentioned	✓	✓	✓	✓	X	✓
4.2 Safety is prioritized (confidentiality)	✓	✓	✓	✓	X	✓
4.3 Make it easy to report	✓	✓	✓	✓	✓	✓
4.4 Choices are available for pre-vetted services	X	✓	X	✓	X	X
4.5 Confidentiality	✓	✓	✓	✓	X	X
4.6 Do no harm	✓	✓	✓	✓	X	X
4.7 Engage survivors in developing and evaluating the process	X	X	X	X	X	X
4.8 Support/enhance methods of coping	X	X	X	X	X	X
Empower Survivors	**F**	**B**	**B**	**B**	**F**	**F**
5.1 Restore choice and control	X	✓	✓	✓	X	X

Criteria	BOND	CHS	ACID	FORUS	UN Peace Ops	DIGNA
5.1 Maximize choice	X	✓	✓	✓	X	X
5.3 Power sharing	X	✓	X	✓	X	X
5.4 Survivor directed process	X	X	✓	X	X	X
Overall Grade	**B-**	**B+**	**B+**	**B+**	**F**	**F**

Table 5: Report card completed for NGO tools

5.1. Overall Picture

For this section, I will not be looking at the toolkits from UN Peace Operations or DIGNA as they are meant for different purposes and did not fare well on the report card. These two toolkits will be addressed later in this chapter.

All the tool kits include:

- Fully integrate the knowledge of trauma into policies and procedures
- Training and education on policies and TIA
- Regular review of policies and practices
- Survivors are believed and experiences validated
- Acknowledges intersectionality (historical/gender/cultural)
- Understanding of trauma and paths to recovery
- Emotional Safety
- Actively resists retraumatization
- Recognizes the impact of violence on development and coping strategies
- Transparency
- TIC/SCA Mentioned
- Safety is prioritized (confidentiality)
- Make it easy to report
- Confidentiality
- Do no harm

All the toolkits missed:

- Engage survivors in developing and evaluating the process
- Support/enhance methods of coping
- Listen to and amplify survivor voices

5.2. Summary of Findings

As these toolkits are developed to aid organizations in creating their systems to address PSEA it is disappointing that they do not include rhetoric around (1) engaging survivors in developing and evaluating the process, (2) supporting/enhancing methods of coping for survivors, and (3) listening to and amplifying survivor voices.

Where and when survivors are willing to come forward and support organizations in developing and evaluating the process developed for PSEA, they should be meaningfully listened to. By leveraging the lived experiences of survivors to strengthen PSEA systems organizations do not have to wait until a crisis to realize their processes are ineffective, inefficient, inadequate, and unsustainable.

By committing to support/enhance methods of coping for survivors, organizations can ensure that those who need support will be successful on their road to recovery. This means that they will be assisted in a way that is most positively impactful for them rather than being at risk for retraumatization or further trauma in realizing that they do not have the mean to support themselves effectively.

By listening to and amplifying the voices of those who can come forward, organizations can understand what the impacts of trauma are, how survivors are affected in their day-to-day lives, what they can do to be better allies, and what effective systems of support actually should be. In ignoring these voices organizations are at risk of perpetuating practices that harm survivors rather than support them.

I included the toolkits from UN Peace Operations or DIGNA even though they are meant for different purposes (i.e. to help organizations create tools, policies, and systems for addressing PSEA) and did not fare well on the report card. Both of these organizations are looked to as leaders in PSEA. They therefore should have toolkits that reflect the practices that they want to see in the sector as well for their staff.

5.3. Recommendations

Toolkits that have been developed are pushed as the key cornerstone tools for all to use. But support for survivors *cannot* be universal. Tools tend to be generic, established as generic one-size-fits-all for every country *and* every person. This is why I have developed the idea for the country guides, outlined in the chapter below.

A blank version of the checklist for tools can be found in the annexes for organizations to use.

6. Building Country Guides

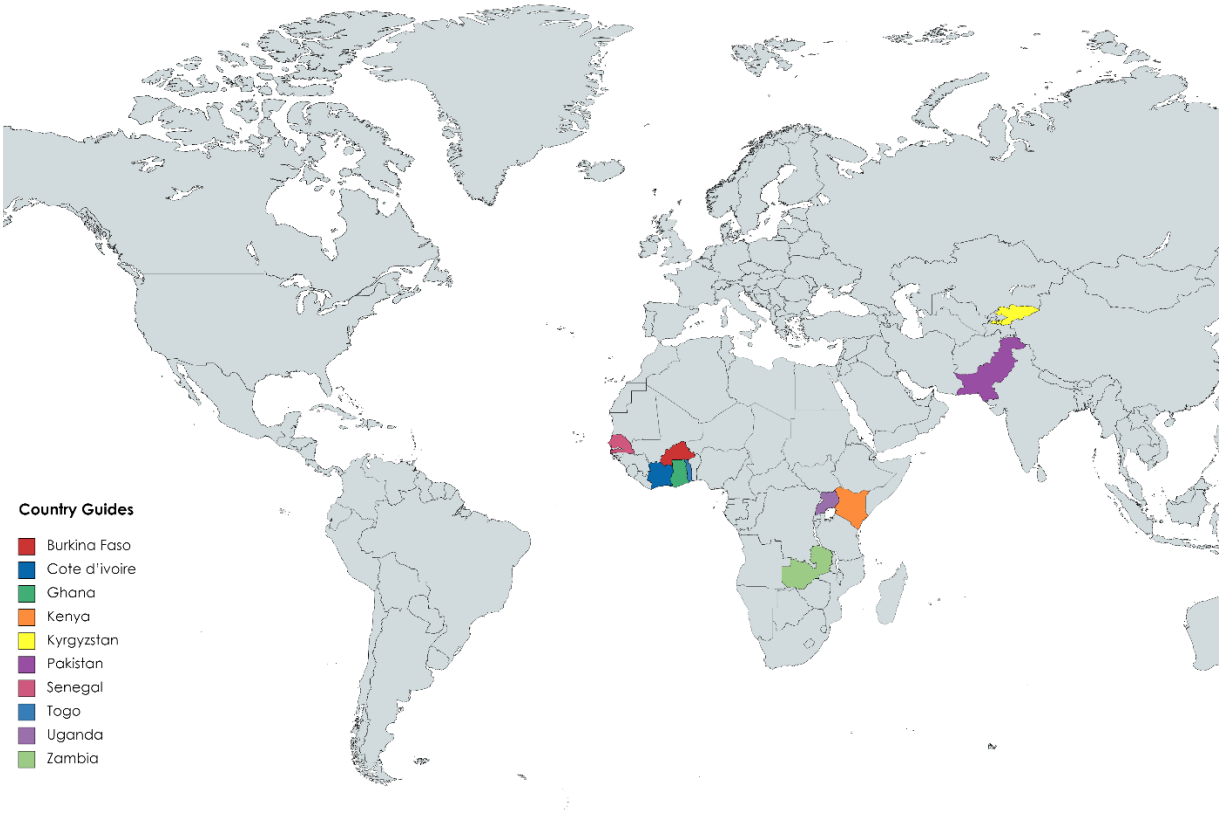

Figure 2: Country guides map

At the time of submission, I have worked with two organizations to develop country guides for the following countries:

1) Burkina Faso
2) Cote d'ivoire
3) Ghana
4) Kenya (2 have been developed; one for Kisumu and Western Kenya, and one for Nairobi)
5) Kyrgyzstan
6) Pakistan
7) Senegal
8) Tanzania
9) Togo
10) Uganda
11) Zambia

All country guides developed to date can be found in Annex D.

6.1. The Need

The tool kits that are being developed by organizations are useful endeavours, however – there is one major thing missing. Almost all the tool kits I looked at, even if they were not included in the previous chapter for analysis, refer to some form of service mapping: an intuitive but time-consuming process that continues to be overlooked.

Based on my lived experience the biggest gap that exists is service mapping. This is how I came up with the idea of the country guides.

A country guide is a document that can give a survivor and their accompanier the key information for the context they are in and what they can do to get support. Now, imagine one for every country in the world that can exist in an online portal that needs very low internet connectivity to access the guide and no matter who you are or where you are you can get access to support without ever having to ask another person for it. NGOs send youth as young as 16 on field missions, usually unpaid, more often than not alone, and with limited PSEA knowledge beyond keeping local dress codes in mind. Now if something happens to that young person, they are left to fend for themselves in a country where they may not speak the local language or have access to money to pay for hospital procedures.

In the immediate aftermath of my rape, the priority was getting medical attention. A simple enough goal was made immensely harder for many reasons. First and foremost, the president of the country I was working in at the time did not believe rape was a real phenomenon. This impacted the procedures in place to report and seek support – to this day, the process in this country is to go to a police station and file a report with them, then taking a form they provide to you, you can make your way to a national hospital to get medical care. Expatriate hospitals were not and are not permitted to administer rape kits as per local legal procedures and national hospitals are usually understaffed, underfunded, and unprepared to deal with trauma at the best of times, but when I needed them it was the middle of the night, so my experience was substantially slower and had more roadblocks than I had ever thought possible.

If any of this information had been accessible, common knowledge, or shared more holistically, the choices I would have been able to make for myself would have been very, *very* different than the ones that I was then forced to make.

There are many issues with the process as it is meant to happen in the country I was in, most of which I will not explore in this paper, but the overarching one is that there is no resource that exists that lays out the different paths available to a survivor for their recovery. Since my rape in 2019, I have been working on the country guides idea with not a lot of uptake. A few organizations have started the process of making guides for the countries that they work in and making them publicly available for anyone to use.

The Template

6.1.1. Data collection

I have developed a very streamlined and easy list of data – in a "data collection form – to be collected in a way that will make sense for a survivor and those who accompany them. This data collection form can be found in Annex A.

6.1.2. Steps to take

In this section, all the potential options for a survivor need to be laid out. This section should be completed in as much detail as possible and using clear step-by-step language so that the survivor can make the most informed decision possible. In an instance of sexual violence, the survivor has had their agency taken from them; providing as much detail as possible will empower them to make informed choices on their own and for themselves first and foremost. It can also help their accompanier to understand what the context is and support the survivor in taking the next steps.

6.1.3. Medical Services

In this section, it is imperative to highlight how medication or any kind of medical support can be accessed and the associated costs.

This section must include information on the following services:

1) Rape kit
    - ✓ Are they accessible at all? Where can they be accessed? How much do they cost?

2) Blood work
    - ✓ To check for STIs, HIV, or any other contextually-relevant infections
    - ✓ How much does this cost?

3) Medications
    - ✓ Plan B pill
        i. Some countries also do not have any form of Plan B medication because family planning is taboo. If this is the case, organizations should look into having everyone travel with a Plan B pill.
    - ✓ Anti-biotics
    - ✓ Post-exposure Prophylaxis (PreP) for HIV
        i. In some countries to ensure that rates of HIV stay down, hospitals will provide 30 days' worth to patients free of charge.
        ii. In some countries, this medication is not available at all. If this is the case organizations have a duty of care to their staff (paid or unpaid) to know this. To be effective the first dose *MUST* be taken within the first 72 hours – which is not enough time for an organization to realize this, fly the person home, and administer the first dose. This is why if PreP is not available in the country, some

insurance plans will cover one dose for people to travel with should something happen to them while abroad.

4) Other services that can be mapped out include ultrasounds and X-rays.

In this section, it is also important to include again which hospitals can administer rape kits and what hospitals will do with your information once you have given your statement and completed the tests required.

6.1.4. Contact information for local survivor support NGOs

Some NGOs provide services where they will accompany a survivor to the hospital or police station to help them through the process, some organizations have contextually appropriate information via a hotline or website, and some organizations can advise on legal or medical next steps. Having this information collected and up to date can provide a survivor and their accompanier with extra support in navigating a very stressful and overwhelming situation.

6.1.5. Legal context

It is very important for a survivor and their accompanier to understand exactly the context that they find themselves in. Knowing what language or terminology to use and what barriers already exist can determine the course of treatment that a survivor is willing to pursue or not.

The following terms at the very least should be clearly defined in the guides:

1) Age of consent
2) Consent
3) Domestic violence/ Intimate partner violence
4) Sexual harassment
5) Sexual Assault
6) Sexual Violence
7) Rape

6.2. Resource Sharing and Upkeep

Creating the guides is one part of the process; the other part of the process has to be sharing and upkeep. While no one NGO can take on the creation of these guides for all contexts that development work happens in, a group of NGOs can do this work together.

One guide for each country should be kept in an online repository of sorts to ensure that survivors can access them and that they do not have to ask for a guide for a particular country which would mean more people are aware of their situation.

Organization mandates change and so do countries of operation, but if an online repository exists then any organization can be part of the upkeep process to ensure that data stays relevant and correct. Many of these processes do not change regularly and there is no way to know when they might, but a biannual (every 2 years) review of the guides can be done in a relatively quick and easy fashion.

6.3. Government Support

Tools to combat sexual exploitation and abuse (SEA) are great in theory but if there is no support from governments in implementing them, they are just more underfunded and under-resourced tools that will lose their relevancy over time.

6.3.1. Canadian Government

From my personal experiences in trying to receive support from the Canadian consulate in the country I was in, it is a system full of flaws and is not rooted in survivor-centred or trauma-informed approaches.

On the travel website of the Canadian government, the first step listed if you are sexually assaulted abroad is:

> Report the assault immediately to the nearest Canadian government office abroad or contact our Emergency Watch and Response Centre. Consular officials may be able to guide you through the process.

As it was late at night, this is exactly what I did. In speaking to the person on the other end of the phone call, it was clear that they were not prepared to speak to someone in my situation and that they had no training in survivor-centred or trauma-informed approaches.

The person I was speaking to then proceeded to let me know that someone from the consular office would be in touch with me first thing in the morning, another thing that did not happen. I had to seek them out myself. In speaking to the number of staff I interacted with at the consulate it was clear that they were also not prepared to be speaking to someone in my situation and they also did not have any training in survivor-centred or trauma-informed approaches.

The travel website goes on to state: “Canadian consular officials abroad can:

- provide you with contact information for local police and medical services
- help you find professionals who can help you to deal with the emotional, medical, and legal consequences of the assault
- help you to contact relatives or friends
- provide you with information on how to apply for emergency financial assistance through the Department of Justice Victims Fund.

This was far from my experience. I was told, “It is not the job of the consulate to know the processes of the country they are in.”

Which first begs the question, then why are they there? Second, it is clearly stated by the government that they will help in finding professionals who can support in the aftermath of an assault, they did not do this, and they were not prepared in the least to do this. They were not interested in knowing what had happened in the incident, at the hospital, or over the phone with their Emergency Watch and Response Center, instead more interested in letting me know that recidivism would be my fault since I had not filed a police report and that I looked like I needed some rest.

6.3.2. PSEA Units and Funding

PSEA units are a great idea that many countries are now adopting. However, with political changes and changes in leadership, these units lose their funding and become ineffective in their mandate. Funding is also tied to government priorities, such as the Feminist International Assistance Policy, which change with each political change as well.

By not having non-partisan agreements of funding in place for PSEA units or resources for survivors there is a clear message being sent that survivor supports are not a priority and help will only be provided at arm's length in the best of times.

6.3.3. Training

Two of the criteria on the report card are (1) an organizational commitment to change and (2) training and education on policies and trauma-informed care, neither of which I have seen come from the Canadian government yet. Lofty statements about how change is needed are no longer enough. Without ongoing mandatory training for all staff that is rooted in survivor-centred or trauma-informed approaches no government body, not just the Canadian government, can claim they are supporting their citizens effectively, adequately, or sustainably.

There are survivors and others who are willing to come forward and support these endeavours but, like I was, we are pointed to other organizations and services which are doing the best they can but the fact remains that the government is not doing enough in terms of funding, training of their own staff (around the world), and in ensuring that survivors can access safe, effective, adequate, and sustainable resources.

7. Conclusion

More than 800 women responded to the *Report the Abuse* survey carried out by DEVEX, a social enterprise specifically for the development sector that collects and shares information about the development sector from around the world. Of the 800 respondents, 67% said they had suffered sexual violence while on the job, including 10% who said they had been raped and 21% who said they had experienced unwanted sexual touching (Edwards, 2017). Violence against women should not be an acceptable workplace hazard for women who work in the development sector, and yet still not enough is done to ensure that women, and others, are protected.

The statistics speak for themselves; globally, violence against women disproportionately affects low- and lower-middle-income countries and regions. Over a third (37%) of women aged 15 to 49 living in countries classified by the Sustainable Development Goals as "least developed" have been subject to physical and/or sexual intimate partner violence in their life (UN Women 2022). In the past 12 months alone, 22% of women living in "least developed countries" have been subjected to intimate partner violence—substantially higher than the world average of 13% (UN Women, 2022). Some 15 million adolescent girls worldwide, aged 15–19 years, have experienced rape, and 6% of women report they have been subjected to sexual violence from someone other than their husband or partner (UN Women, 2022).

Having a hard time contextualizing that? Many people do – so let me share with you, my story. In 2019 I went to work in Tanzania, where I was raped in broad daylight on a beach with other people around. As a survivor myself, I am willing to do the work that others are, in many cases, not able to do because of a variety of circumstances (they have not shared their story, they live with their abusers, etc.), and willing to be loud and aggressive with my story, but the people who hold the cards in their hands to be catalysts for change, I have found are complacent. Democratic institutions, such as NGOs and governments that fund international development projects, should be a site of achieving freedom, social justice, equality, and human rights and are currently failing because their leaders have become more enamoured with holding on to their power than helping those around them. The research I am undertaking in this paper is, of course, very personal but I believe that it is extremely important.

In this paper I have outlined what survivor care policies and tool kits currently look like in the Canadian NGO space. I have identified the need for and the process of survivor-led, survivor-centred, and trauma-informed resources for survivors and their accompaniers. I have created a survivor-led, survivor-centred, and trauma-informed "report card" framework for reviewing policies and assessing the policies that currently exist in the Canadian NGO space and how they compare to each other. Finally, I have applied this framework to assess existing policies and tools, developed recommendations for each, and composed a template and series of "country guides" for supporting people who face PSEA. I will continue to work in future to explore how these new tools may be of use to others in the larger context of addressing PSEA internationally.

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9. Annexes

9.1. Annex A: Report Card

Criteria			Weight	Grade (alphabetical/numerical)				
				F (0)	D (1)	C (2)	B (3)	A (4)
1		**Institutional Commitment**						
1.1		• Administrative commitment to change	*2*					
1.2		• Fully integrate the knowledge of trauma into policies and procedures						
1.3		• Training and education on policies and TIA						
1.4		• Regular review of policies and practices						
2		**Institutional Culture**						
2.1	*	• Survivors are believed and experiences validated	*1*					
2.2		• Acknowledges intersectionality (historical/gender/cultural)						
2.3	*	• Listen to and amplify survivor voices						
2.4		• Understanding of trauma and paths to recovery						
3		**Guiding Principles of Policies**						
3.1		• Emotional Safety	*2*					
3.2		• Intersectionality						
3.3		• Addresses systemic elements that limit survivor access to resources and opportunity						
3.4	*	• Actively resists retraumatization						
3.5	*	• Identifies recovery as a primary goal						
3.6		• Recognizes the impact of violence on development and coping strategies						
3.7		• Transparency						
4		**Trauma-Informed Care and Survivor-Centered Advocacy (TIC & SCA)**						
4.1		• TIC/SCA Mentioned	*3*					
4.2		• Pre-identified support person						
4.3		• Concrete steps for the context the survivor is in						
4.4		• Safety is prioritized (confidentiality)						

Criteria			Weight	Grade (alphabetical/numerical)				
				F (0)	D (1)	C (2)	B (3)	A (4)
4.5		• Make it easy to report						
4.6		• Choices are available for pre-vetted services						
4.7		• Confidentiality						
4.8		• Do No Harm						
4.9		• Engage survivors in developing and evaluating the process						
4.10		• Support/enhance methods of coping						
5		**Empower Survivors**						
5.1	*	• Restore choice and control						
5.2	*	• Maximize choice	*3*					
5.3		• Power sharing						
5.4		• Survivor directed process						
6		**Resources for Survivors**						
6.1	*	• Financial support (hospital, meds, phone calls, flights, hotel, insurance)						
6.2	*	• Appropriate medications provided (Plan B, PreP, Antibiotics)	*1*					
6.3	*	• Arrange hotel/housing						
6.4	*	• Provide leave from work						

9.2. Annex B: Policy Checklist

Criteria		
Institutional Commitment		**Included? (Y/N)** *if not included, explain rationale*
1.1	Administrative commitment to change	
1.2	Fully integrate knowledge of trauma into policies and procedures	
1.3	Training and education on policies and TIA	
1.4	Regular review of policies and practices	
Institutional Culture		
2.1	Survivors are believed and experiences validated	
2.2	Acknowledges intersectionality (historical/gender/cultural)	
2.3	Listen to and amplify survivor voices	
2.4	Understanding of trauma and paths to recovery	
Guiding Principles of Policies		
3.1	Emotional Safety	
3.2	Intersectionality	
3.3	Addresses systemic elements that limit survivor access to resources and opportunity	
3.4	Actively resists retraumatization	
3.5	Identifies recovery as primary goal	
3.6	Recognizes impact of violence on development and coping strategies	
3.7	Transparency	
TICSCA		
4.1	TIC/SCA Mentioned	
4.2	Preidentified support person	
4.3	Concrete steps for the context the survivor is in	
4.4	Safety is prioritized (confidentiality)	
4.5	Make it easy to report	
4.6	Choices are available for pre-vetted services	
4.7	Confidentiality	
4.8	Do no harm	
4.9	Engage survivors in developing and evaluating the process	
4.10	Support/enhance methods of coping	
Empower Survivors		
5.1	Restore choice and control	
5.2	Maximize choice	
5.3	Power sharing	

Criteria		
5.4	Survivor directed process	
Resources for Survivors		
6.1	Financial support (hospital, meds, phone calls, flights, hotel, insurance)	
6.2	Appropriate medications provided (Plan B, PreP, Antibiotics)	
6.3	Arrange hotel/housing	
6.4	Provide leave from work	

9.3. Annex C: Data Collection Tool

Data Collection Form: Country specific sexual violence information

Steps to take

Take as much space as needed to clearly lay out all options available to the survivor following an incident. This section should be completed in as much detail as possible and in clear step-by-step language so that the survivor can make the most informed decision possible in an instance of sexual violence, a survivor has had their agency taken from them. Providing as much detail as possible will empower them to make informed choices on their own.

STEPS	WHAT? WHERE? HOW?	DEPENDENCY (if certain steps are necessarily prior to others)
1	*Your safety is a priority. Consider whether or not you are in a safe place? If you are not feeling safe, it is important to reach out to someone you trust for support. You do not have to go through this alone.*	
2	*Contact local authorities to report incident. You will need to fill a report and go get authorisation at local police station to receive medical care*	
3	*Seek medical attention to treat any possible injuries and to check for injuries you may not be able to see*	*Step 2 mandatory to move on to step 3* *Go to a medical or health facility of your choice to report the incident.* *Present the filled police report /form to the medical doctor responsible for you. This letter authorizes him to examine your body and write a report about findings.* *Send back medical report to the police station, this provides documented evidence of the trauma caused to the survivor's body which letter can be use by the police or the lawyer to pursue for justice.* *Seek psychosocial counselling at the health centre or if trauma or you could be referred to a higher facility if trauma is severe.*
(…)		

Medical services

In this section, please highlight how medication can be accessed and the associated costs of required hospital services which may include:

Service	Detail (what tests or material is available)	Cost
1) A rape kit		
2) Blood work	**Sexually transmitted infections (STIs**):	
	HIV:	
	Others:	
3) Medications	**PLAN B (emergency contraceptive):** *Some countries also do not have any form of Plan B because family planning is taboo so this is one more medication that people can travel with to be on the safe side. Please indicate if it's the case*	
	Antibiotics:	
	Post-exposure Prophylaxis for HIV:	
	Others:	
4) Ultrasound	(depending on the extent of injuries and type of trauma)	
5) Others		

You should also use this section to highlight important information such as:

What hospitals can administer rape kits	
What will the hospital do with your information once you have given your statement and completed the tests?	
What is the age of consent?	
Other?	

Contact information for local survivor support NGOs

NGO name	Address	Contact Information	Services provided
		Phone number *Email address* *Website*	*Advocacy, survivor support, legal counsel, etc.*

Legal context

Explain clearly what the following terms mean in the legal context of the country in question:

Age of consent	

Consent	
Domestic violence/ Intimate partner violence	
Sexual harassment	
Sexual Assault	
Sexual Violence	
Rape	
Others	

9.4. Annex D : Country Guides

BURKINA FASO

1) Étapes suivant un incident de violence sexuelle

ÉTAPE	QUOI ? OÙ ? COMMENT ?	DÉPENDANCE (si certaines étapes sont obligatoires à d'autres)
1	Lors d'une agression sexuelle il est demandé à la victime de se rendre au commissariat le plus proche ou d'appeler la police. Après quoi la police va ordonner la prise en charge par un médecin. Tous les commissariats de police sont habilités à gérer ce genre de cas. Le CSV pays étant le point focal local il pourra accompagner le-la survivant-e à la police si celui-ci le veux bien sûr.	Étape 1. (obligatoire)
2	Après l'obtention d'ordonnance de la police (sous forme de papier), la victime va se rendre dans n'importe quel centre de santé avec antenne chirurgicale / gynécologique de la ville de Ouagadougou ou Bobo-Dioulasso de son choix. La prise en charge médicale se fait en plusieurs étapes : - L'interrogatoire du patient-e sur les faits. - Examens médicaux Établissement du certificat médical avec le constat du médecin qui sera envoyé sous enveloppe scellée au juge si la plainte a été déposée. L'état ne rembourse pas les frais médicaux. Il varie en fonction du centre médical dans lequel la personne se présente.	Étape 2.
3	Le juge en charge de l'affaire fixera donc une date de procès. Si le viol est prononcé par le juge, les peines peuvent aller de 7 à 10 ans de prison avec une amende allant de 600 000 XOF à 2 millions XOF.	Les étapes 1 et 2 sont obligatoires pour passer à l'étape 3.

2) Services Médicaux

Dans cette section, veuillez indiquer comment accéder aux médicaments et les coûts associés aux services hospitaliers requis :

Service	Détail (quels tests ou matériel sont disponibles)	Coût

6) Une trousse medico-légale[1]	-Recherche de sperme -Prélèvement conservatoire -Prélèvement bactériologique -Tests sérologiques : TPHA/VDRL, VIH, hépatite B/C, dépistage de grossesse	Coûts varient d'un hôpital/ clinique à l'autre.
7) Prise de sang	**Infections transmissibles sexuellement (ITS**) : Tests sérologiques : TPHA/VDRL, VIH, hépatite B/C,	Coûts varient d'un hôpital/ clinique à l'autre.
	Dépistage de grossesse	Coûts varient d'un hôpital/ clinique à l'autre.
8) Médicaments	**PLAN B (contraceptif d'urgence) :** **Le contraceptif d'urgence est automatiquement prescrit et administré au/à la patient-e.**	Coûts varient d'un hôpital/ clinique à l'autre.
	Antibiotiques : À définir par le médecin après examens.	
	Post-exposition au VIH : **La prophylaxie post-exposition (PPE) est automatiquement prescrite et administrée au patient-e avant même les résultats du test de VIH.**	Coûts varient d'un hôpital/ clinique à l'autre.
9) Échographie (selon l'étendue des blessures et le type de traumatisme)	À définir par le médecin selon l'étendue des blessures	Coûts varient d'un hôpital/ clinique à l'autre.

[1]Une trousse de médico-légale est un ensemble d'articles utilisés par le personnel médical pour recueillir et conserver des preuves physiques à la suite d'une allégation d'agression sexuelle. Cette trousse permet d'uniformiser l'information recueillie et les prélèvements effectués pour obtenir des preuves scientifiques objectives. Celle-ci doit se faire dans les 5 jours suivants l'agression sexuelle. Les prélèvements de la trousse ont pour but de trouver des substances biologiques laissées par l'agresseur sexuel sur votre corps ou vos vêtements telles du sperme, de la salive ou du sang http://calacsrivesud.org/services-aux-victimes/trousse-medico-legale/

Vous devriez également utiliser cette section pour mettre en évidence des informations importantes telles que:

Quels hôpitaux administrent des trousses médico-légales :	Tous les hôpitaux publics ou privés ayant une antenne chirurgicale sont habilitées à administrer des trousses médico-légales.
Ce que l'hôpital fait avec les informations d'une personne survivante une fois que sa déclaration a été faite et que les tests sont terminés :	L'hôpital doit envoyer toutes les informations chez le juge. Selon les informations obtenues, les hôpitaux ne gardent pas les informations de la personne survivante car toutes les informations et document doivent être envoyées sous scellé au juge en charge de l'affaire
L'âge du consentement/ l'âge de majorité légale dans le pays.	L'âge de la majorité légale : À partir de 18 ans tout individu peut être poursuivi en justice et être condamné à l'emprisonnement. Cependant au Burkina l'âge de la majorité est de 21 ans. Consentement : 18 ans

3) Coordonnées des ONG locales de soutien aux personnes survivantes

Nom de l'ONG	Coordonnées	Services fournis
Association des femmes juristes du Burkina (AFJ/BF)	50-33-53-07 / 25 36 15 56 http://afjbf.bf/ contact@afjbf.bf	Assistance juridique et judiciaire aux personnes survivantes de viol (en particulier les femmes et filles).
ONG voix de femmes	25-50-80-64 / 25-40-21-66 https://www.voixdefemmes.bf/ contact@voixdefemmes.bf	Assistance juridique et médicale des personnes survivantes (femmes et enfants)
CIFDHA (Centre d'information et de formation en matière des droits humains)	+226 25 50 64 65 ou +226 25 36 75 25 http://www.cifdha.org/ cifdha.bf@gmail.com	Assistance juridique et assistance judiciaire à travers le fond d'assistance judiciaire du gouvernement burkinabè

Ligne d'Assistance aux personnes victimes de VBG. (Ministère de la femme et l'action humanitaire)	Numéro vert gratuit :80 00 12 87. Ouvert 24h/24 et 7 jours/ 7.	Cette ligne vise à guider les personnes victimes de VBG vers les ressources adéquates et les guider dans la marche à suivre (judiciaire et médicale).

4) Contexte légal et application de la loi

L'âge de consentement / âge de la majorité	**1) L'âge de consentement : 18 ans / âge de la majorité 21 ans**
Consentement	**:** volonté d'engager sa personne ou ses biens ou les deux à la fois
Violence domestique / Violence entre partenaires intimes	1) la notion de violence domestique comprend toutes les formes de violence physique, sexuelle, psychologique ou économique et peut toucher des personnes des deux sexes et de tout âge. Elle survient généralement au sein de la famille et du ménage, mais peut aussi toucher des personnes dans une relation présente ou passée et qui ne vivent pas dans le même ménage.
Harcèlement sexuel	est défini comme le fait d'imposer à une personne de façon répétée, des propos ou comportements à connotation sexuelle qui soit portent atteinte à sa dignité en raison de leurs caractères dégradants ou humiliant, soit créent à son encontre une situation intimidante, hostile ou offensive. Est assimilé au harcèlement sexuel le fait, même non répété, d'user de toute forme de pression grave dans le but réel ou apparent d'obtenir un acte de nature sexuelle, que celui-ci soit recherché au profit de l'auteur des faits ou au profit d'un tiers.
Agression sexuelle	Constitue une agression sexuelle toute atteinte sexuelle commise avec violence, contrainte, menace ou surprise. La contrainte peut être physique ou morale. Constitue également une agression sexuelle le fait de contraindre une personne par la violence, la menace ou la surprise à subir une atteinte sexuelle de la part d'un tiers
Violence sexuelle	Tout acte de pénétration sexuelle de quelque nature qu'il soit commis sur la personne d'autrui par violence, contrainte ou surprise

Viol	Tout acte de pénétration sexuelle de quelque nature qu'il soit commis sur la personne d'autrui par violence, contrainte ou surprise.

COTE D'IVOIRE

1) Étapes suivant un incident de violence sexuelle

ACRONYMES :
CACi : Collectif des Activistes de Cote d'Ivoire
CNLVFE : Comité Nationale de Lutte contre Les violences Faites aux Femmes et aux Enfants
CPDEFM : Citoyennes pour la Promotion et la Défense des Droits des Enfants, Femmes et Minorités
MFFE : Ministère de la Femme, de la Famille et de l'Enfant
PAVVIOS : centre de Prévention d'Appui aux Victimes de Violences Sexuelles (réhabilité en 2020)
PNLVBG : Programme National du Lutte Contre les Violences Basées sur le Genre
RIDDEF : Réseau Ivoirien pour la Défense des Droits de l'Enfant et de la Femme
RIDH : Réseau International des Droits Humains

ÉTAPE	QUOI ? OÙ ? COMMENT ?	DÉPENDANCE (si certaines étapes sont obligatoires à d'autres)
1	**<u>Rassurer la victime, s'assurer de sa sécurité et évaluer rapidement le degré de violence subi</u>** Vous avez fait ce qu'il fallait en nous appeler. Sachez que vous n'êtes pas seule et que nous serons à vos côtés, si vous le désirez, a chaque étape. Je veux que vous sachez que vous êtes courageuse et que vous avez posé le bon geste en nous appelons. L'ensemble de l'équipe, moi-même inclut, avons reçu une formation de base afin de vous soutenir. Tout d'abord, il est primordial pour nous de vous savoir en sécurité. Si vous ne vous sentez pas en sécurité là ou vous êtes, et êtes en mesure de vous déplacer, je vous demanderai de vous diriger vers un lieu public illuminé et de m'envoyer votre géolocalisation. Maintenant que vous êtes en sécurité, je vous demanderai de faire un certain nombre d'actions avant notre arrivée. ➔ Si vous n'en avez pas la force. Ne vous en faites pas, partagez nous votre géolocalisation et nous allons nous assurer qu'un.e membre de l'équipe vous retrouve dans les plus brefs délais.	
2	Vous avez des options à cette étape. Vous pouvez vous opter pour la voie légalo-juridique en premier lieu, puis médico-légale. Ou vice-versa, c'est selon vous; vos capacités et la gravité des coups et blessures subies 1) Vous pouvez déjà appeler ou envoyer un sms au 1308 afin de dénoncer ce qui vous est arrivée. Ce numéro vert sans frais est une ligne d'écoute mis en place par le Ministère de la Femme, de la Famille et de l'Enfant avec le soutien de professionnelles, qui seront vous guider dans ces premiers instants critiques; en attendant notre arrivée.	- *Commissariat de Police* - *Gendarmerie Nationale* - *Numéro vert : 1308* - *PNLVBG*

	(La CSV effectue une recherche pour établir le Commissariat et/ou la Brigade de Gendarmerie la plus proche de la victime) Il y a un Commissariat et une Brigade de Police a proximité du lieu ou vous vous trouvez. Nous vous conseillons de vous y rende, si vous en avez la capacité, avant notre arrivée. Les Commissariats et les Brigades ont désormais des spécialistes en VBG habileté.es à prendre votre plainte et vous accompagner initialement sur le plan légalo-judiciaire. 2) Vous pouvez vous rendre à la clinique xxxxx qui est à proximité, nous avons déjà contacté le service urgentiste pour une prise en charge rapide.	
3	Le médecin vous consultera afin de vous établir un certificat de coups et blessures. L'examen peut être intrusif, et vous pouvez cesser à tout moment. Il faudra juste revenir demain ou après-demain afin d'avoir un examen efficace et recevable comme preuve. L'examen consiste à observer la peau pour voir si elle présente des traces de violences (blessures, griffures, morsures ou ecchymoses, contusions) et lui assigner une valeur médico-légale. Puis vient l'examen plus intrusif d'observation de lésion au niveau génital. Ne vous inquiétez pas, le personnel médical est formé pour vous assister adéquatement dans ce moment difficile. Le médecin cherche des sécrétions ou des cellules qu'aurait laissé l'agresseur pour les analyser, ainsi qu'a établir s'il y a des évidences probantes d'un rapport forcé.	*Les étapes 2 et 3 ne sont pas dans un ordre particulier. Il est nécessaire de compléter le tout dans les **72 heures** suivant l'agression.*
N.B	Une circulaire interministérielle datant du 04 Aout 2016, a clarifié l'ordre procédural, soulignant que « La plainte est par conséquent l'un des éléments déclencheurs du procès pénal. Elle ne nécessite donc pas pour sa réception, la production d'un certificat médical, qui lui, est un moyen de preuve de l'infraction ou d'appréciation de sa gravité »	

2) Services Médicaux

Dans cette section, veuillez indiquer comment accéder aux médicaments et les coûts associés aux services hospitaliers requis :

Service	Détail (quels tests ou matériel sont disponibles)	Coût
Une trousse medico-légale[2]	Il n'existe pas encore, a proprement parlé, de trousse médico-légale en Côte d'Ivoire. Toutefois, la victime est appelée à se rendre au centre de santé le plus proche,	

[2]Une trousse de médico-légale est un ensemble d'articles utilisés par le personnel médical pour recueillir et conserver des preuves physiques à la suite d'une allégation d'agression sexuelle. Cette trousse permet d'uniformiser l'information recueillie et les prélèvements effectués pour obtenir des preuves scientifiques objectives. Celle-ci doit se faire dans les 5 jours suivants l'agression sexuelle. Les prélèvements de la trousse ont pour but de trouver des substances biologiques laissées par l'agresseur sexuel sur votre corps ou vos vêtements telles du sperme, de la salive ou du sang http://calacsrivesud.org/services-aux-victimes/trousse-medico-legale/

	idéalement le mieux équipés, afin d'effectuer un examen complet et obtenir un certificat de coups e blessures Examen physique Examen gynécologique Prélèvement cervico-vaginal Bilan des IST ➔ **Certificat de coups et blessures**	17.500 (clinique privée) 50.000 (gratuité prévue) Gratuit lorsque réalisé par les médecins militaires
Prise de sang	**Infections transmissibles sexuellement (IST**): Hépatite B et C Syphilis Herpes Forfait Prélèvement Vaginal + PCR Chlamydia + Mycoplasme	 21.300 (privé) / 6.000 (public) 14.200 (privé) /4.000 (public) 21.300 (privé) / 6.000 (public) 133.000 (privé) / 46.000 (public)
	VIH : i. Sérologie VIH I et VIH II (délai de deux semaines) ii. Sérologie de contrôle 106 : Ligne verte infoSIDA	Gratuit à l'Institut Pasteur Clinique privée : 24.000
	Autres :	
10) Médicaments	**PLAN B (contraceptif d'urgence) :** *Certains pays n'ont pas de forme de Plan B parce que la planification familiale est tabou, c'est donc un médicament qu'il peut être recommandé d'apporter pour se protéger en cas de grossesse non désirée.* *Merci d'indiquer si c'est le cas* **NORLEVO** (le plus accessible sur le marché, en vente en pharmacie, sans ordonnance) (72h) **Ela-one** (5 jours)	 4.120 5.250
	Antibiotiques : Uniquement dans le cas d'une infection, Polygynax est l'antibiotique recommandé	2.880 (boite de 6)
	Post-exposition au VIH : Se rendre à l'hôpital (conseil de se rendre dans un grand centre communautaire ou une Polyclinique renommée, ex : GMP, PISAM, FARAH), suite à la consultation le médecin prescrira un PEP	Suite à une possible exposition : Gratuit Préventif : Payant

	Autres :	
Échographie (selon l'étendue des blessures et le type de traumatisme)	Examen d'imagerie Radio Scanner IRM	30.000 – 220.000 selon le type d'examen
Autres	Une déclaration du gouvernement à la suite d'un scandale télévisé d'apologie du viol et de mobilisations massives subséquentes annonce la suppression des frais de 50.000 XOF pour le certificat médical et la gratuité de prise en charge des victimes. Toutefois, cette annonce n'est entérinée dans aucun arrêté gouvernementale, décision ministérielle ou législatif, et n'est par conséquent pas encore effective.	

Vous devriez également utiliser cette section pour mettre en évidence des informations importantes telles que:

Quels hôpitaux administrent des trousses médico-légales	La majeure partie des hôpitaux agréés par l'assurance des volontaires Xn ont la capacité d'établir des certificats de coups et blessures. L'hôpital Mère-Enfant de Bingerville
Ce que l'hôpital fait avec les informations d'une personne survivante une fois que sa déclaration a été faite et que les tests sont terminés	Ouverture de dossier médical, disponible pour la consultation par m'équipe médicale uniquement. En cas de plainte, la police, la gendarmerie et les juges ont droit de consultation. Les documents produits sont donc confidentiels
L'âge du consentement/ l'âge de majorité légale dans le pays.	Age du consentement : 15 ans Age de la majorité : 18 ans
Autres détails importants	Grace au travail acharnée d'ONGs et d'ONGIs un comité national de lutte contre les VBGs, dont la mission est de procéder a l'élimination de toutes contraintes et procédures compliquant la dénonciation, a été mise en œuvre. Sous son impulsion la révision du projet de Loi « Projet de Loi DB 018 B « Loi de protection des victimes de violences domestiques, de viol et de violences sexuelles autres que domestiques » est en cours, afin de facilité le processus pour les victimes, accélérer leurs prises en charge et consolider un système judiciaire axée sur la victime.

3) Coordonnées des ONG locales de soutien aux personnes survivantes

Nom de l'ONG	Contact	Numéro	Services fournis
Stop au chat noir	Facebook Twitter Instagram Android / App Store SiteWeb : stopauchatnoir.org	07 878 594 43	Stop au Chat Noir (Chat noir étant une expression Ivoirienne qui fait référence a des hommes qui la nuit tombée s'introduisent dans la chambre de femmes ou de filles pour avoir des rapports non consentis, donc viol) Services fournis : - Application téléphonique pour faciliter la dénonciation et le soutien - Ecoute (séance avec des profesionnelles) - Accompagnement médical - Accompagnement administratif - Accompagnement légal - Art-thérapie
LaLigue Ivoirenne des Droits de la Femme	Facebook	07 07 366 164	LaLigue est une association féministe qui lutte contre les violences sexuelles et sexistes et prends des actions chocs pour porter a l'attention du grand public et des décideurs des crimes sexuelles. LaLigue accompagne les survivantes en recevant leurs appels dans un « safe space » et en les redirigeant vers des organisations et ou profesionnels (médecin, policier.e formé.e en VBG, avocat) compétents
Ecoutez Moi Aussi	Facebook Twitter Permanence de la Députée de Cocody	07 89 695 012	
SOS Violences Sexuelles	Facebook Twitter Instagram	07 677 754 65	SOS Violences Sexuelles est une ONG sis a Yopougon, luttant contre les violences basées sur le genre. SOS Violences Sexuelles fournis des services de prise en charge (prise en charge psychologique) de survivantes et de prévention des violences sexuelles.
Association des Femmes Juristes de Cote d'Ivoire	www.ajci.com	27 20 32 28 24	Clinique juridique

RIDDEF (Partenaire de CIntl)	Siteweb : www.riddef.org	II Plateaux – Blvd des Martyrs immeuble Bottiwa escalier E 2eme	Conseil juridique (clinique juridique) Soutien dans les procédures
Centre PAVVIOS	RIDH CPDEFM	27 20 00 79 94	Seul centre d'aide et d'assistance holistique aux victimes de VBG en Côte d'Ivoire ; situé à Abidjan dans la commune d'Attecoube. Un circuit de prise en charge PAVVIOsS est mis en place : -Médico-légale -Juridico-judiciaire - Psychosocial
CACi	Facebook Twitter LinkedIn		Référencement
EngenderHealth		27 22 42 74 47 II Plateaux – 7^{E} tranche	Référencement

4) Contexte légal et application de la loi

Expliquez clairement ce que signifient les termes suivants dans le contexte juridique du pays en question :

L'âge de consentement / âge de la majorité	15 ans pour les tous les sexes et genres
Consentement	15 ans
Violence domestique / Violence entre partenaires intimes	Pas de loi spécifique sur les violences conjugales/domestique
Harcèlement sexuel	" Constituent un harcèlement sexue les comportements abusifs, les menaces, les attaques, les paroles, les intimidations, les écrits, les attitudes ; les agissements répétés à l'encontre d'un salarié, ayant une connotation sexuelle, dont le but est d'obtenir des faveurs de nature sexuelle à son profit ou au profit d'un tiers » art.4 Code du Travail
Agression sexuelle	Pas de loi spécifique
Violence sexuelle	Pas de loi spécifique "Quiconque commet un attentat à la pudeur consommé ou tenté avec violences sur une personne de l'un ou de l'autre sexe, est puni d'un emprisonnement de deux à cinq ans et d'une amende de 100.000 à 1.000.000 de francs. L'emprisonnement est de cinq à dix ans et l'amende de 200.000 à 2.000.000 francs, si 1* L'auteur est l'une des personnes visées par le deuxième paragraphe du deuxième alinéa de l'article 354 ou la mère de la victime ; 2* L'auteur a été aidé par une ou

	plusieurs personnes ; 3* La victime est âgée de moins de 15 ans. » art.355 du Code Pénal
Viol	« Constitue un viol, tout acte de pénétration vaginale, anale, buccale ou de quelque nature qu'il soit à but sexuel imposé à autrui sans son consentement en usant d'une partie du corps humain ou d'un objet, par violence, menace, contrainte ou surprise. Constitue également un viol, tout acte de pénétration vaginale, anale, buccale ou de quelque nature qu'il soit à but sexuel commis sur un mineur de quinze ans, même avec son consentement. Le viol est constitué dans les circonstances prévues aux alinéas précédent, quelle que soit la nature des relations existant entre l'auteur et la victime. Toutefois, s'ils sont mariés, la présomption de consentement entre l'époux à l'acte sexuel vaut jusqu'à preuve du contraire. » article 403 du code pénal
Others ?	Le système national de collecte de données de violences basées sur le genre (VBG) indique qu'en 2020, ce sont 5 405 cas de violences qui ont été rapportés et pris en charge dont 822 cas de viols. « Les zones les plus par le phénomène de viol est le Haut-Sassandra avec 95 cas en 2019, 101 en 2020 et 75 cas de janvier à octobre. En plus, il y a le grand Abidjan avec 43 cas en 2019, 66 en 2020 et 55 cas de janvier à octobre. Aussi, il y a la région du Gbêkê avec 45 cas de viol en 2016, 77 en 2020 et 79 cas de janvier à octobre. Enfin, nous avons la région du Tonpki qui a enregistré 47 cas en 2019, 52 en 2020 et 21 cas de janvier à octobre» « Depuis 2019, les viols sont commis de plus en plus sur les élèves. Plus 98 % des cas de viol sont généralement les filles et 75% des cas sont des filles de moins de 18 ans ». « Le gouvernement s'est doté d'un cadre d'intervention mécanisme de prise en charge des victimes. En 2014, la stratégie nationale de lutte contre les violences basées sur le genre a été adoptée. (…) Au plan local, 79 plateformes de collaboration ont été installées pour la prévention et la prise en charge holistique de survivants de VBG. Deux lignes vertes ont été mises en place : 1308 et 116 » **(En cours) Projet de Loi DB 018 B « Loi de protection des victimes de violences domestiques, de viol et de violences sexuelles autres que domestiques » vient créer un cadre plus précis et plus axées sur les survivantes.** **Le système de protection judiciaire des victimes est défaillant**

GHANA

1) Steps to take

STEPS	WHAT ? WHERE ? HOW ?	DEPENDENCY (if certain steps are necessarily prior to others)
1	*Your safety is a priority. Consider whether or not you are in a safe place? If you are not feeling safe, it is important to reach out to someone you trust for support. You do not have to go through this alone.*	
2	*Contact local authorities to report incident. You will need to fill a report and go get authorisation at local police station to receive medical care*	*Do not wash or take off any clothes, less you destroy evidence.* *Immediately go to the nearest police station to report incident.* *Get a police medical form to fill from the police station* *Use the filled form to visit a health facility.* *This gives the medical authority to examine and write an incident report* *This form is mandatory and will cost GHS 200.00* *The VSA will write an incident report for submission to Management.*
3	*Seek medical attention to treat any possible injuries and to check for injuries you may not be able to see*	*Step 2 mandatory to move on to step 3* *Go to a medical or health facility of your choice to report the incident.* *Present the filled police report /form to the medical doctor responsible for you. This letter authorizes him to examine your body and write a report about findings.* *Send back medical report to the police station, this provides documented evidence of the trauma caused to the survivor's body which letter can be use by the police or the lawyer to pursue for justice.* *Seek psychosocial counselling at the health centre or if trauma or you could be referred to a higher facility if trauma is severe.*

2) Medical services

Service	Detail (what tests or material is available)	Cost
A rape kit	Screening of the victim	GHS 200.00
Blood work	**Sexually transmitted infections (STIs)**: Syphilis, gonorrhea, Hepatitis A, B or C Free at Government owned poly clinics and hospitals. Lancet and other private labs could vary	 GHS 0.00 GHS 40.00 each
	HIV: HIV 1 and 2 Free at Government owned Poly Clinics and Hospitals Lancet and Private facilities charge variably	 GHS 0.00 GHS 80.00
	Others: Human Peplomer virus, Pregnancy, COVID **Costs vary per clinic, may top up at Government Facility**	GHS 30.00

Medications	**PLAN B (emergency contraceptive):** **Postinor tablets** **Lydia Tablets** **Secure Tablets** **Antiretroviral drugs are free at government hospitals. It is also taking a long process to obtain it.** *Some countries also do not have any form of Plan B because family planning is taboo so this is one more medication that people can travel with to be on the safe side. Please indicate if it's the case*	GHS 7.00 GHS 13.00 GHS 4.00
	Antibiotics : **Broad Spectrum antibiotics to treat all infection** Amoxicilline/Amoxyclav/Clavulin Gentamycine Clindamycine This can be administered, oraly or Intravenous depending on the doctor's discreation	This depends on the doctor's discreation and it would cost above GHS 40.00
	Post-exposure Prophylaxies for HIV : **HIV ARV's are used as prophylaxies to treat newly contracted HIV Virus. It can also act as a pill to terminate unwanted pregncies.** *Some organizations have their staff travel with one dose of post-exposure medication for HIV because the first tablet must be taken within 48 hours of exposure and often, it is not possible to be evacuated that quickly or to locate the medication in country that fast.* *Antiretrovirals drugs, emergency contraceptive taken with 72 hours after the incident*	At no cost at Government facilities. At a cost in private facilities.
	Others : Some time for minor surgeries and pain killers in case of severe trauma.	
Ultrasound (depending on the extent of injuries and type of trauma)	This detects pregnancy, vaginal tear or trauma, and assess the level of damage	GHS 50.00
Others	Minor surgery for the vagina in case of severe trauma and the cost could vary from one clinic to another	GHS 500.00

You should also use this section to highlight important information such as:

What hospitals can administer rape kits	**Most of the Government hospitals handle these**
What will the hospital do with your information once you have given your statement and completed the tests?	The hospital uses the police report as an authority letter to grant the medical team access to examine the patient and treat them
What is the age of consent?	16 years
Other? Rape victims usually go through the normal emergency process	This includes; registration, vitals taken, file, folder created during the time the doctor attends to the victim. Specialist such as Gynaecologist sees the victim. This could vary from one facility to another. A detailed history is taken including time lines, followed by general and specific examination, pictures are taken where necessary and various investigations requested. Cost of investigations and prescriptions vary from one facility to another. These may not be covered by health insurance.

3) Contact information for local survivor support NGOs

NGO name	Adress	Contact Information	Services provided
WILDAF	H/N88/C6 Opposite Manna Mission Hospital, Teshi-Nungua Accra	+233302727897 +233203895226 +233556233474 +233202627087 https://Wildaf_ghana.org/wildaf-support/	Legal Cousel, Advocacy, Survivor's support
PROLINK	Spintex Highway East Airport Info@prolinkgh.org	+233302816963 Info@prolinkgh.org	Advocacy, survivor's support
HARC	Osu Ako Adjei, Accra	+2335426214018	Legal Counsel, Advocacy, Survivor's support
AMNESTY INTERNATIONAL **POS FOUNDATION** **NORSAAC**	63 Olympics St, Accra Yogaga Street, Accra Shishegu Residential Area,	+233302220814 +233244175879 +233501303003 Info@norsaac.org/norsaac@yahoo.com	Advocacy Legal Counsel, Advocacy, Survivor Support

FIDA	Nyankpala Road, Sagnerigu District Assembly Junction - Tamale Madina Estate, Abttoir road, Accra	+233545089092	Advocacy, survivor's support Legal Counsel

4) Legal law enforcement/response

Explain clearly what the following terms mean in the legal context of the country in question:

Age of consent	**The Age of Consent in Ghana is 16 years old. It is the minimum age at which an individual is considered legally old enough to consent to participation in sexual activity. Individuals aged 15 or younger in Ghana are not legally able to consent to sexual activity, and such activity may result in prosecution for statutory rape or the equivalent local law.** **Ghana statutory rape law is violated when an individual has consensual sexual contact with a person under age 16.**
Consent	Consent is when a person gives permission of agrees for a particular action to take place or something to happen.
Domestic violence / **Intimate partner violence**	*there may be different levels of legal protection depending on whether sexual violence occurs within or outside of marriage. Please do make the distinction if needed* *Domestic Violence is an act, or threat of an act, that causes physical, psychological/emotional, economical and sexual pain or injury as well as intimidation, isolation and coercion in an intimate relationship.* *The Domestic Violence Act provides protection from domestic violence particularly for women and children and for connected persons (Constitution (1996) Threats or harm under this Act constitute physical abuse, sexual abuse, economic abuse,emotional,verbal or psychological abuse. Domestic relationship under this Act means a family relationship where the complainant is or has been married to, lives with or engaged to, parent of, household of, co-tenant of, or shares a child with the respondent. Perpetrators are to be arrested, prosecuted and jailed if found guilty of a domestic violence crime.* *Intimate Partner Violence is an act of behaviour by a current or former intimate partner that causes physical, sexual or*

	psychological harm, including physical aggression, sexual coercion, psychological abuse and controlling behaviours.
Sexual harassment	Sexual Harassment is sexually making life unpleasant and unbearable for another person. This includes acts such as text mgs, internet – sending nude pic etc., unwilling body touching.
Sexual Assault	Sexual Assault is an act in which one intentionally making sexually touches another person without that person's consent or physically forcing a person to engage in a sexual act against their will.
Sexual Violence	Section 103 of the Criminal Offences Act deals with indecent assault. A person commits this criminal offense if without the consent of the other person that person (a) forcibly makes a sexual bodily contact with the other person or (b) sexually violates the body of another person.
Rape	Rape is the carnal knowledge of a female of not less than 16years without her consent or when a man sexually penetrates a woman above the age of 16 years without her consent. The offense of rape in Ghana is now a first-degree felony carrying sentences of not less than five years and not more than twenty-five years. Rape is Gender specific in Ghana. A man cannot be raped, not even by his fellow man
Others ***Defilement*** ***Incest***	 Defilement is the natural or unnatural carnal knowledge of a child under 16 years / or having sexual encounter with either a girl or boy under age 16 years by either a man or woman /or when a child (boy or girl) who is less than 16years is sexually abused. Incest is having sexual encounter with a person who is a blood relation such as siblings, parents, Uncles and cousins.

KENYA – KISUMU AND WESTERN KENYA

1) Steps to take

STEPS	NOTES
1. Get to a safe place and tell someone you trust as soon as possible. Do not touch or move anything where the attack happened. Do not wash body, hair or clothing – instead, keep clothes in a bag made of paper or wrap them in newspaper or cloth.	Do NOT put clothing or evidence into a plastic or polyethylene bag.
2. Go to a hospital or health centre as soon as possible (ie. within 72 hours of the incident). Go through the emergency ward.	The police can be informed after medical treatment. Go directly to the health centre or hospital. The hospital has two purposes: to receive medical treatment and care, and to collect medical evidence for catching the attacker. As such, the survivor will be asked personal questions in the hospital and will have to complete a full medical examination. If the hospital is visited within 72 hours, the first dose of PEP and emergency contraception can be administered. Clinical evaluation, legal documentation and STI prophylaxis will also be conducted.
3. Go to the police station and report the crime (in the case that the survivor wants the assaulter to be found and tried). Report to the customer care desk – if the survivor is a woman they will be directed to the Gender Desk. The survivor will file a statement and will complete a P3 form (there is no cost associated with this form).	The P3 form is a request of the police station to use the information from the medical examination to be used in the investigation. All evidence (including clothing) should be given to the police at this time.
4. Next Steps – The survivor can seek psychosocial support and trauma related services, as well as access other services which may be required. The survivor can also attend follow up appointments if needed.	

2) Medical services

There are private and government hospitals. Services can be accessed using Health Insurance Schemes. Exact cost depends on several factors including level of the facility and type services provided. Usually, drugs to prevent pregnancy and those to protect the survivor from HIV are provided within 72hours. The following are the forms of medication that can be accessed with the associated costs.

Service	Detail (what tests or material is available)	Cost

A rape kit	Medical assessment and management of injuries, emergency contraception, HIV prevention, STI prevention, forensic evidence collection, crisis counselling, trauma counselling, legal counselling and linkages with police and other law enforcement authorities, temporary placement if required.	
Blood work	HIV/STI Screening	Approximately $295 HIV tests are free at LVCT Health
	Quantitative HCG Testing	3149 Ksh
Medications	Post Exposure Prophylaxis	Free in government hospitals and SOME private hospitals
	Emergency Contraceptive Pills	950 Ksh
Ultrasound (depending on the extent of injuries and type of trauma)	Ultrasound guided biopsy	10,000 Ksh

You should also use this section to highlight important information such as:

What hospitals can administer rape kits	LVCT Health, Hospitals with a Gender Violence Recovery Centre (primarily rural areas – see below), Jaramogi Oginga Odinga Teaching and Referral Hospital
What will the hospital do with your information once you have given your statement and completed the tests?	
What is the age of consent?	18 years

3) Contact information for local survivor support NGOs

NGO Name	Address	Contact Information	Services Provided
LVCT Health	Off Gumbi Road Kisumu	+25420259456 enquiries@lvcthealth.org https://lvcthealth.org/populations-we-serve/	Violence prevention and response programs at the community level, post rape care services, comprehensive HIV services (testing and counselling), SRH services (family planning and screening)

KMET – The Freedom House	Tom Mboya Estate, Along Kondele-Nyawita Bypass, off Kisumu Kakamega Road P.O. Box 6905-40103	+254710806160	A safe house funded by KMET for survivors of SGBV to access and stay – offers temporary protection and assistance to leave situations of violence.
KMET Corkran Clinic	Kondele Nyawita, Off Kondele Fly Over,Kisumu	+254708228217 https://kmet.co.ke/what-we-do/quality-healthcare/clinical-services/	Offers STI testing, syphilis testing, chlamydia testing, HIV testing, and other laboratory needs.
Gender Violence and Recovery Centre	Centre for Assault and Recovery in Eldoret (CARE) situated in Moi Teaching and Referral Centre Kisii level 6 GBVRC Kenyenya sub-county hospital GBVRC Eldama-Ravine sub-county hospital GBVRC Homabay County Referral hospital GBVRC Makongeni sub-county hospital GBVRC Jaramogi Oginga Odinga Teaching and Referral Hospital GBVRC	+254800720565 (toll free) https://gvrc.or.ke/about-us/how-it-all-began-2/ https://jootrh.go.ke/our-services/medical-services/gender-based-violence-recovery/	
KEFEADO	Dolphine Okech Legacy Initiatives (DOLI) Center Opposite Nyamonye Catholic Church Along Bondo-Usenge Road	Kisumu Office: +254 115431016 HQ Office Line: +254 732 774593 https://kefeado.org/contact-us/	Primarily advocacy but works in various areas of Western Kenya. Has programming which centres on prevention of SGBV – not directly related to urgent measures, but has a

	P.O. BOX 6025-40103 Kisumu-Kenya		good network which can provide support if needed.
Kisumu Male Sex Workers Organization (KIMASWO)	Address: P.O BOX 2897 KISUMU	Email: kimaswo@gmail.com Phone: +254710674060	Promotes health, human rights and economic empowerment for sex workers in Western Kenya. They have a large network of organizations which address gender based violence, and will help connect survivors of GBV with those organizations.
CREAW Kenya	Nairobi: Elgeyo Marakwet Close off Kilimani Narok: Anglican Church, along Prison Rd, Narok County	Mobile. 254 720 357664 | Toll Free Number: 0800 720 186	Operates in Kericho, Bomet and Marok in Western Kenya. Provides legal aid and psychosocial support to survivors of SGBV.
Women Concerns Centre	Kilo katuoro road Nyalenda Kisumu, Kenya	Margaret Omondi womenconcerns2003@gmail.com +254 722442324	Runs programming to support women who are experiencing abuse and domestic violence. Provides access to legal support and connections to their network of organizations, Primarily an advocacy organization.

4) Legal law enforcement/response

Age of consent	18 years
Consent	Section 42 of the Sexual Offences Act states that:" a person consents if he or she agrees by choice and has the freedom and capacity to make that choice."
Domestic violence / Intimate partner violence	If someone comes to Kenya law enforcement with a claim of domestic violence, 2 primary actions are taken immediately: (1) the individual is advised of all available relief measures and (2) advise the complainant of

	their right to apply for relief and to lodge a criminal complaint. Further steps are taken from these actions depending on the case.
Sexual harassment	Law includes any person who is in a position of authority or holding public offices who persistently makes sexual advances or requests which they know are unwelcome. Charges are only given for those who (1) the submission or rejection by the person to whom the advances are made is intended to be used for the basis of employment or decision related to the career of the individual, or (2) such advances or requests interfere with the individual's work or educational performance or creation of an offensive working or learning environment, or (3) public from public office. The primary actions lie with the employer in a place of work, otherwise law enforcement can get involved in the previous three cases mentioned (but no direct actions are outlined).
Sexual Assault	The law in Kenya states that sexual assaults are very serious crimes. Attackers, by law, will be punished with prison sentences.
Sexual Violence	Kisumu County has launched a training program across the region for law enforcement officials to target sexual violence as a crime and change attitudes towards sexual violence. There is currently no definition for "sexual violence" specifically in the Sexual Offences Act, however there are various types of sexual violence outlined in the act as a whole.
Rape	The term "rape" is defined by law as "he or she intentionally and unlawfully commits an act which causes penetration with his or her genital organs, the other person does not consent to the penetration, or the consent is obtained by force or by means of threats or intimidation by any kind." The person guilty of an offence under this definition is liable to imprisonment for a term not less than ten years which may be increased to imprisonment for life.

KENYA – NAIROBI

1) Steps totake

Visit the nearest recommended healthcare centre (this can be coordinated by calling the nation GBV helpline at 1195). They can organize an ambulance free of charge.
Contact the emergency services on 999, 911 or 112 or visit the nearest police station. You should be aware that the capacity of the emergency services to respond varies across Kenya and differs to that in the UK
Go to the police with a friend or helper. When you arrive at the police station report to the customer care desk, and if you are female they should direct you to the Gender Desk. Interviews should take place in private, away from other people who are visiting the police station. The police will write the report in the Occurrence Book and give the report a number. They should then help the victim to make a statement which explains what happened during the assault. The victim will be asked to sign the statement to say that it is true. and accurate. Only sign the statement if you understand it and believe it is correct. People who saw what happened are witnesses and should also give statements. In all cases of sexual assault a P3 form should be completed. The P3 form is free.
Contact the Canadian High Commision in Nairobi on Starehe, Nairobi Central Limuru, Nairobi. Consular staff will be empathetic, and non-judgmental, and can provide information on local police and medical procedures. Anything you tell them will be treated in the strictest confidence. They can contact your family or friends for you if you wish.

2) Medical services

There are private and government hospitals. Services can be accessed using Health Insurance Schemes. Exact cost depends on several factors including level of the facility and type services provided. Usually, drugs to prevent pregnancy and those to protect the survivor from HIV are provided within 72hours. The following are the forms of medication that can be accessed with the associated costs.

Service	Detail (what tests or material is available)	Cost
A rape kit	Includes: - Collecting sample DNA - Post rape care form - Dos and don't	Free
Blood work	- HIV testing - STI test, syphilis, gonorrhea - Preventative medication for STIs	According to the National GBV hotline, these costs should be free if they are related to a SGBV incident.
Medications	- **All common medications are available at the healthcare centres and most local pharmacies**	According to the National GBV hotline, these costs should be free if they are related to a SGBV incident.
Ultrasound (depending on the extent of injuries and type of trauma)	- These are available at the hospitals listed below, and additional services can be found by contacting the national helpline at 1195	According to the National GBV hotline, these costs should be free if they are related to a SGBV incident.

You should also use this section to highlight important information such as:

What hospitals can administer rape kits	1. Nairobi Women's Hurlingham 2. Nairobi Women's Adams Arcade, on Ngong road 3. Mamu Lucy Kobaki If these locations are not accessible you can call 1195 to find another location and receive transportation.
What will the hospital do with your information once you have given your statement and completed the tests?	Hospitals will keep the medical records and information and may be used in the court of law.
What is the age of consent?	18
The role of the healthcare provider	A survivor of a sexual offence is entitled to receive medical treatment regardless of whether they have reported the matter to the police
The role of the government	The medical treatment expenses incurred by a survivor, a person suspected to have committed a sexual offence, a person convicted or witness of a sexual offence in a public hospital shall be borne by the Government.
Specific role of healthcare provider in the event of sexual assault/violence	a. Conduct a full medical forensic examination on the survivor and prescribe the appropriate medical treatment; b. Provide appropriate professional counselling to the survivor of the sexual offence; c. Complete the prescribed Post Rape Care form and psychological assessment form as set out in the schedule and any other relevant records; d. Collect and preserve the necessary medical forensic samples in accordance with the National Guidelines on the Management of Sexual Violence; e. Inform and forward to the investigating police officer or his or her representative the samples collected while maintaining a record of the chain of custody by appending his/her signature for the samples; f. Initiate appropriate referral to the relevant areas or subsequent areas for the necessary subsequent care; g. Ensure safe custody of medical records relating to the treatment for use as evidence before any court with regard to any offence under the Sexual Offences Act; h. Where required produce the completed Post Rape Care form and other relevant

	medical records in court as evidence in regard to any offence under the Sexual Offences Act

3) Contact information for local survivor support NGOs

NGO Name	Address	Contact Information	Services Provided
Gender Violence Recover Centre, Nairobi Women's Hospital	HQ: Adams, Nairobi Block B, Kirichwa Road, Opp. Adams Arcade, Off Ngong Road Hurlingham: Nairobi 4th Floor, Room 410, Arghwings Kodhek Road	Phone: +254709667000 Website: https://gvrc.or.ke/	Provide free comprehensive medical and psychosocial support, primary prevention and advocacy outlets
Federation of Women Lawyers (FIDA)	Nairobi: Amboseli Road, Off Gitanga Rd Lavington Kisumu: Milimani Estate, Off Awuor Otiende Rd, Next to Milimani Resort Mombasa: Off Links Rd, 3rd street behind Links Plaza (Behind Ryadh Towers)	Phone (Nairobi): 0722509760 (Kisumu): 0724256658 (Mombasa): 0724256659 Toll free 0800 720501 Website: https://www.fida-kenya.org/	Focus on programs which provide women with access to justice through legal representation, strengthen governance through policies, and contribute to the women rights' movement knowledge-base through policy informing instruments among others
Women Challenged to Challenge	Orthopaedic Workshop, Waiyaki Way (Opposite ABC Place) Nairobi, Kenya.	Phone: +254 0740 516 919 Email: info@wcc.or.ke Website: https://www.wcc.or.ke/	Offers programs focused on: 1.Leadership and governance 2.Sexual and reproductive health services 3.Gender based violence 4. Economic empowerment
Kenya Association for the Intellectually Handicapped	Nairobi: Room A11 Ground floor Mutindwa Flats-	Phone: +254722926918, +254207789948 Website: https://www.kaihid.org/	Provide programs focused on access to justice, self advocacy, family

	Umoja Off Moi-Drive	Email: info@kaihid.org	empowerment, access to quality healthcare, vocational training, etc.
The CRADLE – The Children Foundation	702 Dhanjay Apartments Hendred Road, Nairobi, Kenya	Email: info@thecradle.ke Phone: +254 722 201 875/+254 734 798 199 Website: https://thecradle.ke/	Provides programs focused on child justice and rights, child legislation intervention, and advocacy.
African Network for the Prevention and Protection Against Child Abuse and Neglect (ANPPCAN	Komo Lane (Off Wood Avenue) Nairobi, Kenya	Phone: +254 20 2140010, 2140011, 2140013 Mobile: +254 738410690 Email: regional@anppcan.org Website: http://www.anppcan.org/	Focused on systems strengthening through child protection programs, capacity building, advocacy, etc

Survivors of SGBV can access or seek assistance from the following hotlines/contacts:

- 1195 -National GBV hotline
- 1190 – Counselling hotline
- 1517 – UNHCR toll-free number
- 0800720309 – Danish Refugee Council (DRC) toll- free number
- 0800-720600 -Telecounselling AMANI counselling Center
- 0790781359 – CVT
- 0770451236 / 0777784009- HIAS
- 0704-873342 -NCCK Health coordinator
- 1196 – Childline
- 0711400506 – MSF hotline
- 0800720121 – LVCT toll-free number
- 999 / 112 – Kenya police emergency hotline

It is recommended that survivors call the 1195 hotline. During research, we spoke with them for a while and they were very supportive, efficient, and they have resources ready to get you through the first steps of the process.

4) Legal law enforcement/response

Age of consent	**18 years**
Consent	Under Kenyan law, consent must be freely given, informed, and unambiguous. If a person is coerced, threatened, or otherwise forced to engage in sexual activity, then their consent is not valid and any sexual activity that takes place is considered rape or sexual assault.
Domestic violence / Intimate partner violence	The law enforcement of domestic violence in Kenya is carried out through the Protection Against Domestic Violence Act (2015). The Act provides for the protection and relief of victims of domestic violence, including physical, emotional, and sexual abuse. The law enforcement agencies responsible for enforcing the Act include the police, the judiciary, and the probation services.

	When a victim reports an incident of domestic violence to the police, the police are required to investigate the matter and take appropriate action. The police can arrest and charge the perpetrator of the violence, and in cases where the perpetrator poses a threat to the victim, the police can also obtain an emergency protection order to safeguard the victim's safety.
Sexual harassment	Under the Sexual Offences Act (the Act), a person may be found guilty of sexual harassment if any person, who being in a position of authority, or holding a public office, persistently makes any sexual advances or requests which he or she knows, or has reasonable grounds to know, are unwelcome. The Act, however, imposes an obligation on the alleged victim of sexual harassment to prove: (a) that their submission or rejection of the sexual advances or requests would be used as a basis of employment or as a decision relevant to the career of the alleged victim; and (b) that the sexual advances or requests by the perpetrator have the effect of interfering with the alleged victim's work; educational performance or have created an offensive working or learning environment for the alleged victim. The law of Kenya decrees no less than 3 years of imprisonment or payment of 100,000 shillings or more as a fine for anyone declared a sexual offender. Be it a verbal or physical form of indecent behavior by a person in authority; the act will be punishable if the alleged perpetrator is proven guilty
Sexual Assault	Under the Sexual Offences Act (the Act), Any person who unlawfully: (1) (a) penetrates the genital organs of another person with - (i) any part of the body of another or that person; or (ii) an object manipulated by another or that person except where such penetration is carried out for proper and professional hygienic or medical purposes; (b) manipulates any part of his or her body or the body of another person so as to cause penetration of the genital organ into or by any part of the other person's body, is guilty of an offence termed sexual assault. A person guilty of an offence under this section is liable upon conviction to imprisonment for a term of not less than ten years but which may be enhanced to imprisonment for life
Sexual Violence	See "Sexual Assault"
Rape	Under the Sexual Offences Act (the Act), (1) A person commits the offence termed rape if - (a) he or she intentionally and unlawfully commits an act which

	causes penetration with his or her genital organs; (b) the other person does not consent to the penetration; or (c) the consent is obtained by force or by means of threats or intimidation of any kind. A person guilty of an offence under this section is liable upon conviction to imprisonment for a term which shall not be less than ten years but which may be enhanced to imprisonment for life. A person commits the offence termed attempted rape if - Any person who attempts to unlawfully and intentionally commit an act which causes penetration with his or her genital organs is guilty of the offence of attempted rape and is liable upon conviction for imprisonment for a term which shall not be less than five years but which may be enhanced to imprisonment for life

KYRGYZSTAN

1) Steps to take

STEPS	DEPENDENCY (if certain steps are necessarily prior to others)
Emergency Services	Contact the international emergency number on 151 (private ambulance), 103 (public ambulance) or 102 (police). 111 is a helpline aimed at underage victims of sexual violence, 112 be used by adults and has trained psychologists available who can offer support in Russian or Kyrgyz. You should be aware that the psychologists have to report the incident to the local police.
Contact the Security Focal point or Safeguarding lead at your host agency	*At AKF this is currently a male staff member for both roles.* At AP this is Nurjan or Bibinur. (female staff) Many services are not offered in English, and a translator will be necessary. The security focal point can ideally support with this, but it would be best if there was a female team member to support survivors through this difficult and vulnerable process.

2) Medical services

There are private and government hospitals. Services can be accessed using Health Insurance Schemes. Exact cost depends on several factors including level of the facility and type services provided. Usually, drugs to prevent pregnancy and those to protect the survivor from HIV are provided within 72hours. The following are the forms of medication that can be accessed with the associated costs.

Service	Detail (what tests or material is available)	Cost
A rape kit	There are clinics in Bishkek, which can offer medical support including external injuries examination, gynaecological examination with swaps and STDs. Photos of severe external injuries will be taken for investigative purposes if the case is reported to the local police.	unknown, likely need to be paid in cash
Blood work	Available at most hospitals and/or labs, recommended to use private facilities	dependant on facility
Medications	Medical staff will be able to advise on HIV PEP medication. PEP medication (Post Exposure prophylaxis is a treatment that can prevent HIV) is available in Bishkek. The doctors will provide PEP prescription and a medical referral to the Republican HIV Centre for a further check.	The HIV Centre provides PEP free of charge but the patient will have to meet the cost for the testing.
	Emergency contraception is available from pharmacists in urban areas in Kyrgyzstan though you may require a prescription and it is not free.	unknown

Ultrasound (depending on the extent of injuries and type of trauma)	Available at most hospitals, recommended to use private facilities	dependent on facility

You should also use this section to highlight important information such as:

What hospitals can administer rape kits	There are clinics in Bishkek, which can offer medical support including external injuries examination, gynaecological examination with swaps and STDs. Photos of severe external injuries will be taken for investigative purposes if the case is reported to the local police.
What will the hospital do with your information once you have given your statement and completed the tests?	Most medical practices will automatically pass details of people they believe to be victims of rape or sexual assault to the police.
What is the age of consent?	16 ears of age

3) Contact information for local survivor support NGOs

NGO Name	Address	Contact Information	Services Provided	Language
Sezim Crisis Centre	3, Tabyshalieva street, Bishkek	+996 312 51 26 40 (hot line); +996 312 316 466 centersezim@gmail.com	Hotline number · Legal, psychological, and social assistance · Temporary secure shelter and social housing for victims of sexual violence · Provide information and education related to gender rights	24/7; Russian and Kyrgyz
Shans (Chance) Crisis Centre	207, Chui avenue, room 509, Bishkek	+996 312 613 227; +996 709 710 320 chance-cici@mail.ru 10:00am - 3:00pm from Monday to Friday		Russian, Kyrgyz, Turkish and English (subject to interpreter's availability)
Ak-Jurok Moral-Psychological Centre	205, Lenin street, room 210, Osh city, Osh oblast	+996 3222 2 97 57 9:00am-5:00pm from Monday-Friday;		Russian and Kyrgyz

Himaya Help and Rehailitation Centre	Karakol town, Issykkul oblast	+996 551 733 390 (SMS); +996 702 223 535 9:00am-5:00pm from Monday-Friday;		Russian and Kyrgyz
Kaniet Crisis Centre	113, Bekmambet Osmonov street, Jalalabad town, Jalalabad oblast	+996 3722 5 50 84; +996 779 23 13 32 9:00am-5:00pm from Monday-Friday;		Russian and Kyrgyz
Maana (Ayalzat Public Foundation)	274/2 Tagaibaev street, Talas town, Talas oblast	+996 3422 5 38 18; +996 3422 5 55 81; +996 557 48 47 13 9:00am-5:00pm from Monday-Friday;		Russian and Kyrgyz
NGO Tendesh Crisis Centre	31/1 Kyrgyz street, Naryn town, Naryn oblast	+996 3522 5 02 70; +996 3522 5 37 70 9:00am-5:00pm from Monday-Friday;		Russian and Kyrgyz
Shelter for women with children under the Public Foundation “Centre of Mercy”	10 Trudovaia street, Bishkek	+996 312 64 48 71; +996 550 54 66 22 Monday-Sunday 24/7		Russian and Kyrgyz
Public Association “Ensan - Diamond”	205/105 Lenin Street, Osh city, Osh oblast	+996 772 32 89 60; +996 3222 2 29 65 9:30am-5:30pm from Monday-Friday		Russian and Kyrgyz
Crisis centre “Akyl karachach” under Public Association “Ene nazary”	1 Naberezhnaia Street. Village Gulcha, Osh oblast	+996 555 28 14 23; +996 776 28 14 23 10:00am-5:00pm from Monday-Friday		Russian and Kyrgyz
Crisis centre “Aruulan”	205 Lenin street, Osh city, Osh oblast	+996 776 38 07 77; +996 3222 5 56 08		Russian and Kyrgyz

		10:00am-5:00pm from Monday-Friday		
Public Association Crisis Centre "Meerban"	312/23 Lenin street, Osh city, Osh oblast	+996 773 84 34 61 10:00am-5:00pm from Monday-Friday		Russian and Kyrgyz
"Janyl Myrza" (PF "Omur Bulagy")	3 Sydykov Street, Batken town, Batken oblast	+996 777 39 30 77 10:00am-5:00pm from Monday-Friday		Russian and Kyrgyz
Public Association "Ayalzat"	05-14 Abdrakhmanov street, Karakol, Issyk-kul oblast	+996 3922 5 10 91; +996 553 83 57 17 10:00am-5:00pm from Monday-Friday		Russian and Kyrgyz

4) Legal law enforcement/response

Age of consent	16 years of age
Consent	
Domestic violence / Intimate partner violence	Not a criminal offence right now* There is often a fine but not a criminal charge, abusers will be detained for up to 3 days and must pay a fee to be released. The temporary protection measures will be implemented within twenty-four hours of establishing the fact of commission of domestic violence. Domestic violence is classified as physical and/or psychological. Category 2- fined and community service is the penalty. (15,000 soms)
Sexual harassment	Verbal or physical harm which humiliates another person, unclear on penalty.
Sexual Assault	
Sexual Violence	
Rape	Criminal offence, not often reported due to shame. If it is reported, there is a lot of corruption and perpetrators can often pay their way off.

PAKISTAN

1) Steps to take

STEPS	DEPENDENCY (if certain steps are necessarily prior to others)
Report emergency line	1122 for the emergency line, same across all of Pakistan
Tests conducted	Hemoglobin bloodwork (detect bleeding client, anemia} Urinalysis (urinary tract infection and others, intrusion in urine), Ultrasound (to detect impact, after 40 days to detect pregnancy) Baseline STD tests: HIV/AIDS, HepB, HepC, can be done but stigma to talk about it post-exposure (bloodtest) No vaccine available but available HEPb but not HEPc (Big stigma) If positive, then another test will follow 6 weeks after the first bloodwork. People can be treated as positive for 6 weeks if the source of exposure is known, can be confirmed after. Otherwise, based on initial bloodwork. (For nurses with needle prick injury, 2nd test is done after 4 weeks to verify if contact led to an infection. Incidents then get reported. Even couples getting married don't usually do a HepB, HepC and HIV test.
Police might get involved	Best way is to call emergency initially if something happens. Based on client condition, if seriously injured or unconscious. If client is ok, then ensure their safety. Sometimes they report than other issues arises in the community. In cities, call police. They will collect hair and other fibers from survivor clothes near rape areas to investigate. Usually the families would choose whether they want to involve the police or not. If so, the hospital staff make sure to call police. People are starting to report to emergency line 15, where there is then a follow-up to doctors, a case investigation and treatment. First report is at the hospital: there is a desk at the government hospitals. This is where the dignity of the family comes in. Most families hide the truth, don't mention that it is rape, mention an accident or mention a different kind of injury. The medical staff will ask the survivor if they want to involve the police or not. At the PIMS, Polyclinic and Government hospitals, they have a police counter for accidents and police reports.

	It is best and easier to give the First Incident Report (FIR) at the hospital. Otherwise, it takes too long at a nearby police station (thana). They then have to decide which specific code to classify the SBV under, sexual assault, rape… Survivors are sent back home, whether married or not.

At the hospital, the doctors will perform history taking, a physical assessment and investigations. A pregnancy test will then be taken.

In general, rape survivors do not go to the hospital unless there is serious injury.
They go to the hospital or basic health center where they are examined, and then advised to rest again after 40 days. Normal at that stage, the pregnancy cannot be positive, other symptoms are identifiable through rape cases. Health centres should have all the kit material to assess, administer a hemoglobin test and deliver first aid.

Medication and emergency contraceptive are given to the adult accompanying the survivors, not directly to them. Two tablets of Emergency Contraceptive (EC), progesterone tablets, are given to be taken within 72 hours of unprotected sex. The cost is mostly free. EC are mostly available in BHCs, though right now they have not been received despite the request to the donor. At the market in Pakistan, the EC pill of 0.75 mg costs 20 PKR/pack.

The blood work is then taken. Ultrasound is done after 40 days if the hospital has the capacity to do so, such as the PPP. Ultrasound also allows to detect impact and bruising of the stomach or other body parts, such as during physical assault.

Rape kits are currently not available, or at least very difficult to come by, yet remain indispensable.

2) Medical services

There are private and government hospitals. Services can be accessed using Health Insurance Schemes. Exact cost depends on several factors including level of the facility and type services provided. Usually, drugs to prevent pregnancy and those to protect the survivor from HIV are provided within 72hours. The following are the forms of medication that can be accessed with the associated costs.

Service	Detail (what tests or material is available)	Cost
A rape kit	Not widely available at public hospitals, private hospitals adhering to WHO standards would have a higher availability Prophylaxis are not included, we haven't talked about it First step is the post-rape kit, then post exposure prophylaxis for HIV in second.	

Blood work	Hemoglobin test (detect bleeding client, anemia, urinary tract infection and others, intrusion in urine),	500 PKR in GBC
	Urinalysis (urinary tract infection and others, intrusion in urine),	450 PKR in GBC
Medications **HIV/AID test for baseline can be done but we cannot talk about it easily can be No vaccine available but available HEPb but not HEPc (Big stigma)**	ECP (Emergency Contraceptives)	20 PKR
	Pain medications (Ponstan, Paracetamol) NSAIDs	
	Antibiotic based on the injury (perineum injury, for local application, …)	
	Tranquilizers for rest and sleep	
Ultrasound (depending on the extent of injuries and type of trauma)		

Should be treated for sexually transmitted details, then given Emergency Contraceptive pills, both within 72 hours of exposure. Otherwise, after 5 days, they cannot get emergency contraceptive.

You should also use this section to highlight important information such as:

What hospitals can administer rape kits	**Not available**
What will the hospital do with your information once you have given your statement and completed the tests?	-public hospital (PIMPS) no medical records -do mention the case that they attended -OPD and you have keep the record cause they don't have much
What is the age of consent?	

3) Contact information for local survivor support NGOs

NGO Name	Address	Contact Information	Services Provided
UNFPA			Working on GBV, advocacy of post-rape kits
AAhung			
Legal Aid Forum			
Aurat Foundation,			
AASHA			
National commission			
WHO			Big module for post-rape, which has been

			adpted by private hospitals. For government hospitals, each institute has their own way of treatment, yet there is no uniform policy.

4) Legal law enforcement/response

Age of consent	**18 years**
Consent	
Domestic violence / Intimate partner violence	Punjab Protection of Women against Violence Act, 2016
Sexual harassment	The Workplace Harassment Act of 2010 was passed but not equally implemented throughout last year. Most people put on the wall to try to spread awareness because all type of discrimination are associated with sexual harassment. Government PP and the reinforced 2018 government pushed and now in all provinces and in most institutions it is part of the policy. The Punjab Protection against Harassment of Women at the Workplace (Amendment) Act, 2012
Sexual Assault	
Sexual Violence	
Rape	The Punjab government has a policy for responding to rape and follow WHO guidelines for post-rape treatment. https://pcsw.punjab.gov.pk/CriminaLawAmendmentRape

Pakistan legislative system for PSEA.pdf A list of applicable laws

Women's Rights/Laws | PCSW (punjab.gov.pk) List of all Women's Rights and Laws applicable in Punjab Province (extends to Islamabad)

SENEGAL

1) Étapes suivant un incident de violence sexuelle

ÉTAPE	QUOI ? OÙ ? COMMENT ?
1	Votre sécurité est une priorité. Demandez-vous si vous êtes ou non dans un endroit sûr. Si vous ne vous sentez pas en sécurité, il est important de demander de l'aide à quelqu'un en qui vous avez confiance à Carrefour. Vous n'êtes pas obligé de vivre cela seul.e. L'ensemble du personnel de Carrefour a reçu une formation de base pour vous aider à recevoir le soutien dont vous avez besoin.
2	Contacter la ligne nationale pour les agressions sexuelles via l'Association des juristes senegalaises (AJS). L'AJS et le centre Guindi mettent en service un numéro vert pour les victimes de violences. Appelez gratuitement le **800 805 805** pour une assistante juridique ou le **116** pour l'accompagnement et la protection des enfants.
3	Pour porter plainte, vous pouvez contacter les autorités locales au 17. Ceci étant, l'AJS offre également de l'accompagnement pour le faire avec la personne survivante.

2) Services Médicaux

Service	Détail (quels tests ou matériel sont disponibles)	Coût
1) Une trousse medico-légale[3]	Tests salivaires, ADN, prelevements spermes	2000 a 300 000 (test ADN)
2) Prise de sang	**Infections transmissibles sexuellement (ITS)**, dépistage du VIH	2000 a 12 000 (Kédougou)
3) Médicaments	**PLAN B (contraceptif d'urgence) :** *Certains pays n'ont pas de forme de Plan B parce que la planification familiale est tabou, c'est donc un médicament qu'il peut être recommandé d'apporter pour se protéger en cas de grossesse non désirée. Merci d'indiquer si c'est le cas*	15 000
	Antibiotiques :	5000
	Post-exposition au VIH : *Certaines organisations font voyager leur personnel avec une dose de médicament post-exposition pour le VIH car le premier comprimé doit être pris dans les 48 heures suivant l'exposition et souvent, il n'est*	Gratuit (Kédougou)

[3]Une trousse de médico-légale est un ensemble d'articles utilisés par le personnel médical pour recueillir et conserver des preuves physiques à la suite d'une allégation d'agression sexuelle. Cette trousse permet d'uniformiser l'information recueillie et les prélèvements effectués pour obtenir des preuves scientifiques objectives. Celle-ci doit se faire dans les 5 jours suivants l'agression sexuelle. Les prélèvements de la trousse ont pour but de trouver des substances biologiques laissées par l'agresseur sexuel sur votre corps ou vos vêtements telles du sperme, de la salive ou du sang http://calacsrivesud.org/services-aux-victimes/trousse-medico-legale/

	pas possible d'être évacué aussi rapidement ou de localiser le médicament dans le pays aussi rapidement. Veuillez informer Carrefour International si c'est le cas	
4) Échographie (selon l'étendue des blessures et le type de traumatisme)	Échographie abdominale Échographie obstétricale/Pelvienne Radio	Echo abdo : 10 000-15 000 Echo obst/Pelvienne : 7000F Radio : 5000 à10000 (Kédougou)

Vous devriez également utiliser cette section pour mettre en évidence des informations importantes telles que:

Quels hôpitaux administrent des trousses médico-légales	Tous les grands hôpitaux de Dakar et des grandes villes administrent des trousses médico-légales.
Ce que l'hôpital fait avec les informations d'une personne survivante une fois que sa déclaration a été faite et que les tests sont terminés	Les données et informations sont quand même gardées et protégées. La personne survivante peut aller chercher conseils auprès des organisations féministes ou autres conseils juridiques pour la suite.
L'âge du consentement/ l'âge de majorité légale dans le pays.	18 ans

3) Coordonnées des ONG locales de soutien aux personnes survivantes

Nom de l'ONG	Contact	Coordonnées	Services fournis
Association des juristes du Sénégal (AJS)	Cité Sonatel I En face de SAMU Municipale de Grand-Yoff	Tel : +221 33 867 34 39 / +221 33 867 34 45 Fax : 33 823 22 00 BP 2080 Dakar RP	Plaidoyer, accompagnement et conseil juridique, soutien psychologique, protection des femmes victimes de violence,
ASBEF (Association Sénégalaise pour le bien-être familial)	Route du front de terre Dakar	Tel: 33 824 52 72	-Protection et l'amélioration du bienêtre familial - Services et information de qualité en santé sexuelle et reproductive - Plaidoyer et programmes innovants
Association Kayam	Petit Mbao Dakar	**(+221) 77 774 48 03** **contact@kayamsenegal.com**	Mettre à la disposition des femmes exposées au risque de la violence conjugale un service

			d'hébergement gratuit ; Fournir l'assistance médico-psychosociale et juridique nécessaire à la reconstruction physique et psychologique des victimes ; Nouer des partenariats avec des associations et des individus déjà impliqués dans ces questions pour avoir plus d'impact
Maison de justice de Kédougou	Kédougou : Quartier Togoro	77 651 07 25 mamadouyayalo@hotmail.com	Mettre en oeuvre des activités relatives au droit, à la régulation des conflits, à la prévention et au traitement de la délinquance, à l'information des justiciables et à l'aide aux victimes de violence Assurer un accueil de la population locale pour lui fournir une information sur ses droits et devoirs

4) Contexte légal et application de la loi

Expliquez clairement ce que signifient les termes suivants dans le contexte juridique du pays en question :

L'âge de consentement / âge de la majorité	**18 ans**
Consentement	Le consentement peut se définir comme la volonté d'engager sa personne ou ses biens, ou les deux à la fois. On engage les biens d'autrui lorsqu'on agit en exécution d'un mandat, dit aussi "procuration" délivré par le mandat. Cette manifestation de volonté est dite "expresse", lorsque la volonté de celui qui s'engage se manifeste d'une manière apparente, par exemple par la signature d'un écrit ou par une déclaration faite en public, ou devant témoin, et elle est dite "tacite" quand l' accord de la personne n'est pas manifestée par un écrit.
Violence domestique / Violence entre partenaires intimes	La violence conjugale est un processus au cours duquel un partenaire utilise la force ou la contrainte pour perpétuer et/ou promouvoir des relations hiérarchisées et de domination. Ces comportements agressifs et violents ont lieu dans le cadre d'une relation de couple (entre deux époux, conjoints ou ex-partenaires) et sont destructeurs quels qu'en soient leur forme et leur mode. Il s'agit de toutes les formes de violences, utilisées par un partenaire ou ex-partenaire à l'encontre de sa femme, dans un but de destruction et de contrôle permanent : violences verbales, psychologiques, économiques, physiques, sexuelles.

Harcèlement sexuel	Le harcèlement sexuel peut être défini comme des avances sexuelles importunes et indésirables, les demandes de faveurs sexuelles et autre contact verbal ou physique de nature sexuelle qui crée un environnement hostile ou offensant. Il peut être vu également comme une forme de violence contre les femmes (et hommes, qui peuvent également être harcelées sexuellement) et comme un traitement discriminatoire. L'élément clé de la définition est le mot « importun ». Selon la loi 2020-05 du 10 janvier 2020, le fait d'harceler autrui en usant d'ordres, de gestes, de menaces, de paroles, d'écrits ou de contraintes dans le but d'obtenir des faveurs de nature sexuelle, par une personne abusant de l'autorifté que lui confère ses fonctions sera puni d'un emprisonnement de deux (2) à cinq (5) ans et d'une amende de 1 000 000 à 3 000 0000 de franc Lorsque la victime de l'infraction est âgée de moins de seize (16) ans le maximum de la peine d'emprisonnement sera prononcé.
Agression sexuelle	Acte de pénétration **sexuelle**, de quelque nature qu'il soit, commis sur la personne d'autrui par violence, contrainte, menace ou surprise.
Violence sexuelle	Les violences sexuelles désignent tous actes sexuels commis avec violence, contrainte, menace ou surprise. Ces violences portent atteinte aux droits fondamentaux de la personne.
Viol	Acte de pénétration sexuelle, de quelque nature qu'il soit, commis sur la personne d'autrui par violence, contrainte, menace ou surprise. Le **viol** est puni d'un emprisonnement dix à vingt ans

TANZANIA

1) Steps to take

STEPS	WHAT ? WHERE ? HOW ?
Option 1	**Tanzania's Official Sexual Assault Reporting Protocol when choosing to visit a One Stop Centre (OSC)** By using this option, your sexual assault automatically becomes a police case. A One Stop Centre (OSC) is "a place in the hospital premises, functioning where a range of services including psycho-social, medical, legal and protection or security is provided to survivors of GBV and VAC. The OSCs are located within a health facility with links to other services based outside the health facility." The following is what to be expected when visiting a OSC: 1. The First Contact in the OSC shall: • Give adequate information and orientation to the survivor about her/his rights and services available • Allow the survivor to choose the kind of care and treatment they want and to respect the choice of the survivor. • Open a confidential file on the survivor with all necessary details to identify her/him. After opening the file, personnel shall accompany the survivor to the respective service provider within the facility. • Ensure that, in all these stages, ethical principles provided for under these and other guidelines are strictly adhered to. 2. Following this nurses, clinicians, and lab techs will fast-track care, take history, perform examination, request investigation, perform requested investigations for medical care and/or forensic purposes, treat injuries, provide preventive treatments and do counseling. 3. The police will issue a PF3 form (a two-page document to be filed by the doctor conducting the preliminary exam) at the correct stage and document forensic and other evidence and serves as (expert) witness in the court of law.
Option 2	**Tanzania's Official Sexual Assault Reporting Protocol when choosing to report to a Government Hospital** This option includes the Tanzania Police Force, social welfare, Government hospitals, and the judicial system. By using this option, your sexual assault automatically becomes a police case. a. Following the sexual assault, present yourself at a police station. If the police station has a Gender-Desk you should seek help there first. • Gender-Desk Police Officers are trained to help those who have undergone sexual abuse or GBV.

	• Gender-Desks are supposed to be located in every district, but due to a lack of funding they are not in place. • If the police station does not have a Gender-Desk you can still report your sexual assault and retrieve the PF3. • You should not be turned away on the account that the offence took place in a different jurisdiction. The police station can however refer you to the main police station if your situation requires further attention. • They are required to treat you with urgency, confidentiality and dignity. b. The police officer is mandated to give you form PF3. The police officer also has the duty to go to a government hospital. • By going to the hospital with the police officer you may receive better service upon arrival. c. Upon arrival at a government hospital you should be seen by a doctor. • The doctor conducting the preliminary exam should be filling out PF3. During your examination, the police officer will be waiting for you. d. Once the examination completed, you must go back to the police station with the officer so she/he can take your statement on the assault. • As of this moment the investigation is supposed to begin.
Option 3	**Receiving Treatment while Choosing to Avoid Involving the Police** This option does not include the police. With this option you would go to the hospital to seek medical attention following the sexual assault. • By choosing this option it is important to note that you are forgoing the option of pursuing the perpetrator as a police case. • International clinics/hospitals or private clinics will direct you to a government hospital. • You could be turned back because you do not have PF3 (unlikely) • There could be a lack of support from the healthcare practitioners without the social worker and/or police officer (unlikely) • Without an official government worker you will have to run around the hospital to receive proper treatment.

2) Medical services

There are private and government hospitals. Services can be accessed using Health Insurance Schemes. Exact cost depends on a number of factors including level of the facility and type services provided. Usually, drugs to prevent pregnancy and those to protect the survivor from

HIV are provided within 72hours. The following are the forms of medication that can be accessed with the associated costs

A. Forms of medication that can be accessed includes,

- Psychological counseling, psychosocial support and guidance.
- Medical care including treatment for physical injuries, emergency contraception and HIV post-exposure prophylaxis (PEP).
- Provide emergency bed and refer the survivor to temporary or safe accommodation where necessary collection and preliminary analysis of forensic evidence for prosecution of GBV or VAC cases.
- Ensuring child victims of physical or sexual violence are appointed a SWO as their case officer who will support their child with necessary care and protection services.
- Link the GBV or VAC survivor with other service providers that she/he may later need.
- Linkage with Local Government Authorities through the Community Development Officer in collaboration with Social Welfare Officer in order to engage communities and other stakeholders in the prevention of GBV and VAC. This shall include awareness rising in gender and other legal or human rights aspects.

B. The associated costs are computed in the following manner,

- The health facility within which the OSC services are integrated shall be responsible for all costs associated to all medical examinations that can be conducted within the health facility as per national Gender based violence healthy policy
- The Gender and Children desk located within OSC or the police station nearby the health care facility within which the OSC services are integrated shall be responsible for all expenses connected to collection of required forensic evidence, investigation or prosecution of the GBV and VAC case.
- All the Evidence like DNA testing and analysis which is not processed in most of health facilities in the country but only by the Tanzania Government chemist laboratory should follow the police procedure whereby the government usually bear this costs.

Service	Detail (what tests or material is available)	Cost
1) A rape kit	**All health centers in the country**	
2) Blood work	**Sexually transmitted infections (STIs)** :	Exact cost depends on a number of factors including level of the facility and type services provided
	HIV :	Exact cost depends on a number of factors

		including level of the facility and type services provided
	Others :	
3) Medications	**PLAN B (emergency contraceptive) :**	Not available
	Antibiotics :	
	Post-exposure for HIV :	
	Others :	
4) Ultrasound	(depending on the extent of injuries and type of trauma)	

You should also use this section to highlight important information such as:

What hospitals can administer rape kits	**National hospitals only.**
What will the hospital do with your information once you have given your statement and completed the tests?	**Fill in a PF3 form which is submitted to the Police Children and Gender Desk. Other documents are filed in the survivors' file which is kept secure in the health facility for future references.** **After the survivors information is given and the tests are completed the hospitals shall** **a. Refer the survivors to network partners for other GBV and VAC services** **b. Preparations to give evidence in Court of law** **c. Follow up care for the survivor** **d. Any other issues shall be performed that are within their mandate** **5. The age of consent in Tanzania**
What is the age of consent?	18 years is the age of consent in Tanzania. Section 5(e) of part II to the SOSPA has replaced Section 130 of the Penal code cap 16 R.E 2019 That a man commits offences of rape when he has sexual intercourse with or without a girls consent who is under 18 years of age. This impliedly means the age of consent In Tanzania is 18 years old

3) Contact information for local survivor support NGOs

NGO name	Adress	Contact Information	Services provided
Hot line is available at 116			
TGNP			
NAFGEM			
TSUOUGE			
KWIECO.			

4) Legal law enforcement/response

Explain clearly what the following terms mean in the legal context of the country in question:

Age of consent	**The age of consent to any sexual activity in Tanzania is 18, It is the age where free consent is given this is in all activities including contracts, There is no legal exception to this rule S.5(e) of the SOSPA cements o the position. However under the law of marriage, A man can have sexual intercourse with a female aged 15-17 if she is his wife.**
Consent	This is the permission for doing an act or an agreement to do something.
Domestic violence / Intimate partner violence	*there may be different levels of legal protection depending on whether sexual violence occurs within or outside of marriage. Please do make the distinction if needed. c. Domestic Violence/ Intimate partner violence* *Domestic violence (DV) can be defined as a pattern of behavior in any relationship that is used to gain or maintain power and control over an intimate partner. Domestic violence includes sexual, emotional, economic or psychological actions or threats of actions that influence another person. They include any behavior that frightens, intimidates, terrorizes, manipulates, hurts, humiliates, blames, injures or wounds someone (Peggy, 2011). But also, DV can be defined as any harmful act, that is perpetrated against women's wishes and that is based on socially ascribed (gender) differences between males and females (World Bank, 2003; Heiseet al., 1999).*
Sexual harassment	d. Sexual harassment

	Any person who, with intention, assaults or by use of criminal force, sexually harasses another person, or by the use of words or actions, causes sexual annoyance or harassment to such other person, commits the offence of sexual harassment. (Source: Act No. 4 of 1998, Sexual Offences Special Provisions Act, 1998)
Sexual Assault	e. Sexual assault Any person who a) obtains sexual activity through violence or threatening conduct, b) engages in sexual activity with a person who is unconscious or for other reasons incapable of resisting the act, or c) through violence or threatening conduct makes a person engage in sexual activity with another person, or perform acts corresponding to sexual activity on himself/herself. (Source: Penal Code, Cap.16)
Sexual Violence	f. Sexual Violence Any sexual act, attempt to obtain a sexual act, or acts to traffic for sexual purposes, directed against a person using coercion, and unwanted sexual comments, harassment or advances made by any person regardless of their relationship to the survivor/victim, in any setting, including but not limited to home and work. (Source: NATIONAL PLAN OF ACTION TO END VIOLENCE AGAINST WOMEN AND CHILDREN IN TANZANIA 2017/18 – 2021/22)
Rape	g. Rape An act (which is offence) for a ale person to do sexual intercourse with a girl or a woman under circumstances falling under any of the following descriptions; i) not being his wife or his wife who is separated from him without her consent to it at the time of sexual intercourse; ii) with her consent where the consent has been obtained by the use of force or threats or intimidation; iii) with her consent when her consent has been obtained at a time when she was of unsound mind; and iv) with her consent when her consent she is under 18 years of age, unless the woman is his wife and not separated. (Source: Penal Code, Cap.16)

TOGO

1) Étapes suivant un incident de violence sexuelle

ÉTAPE	QUOI ? OÙ ? COMMENT ?	DÉPENDANCE (si certaines étapes sont obligatoires à d'autres)
1	Après une agression sexuelle, la survivante peut appeler les centres d'écoutes qui sont ci-dessous. Certains peuvent lui assurer un soutien psychologique avant de la référer vers un hôpital.	
2	Après les soins médicaux et les prélèvements, si la victime décide de porter plainte, le médecin lui délivre une attestation médico-légale et elle pourra porter plainte au commissariat de police.	
3	Si les faits sont avérés, le juge prononce son verdict et la victime écope d'une lourde peine qui est fixée au cas par cas.	Ex. Étape 2 obligatoire pour passer à l'étape 3
4	NB: Le viol est considéré comme un crime au Togo et une fois que la victime se présente à l'hôpital et que les faits sont avérés, le coupable est automatiquement arrêté.	

2) Services Médicaux

Service	Détail (quels tests ou matériel sont disponibles)	Coût
1) Une trousse medico-légale[4]	Il n'y a pas de trousse. Les survivant-es sont traités au cas par cas, selon les types de violences subies	Généralement pris en charge par les partenaires
2) Prise de sang	**Infections transmissibles sexuellement (ITS)** : oui	Les prix variant selon les hôpitaux mais l'ATBEF et le One stop centerle font gratuitement
	VIH : oui	
	Autres : Tous les tests recquis	
3) Médicaments	**PLAN B (contraceptif d'urgence) :** *Il y a des pillules du lendemain qui existent.*	Les prix variant selon les hôpitaux mais l'ATBEF et le One stop center le font gratuitement

[4]Une trousse de médico-légale est un ensemble d'articles Cette trousse permet d'uniformiser l'information recueillie et les prélèvements effectués pour obtenir des preuves scientifiques utilisés par le personnel médical pour recueillir et conserver des preuves physiques à la suite d'une allégation d'agression sexuelle. objectives. Celle-ci doit se faire dans les 5 jours suivants l'agression sexuelle. Les prélèvements de la trousse ont pour but de trouver des substances biologiques laissées par l'agresseur sexuel sur votre corps ou vos vêtements telles du sperme, de la salive ou du sang http://calacsrivesud.org/services-aux-victimes/trousse-medico-legale/

	Antibiotiques : Il y a plusieurs types d'antibiotiques	Les prix variant selon les hôpitaux mais l'ATBEF et le One stop center le font gratuitement
	Post-exposition au VIH : *Il existe des traitement post exposition au VIH au Togo.*	Les prix variant selon les hôpitaux mais l'ATBEF et le One stop centerle font gratuitement
	Autres :	
4) Échographie (selon l'étendue des blessures et le type de traumatisme)	Oui. L'échographie se fait.	Les prix variant selon les hôpitaux mais le One stop center le fait gratuitement

Vous devriez également utiliser cette section pour mettre en évidence des informations importantes telles que:

Quels hôpitaux administrent des trousses médico-légales	Le CHU Sylvanus Olympio, l'ATBEF, le One stop center et des centres de santé à l'intérieur du pays.
Ce que l'hôpital fait avec les informations d'une personne survivante une fois que sa déclaration a été faite et que les tests sont terminés	Après les traitements, une attestation médico légale est délivrée à la personne survivante et elle peut porter plainte. Les prélèvements sont gardés en lieu sûr aux fins d'enquête surtout en cas de viol.
L'âge du consentement/ l'âge de majorité légale dans le pays.	Le législateur togolais n'a pas fixé l'âge minimum de consentement mais tout acte sexuel commis avec un mineur de 14 ans est considéré comme un viol. La majorité légale est 18 ans
Autres détails importants	L'homosexualité est punie par le Législateur Togolais en son article 88 du Code Pénal, comme outrage aux bonnes mœurs

3) Coordonnées des ONG locales de soutien aux personnes survivantes

Nom de l'ONG	Coordonnées	Services fournis
ATBEF	(+228) 92859509 (+228) 96238223 Site internet : atbeftogo.org	Plaidoyer, centre d'écoute et soutien psychologique.
DGGPF	(+228) 70167691	Centre d'écoute, soutien psychosocial, référence d'hôpitaux
GF2D	(+228) 93968989 cajud-tg.org	Centre d'écoute, plaidoyer, soutien psychosocial, juridique et médical

One stop center	Pas encore disponible mais on peut passer par le numéro de la DGGPF	Soutien holistique : Centre d'écoute, soutien psychosocial, référence d'hôpitaux

4) Contexte légal et application de la loi

L'âge de consentement / âge de la majorité	**18 ans**
Consentement	Volonté d'engager sa personne ou ses biens ou les deux à la fois
Violence domestique / Violence entre partenaires intimes	La violence conjugale est un processus au cours duquel un partenaire utilise la force ou la contrainte pour perpétuer et/ou promouvoir **des relations hiérarchisées et de domination**
Harcèlement seuxel	Le harcèlement sexuel peut être défini comme des avances sexuelles importunes et indésirables, les demandes de faveurs sexuelles et autre contact verbal ou physique de nature sexuelle qui crée un environnement hostile ou offensant. Il peut être vu également comme une forme de violence contre les femmes (et hommes, qui peuvent également être harcelées sexuellement) et comme un traitement discriminatoire. L'élément clé de la définition est le mot « importun ».
Agression sexuelle	L'agression sexuelle est toute atteinte sexuelle commise avec violence, contrainte, menace ou surprise. Par exemple, des attouchements. S'il y a eu pénétration, il s'agit d'un viol. Pour qu'il y ait agression sexuelle, il faut qu'il y ait eu un contact physique entre la victime et l'auteur des faits.
Violence sexuelle	Tout acte sexuel ou mettant en cause la sexualité, l'identité sexuelle ou l'expression de l'identité sexuelle d'une personne, qu'il soit de nature physique ou psychologique, qui est commis, qu'on menace de commettre ou qui est tenté contre une personne sans son consentement, y compris l'agression sexuelle, le harcèlement sexuel, le harcèlement criminel, l'attentat à la pudeur, le voyeurisme, le retrait furtif du préservatif et l'exploitation sexuelle. À des fins de précision, mentionnons que l'agression sexuelle englobe le viol.
Viol	Rapport sexuel imposé à une personne sans son consentement.

UGANDA

1) Steps to take

STEPS	WHAT? WHERE? HOW?	Notes)
1	*Your safety is a priority. Consider whether or not you are in a safe place? If you are not feeling safe, it is important to reach out to someone you trust for support. You do not have to go through this alone.*	
2	If you choose to report the incident, the first step is to go to the nearest police station to report the assault/incident. After the complaint is submitted, you will be referred to a Police Doctor to have a Police Form 3 filled out. This also requires a medical examination. The Police Form 3 is used by police doctors to document physical or other injury. The form is divided into two sections - the first part is filled in by the police and includes basic details of the crime. The second part is filled in by the doctor who documents physical injuries observed on the survivor during examination. The medical examination is carried out either by police doctors or other authorized medical personnel who note down physical findings and draw conclusions on the type and classification of violence. It is important to note that the police doctor does not provide medical treatment, but only documents the physical injuries in the Police Form 3. Once this is done, the police doctor then makes a referral to another clinic where you can receive further medical care. The medical fees paid to the police doctor do not include the cost of clinic treatment and medication. Note: Before filing a complaint at a Police Station and undergoing a medical examination, it is recommended to avoid activities which may damage evidence, such as bathing/showering, changing clothes, using the restroom, combing hair, and cleaning up. Note: Whenever possible, please have any witnesses to the incident accompany you to the police station as their statements (and appearance in court) can add strong merit to the case. Note: While the process is supposed to be free, in reality, you are advised to bring a small amount of money to facilitate costs associated with photocopying the Police Form 3, fuel to search for the perpetrator, the medical exam for Police Form 3. etc. in case requested (carry about 50,000 ugx).	Complete step 2 before step 3. (It is important to report first to police as the forms from the hospital can be rejected as being 'tampered with' if obtained before police recommendation)
3	After filing a police report, you will be authorized to seek medical attention at either a health center, public hospital or private hospital to treat any possible injuries and to check for injuries you may not be able to see. You will also be able to request/receive necessary medications. Many public and private hospitals also have qualified nurses who may provide a base level of counselling on the traumatic event you have gone through. Uganda has three types of health facilities – first, health centers (with various grades. Grade III and IV are recommended in incidents of sexual violence as they have a greater capacity); second, hospitals (public hospitals, the most notable being Mulago Hospital	Step 2 mandatory to move on to step 3

	in Kampala); and private hospitals (some of which are listed in the country safety and security guide). Private hospitals are more costly; however, they normally provide for a wider range of services and medication. Public health centers are supposed to be free, but due to a lack of resources, they often still cost money. Please also see Appendix 1 for a list of supporting organizations (including medical facilities) following an incident, especially for survivors in limited-resource situations.	
4	After medical tests and filing, you wait for a court schedule when you or your legal representative can appear before a local jurisdiction magistrate. The Police are to follow up with you for further steps on your case. There can be several constraints to the case making it to court, and as such, the assistance of civil society organizations or NGOs (such as FIDA-Uganda) can be helpful in knowing how to best ensure your case is properly handled and you receive the support you need. Legal assistance is also recommended to ensure any gaps in the current system for persecuting sexual violence offenders can be mitigated as much as possible. Note: Cases can take up to a year + for multiple court proceedings. As such, the survivor would need to be available in country to appear for court. There are also transportation costs associated with travelling to court, as it is a capital offense, and as such, handled at the High Court of Uganda. This also leads to delays in processing. All witnesses (including police/doctors involved in your report), and actual witnesses to the event will also be required to attend court dates, which can be a limitation in funding is not offered to facilitate their transport.	Note: Cases can take up to a year + for multiple court proceedings and require the survivor to be present.
5	After such an event, it is important to seek emotional and psychological support when you are ready. For a list of resources where you can access psychological support, please see section 4.	

2) Medical services

Service	Detail (what tests or material is available)	Cost
1) A rape kit	Rape kits are not readily available in Uganda. Forensic medical evidence is admitted to a case only through the Police Form 3, which is filled out when a survivor files a case at the police station; This form is issued only at police stations and can only be filled in my government approved medical personnel. For locations which have the capacity, DNA evidence is collected, however there is a lack of such services in Uganda. There is one DNA testing facility in Kampala that serves the entire country and one police forensic laboratory in Naguru, Kampala.	*250,000 – 500,000 ugx (estimated given the cost of other forensic testing, though we were unable to access this information).*

	Victims of sexual assault have in the past been able to obtain free clinical forensic services from Mulago Hospital. However, funding is no longer available, and in any event this hospital is only accessible to women within a radius of 20-30 km. Given these realities, you are advised to ask for a referral by Police when filing a case to find out where appropriate services may exist.	
2) Blood work	Sexually transmitted infections (STIs): testing for STIs including syphilis & chlamydia are available. The cost ranges depending if the survivor is accessing a health clinic or hospital. Testing for gonorrhea and trichomoniasis is not always available but is more likely to be available in private hospitals.	*10,000- 20,000 ugx/test*
	HIV: Testing is available in almost all medical facilities in Kampala. Rapid HIV tests can be ordered can be ordered through online pharmacies through apps such as SafeBoda/Jumia Food (but are not reliable as a medical diagnosis).	*10,000 – 20,000 ugx*
	Others: pregnancy tests are available (though usually tested through urine), as well as testing for Hepatitis B and Hepatitis C. Note: Urine pregnancy tests can be ordered through online pharmacies through apps such as SafeBoda/Jumia Food.	*2,000 – 10, 000 (pregnancy test), 10,000 – 20,000 ugx for Hepatitis B/C*
3) Medications	***PLAN B (emergency contraceptive):*** Plan B, emergency contraceptive, the 'morning after pill' is available in Uganda at most health centers and hospitals, and select (especially all large/major) dispensaries/pharmacies (without requiring a prescription). It is commonly known by a brand name called '*Postinor'.* It can usually be ordered through online pharmacies through apps such as SafeBoda/Jumia Food. *Treatment should be taken with 72 hours of the incident.*	*6,000 - 12,000 ugx*
	Antibiotics: Antibiotics treatment for STIs and other infections are readily available in health facilities; however, at times, the preferred anti-biotic that is used to treat infection in Canada may not be available, but a more generic alternative.	*5,000 – 20,000 ugx/antibiotic prescribed*
	Post-exposure for HIV: Post exposure for HIV is available from health center's and hospitals, however, it does require a consultation/counselling with a medical professional. It cannot normally be bought over the counter at a dispensary/pharmacy. Treatment should be taken with 72 hours of the incident (but the sooner, the better).	*100,000 ugx*

	Others:	
4) Ultrasound (depending on the extent of injuries and type of trauma)	Available at all private hospitals and most health centers, especially health center's grade III and IV.	*30,000 – 50,000 ugx*

You should also use this section to highlight important information such as:

What hospitals can administer rape kits	Police stations are intended to work with specialized medical professionals called 'police surgeons' – these professionals document evidence, including forensic evidence if the capacity exists. However, a kit to collect forensic evidence outside the process of reporting a case do not exist or were not found readily accessible during the research for this template.
What will the hospital do with your information once you have given your statement and completed the tests?	After carrying out the tests, the results become evidence the victim can use in their case against the perpetrator. The hospital is supposed to give the results/information, in writing, to the survivor. The hospital is also supposed to keep the information from the tests confidential to be used for purposes intended by the survivor. The hospital does not have the authority to disclose the results from the tests to anyone except the survivor, the police, and the courts or legal representatives. The disclosure should for purposes of seeking justice. However, Ugandan laws and policies do not require that cases of sexual violence remain confidential within the investigatory process or court proceedings. As such, during these next steps, a survivor's information is not well protected.
What is the age of consent?	18

3) Contact information for local survivor support NGOs

NGO name	Address	Contact Information	Services provided
FIDA Uganda	Plot 4 Robert Mugabe Road, off Chwa II Rd, Kampala	Head Office number – +256-414-530-848 Toll free Iganga – +256-800 -111-439 Toll free Lamwo – +256-800-111-438 Toll free Kampala: +256-800-111-511 fida@fidauganda.org	Legal counsel

		https://fidauganda.org/	
ActionAid Uganda	P.O. Box 676, Kampala Plot 2514.2515 Ggaba Road	Tel: +256 (392) 220002/3 Info.uganda@actionaid.org www.actionaid.org/uganda	General International Development NGO
Hope after rape counselling centre	Plot 10, Badiru Road (off Hoima Road), Near Mosque, Nansana town Council.	+256 – 392945397 admin@hopeafterrape.com http://hopeafterrape.com/	Advocacy, Psycho-social support (counselling)
MIFUMI – UGANDA	PLOT 1, Masaba Road, P.O.Box 274, Tororo, Uganda PLOT 13, Martyrs' Drive, Ntinda, P.O Box 7890, Kampala, Uganda	UGANDA Help line – 0800 200 250 MIFUMI Uganda +256 41 466 946 mimumfi@mimumfi.org https://mifumi.org/	Shelter/advice after domestic violence
Centre for Domestic Violence Prevention (CEDOVIP)	Plot 16, Tufnell Drive, Kamwokya. P.O Box 6770, Kampala, Uganda	+256 414 531249 info@cedovip.org https://www.cedovip.org/	Survivor support, advocacy, capacity building
Action for Development (ACFODE)	ACFODE HOUSE Plot 623/624, Dan Mulika Close – Bukoto	+256 39 3114890 info@acfode.or.ug https://www.acfode.or.ug	Women's rights, prevention of GBV

4) Legal law enforcement/response

Note: Many definitions from the Penal Code Act are still in operationalization. However, progressive change has been seen in the more recent 'Sexual Offenses Bill' of 2019. These have not yet been approved as an Act, but are undergoing revisions. They are included in red text so as to alert survivor's to follow up if the law has changed at the time of the incident.

Age of consent	18
Consent	Consent: Current law does not solidify an operational definition of consent. Ugandan law doesn't address intimate-partner rape (marital rape or date rape) – these are not considered within the operational definition of the law. Under the Sexual Offenses Bill, 2019:

	“"consent" means the voluntary, specific, informed and unambiguous indication of a person's wish by which he or she, signifies agreement to performance of a sexual act;” “Notwithstanding that a person has consented to performing a sexual act with another, he or she may withdraw such consent at any time before or during the performance of the sexual act”
Domestic violence / Intimate partner violence	Domestic Violence is any act committed in the domestic sphere, which harms, injures, or endangers the health, safety, life, limb or well-being, whether mental or physical, of the victim. It includes sexual, emotional, verbal, psychological and economic abuse: harassment, harming, injury or endangering the victim with a view to coercing him or her [The Domestic Violence Act 2010]. Note: “sexual abuse” includes any conduct of a sexual nature that abuses, humiliates, degrades or otherwise violates the dignity of another person. Note: marital rape remains a taboo subject within Ugandan societies and is not recognized directly in the law, making it nearly impossible to prosecute. In addition, the law does not specifically address acquaintance rape also known as “date rape.”
Sexual harassment	In accordance with the Penal Code, any person who intends to insult the modesty of any woman or girl, utters any word, makes any sound or gesture or exhibits any object, intending that such word or sound shall be heard, or that such gesture or object shall be seen by such woman or girl, or intrudes upon the privacy of such woman or girl, commits a misdemeanour and is liable to imprisonment for one year. The Employment (Sexual Harassment) Regulations 2012 prescribes that those who contravene the sexual harassment related provisions commit an offence and are liable, on conviction, to a fine not exceeding six currency points or imprisonment not exceeding three months or both. From the Sexual Offenses Bill, 2019: “Sexual Harassment. A person who- (a) makes direct or indirect sexual advances or requests whether verbal or written to; (b) displays sexually suggestive pictures, objects, written materials or sexually suggestive gestures to ; (c) engages in unwelcome touching, patting, pinching or any other unsolicited physical contact with; or (d) makes sexually oriented comments, jokes, obscene expressions or offensive flirtations with ; an employee, student, patient or other person under his or her authority knowing or having reason to believe that such conduct is not welcome or offensive, as a pre-condition for preferential treatment in employment, promotion, recommendation, academic progress, healing or other favour and that by its nature has a detrimental effect on that other person commits an offence and is liable on conviction, to a fine not exceeding two thousand currency points or to imprisonment not exceeding ten years or both.”
Sexual Assault	According to the Penal Code, “sexual assault” includes- (a) an indecent assault;

	(b) the non-accidental touching of the sexual organ of another; (c) the non-accidental touching of another with one's sexual organ, or (d) the penetration of a body orifice of another for a sexual purpose. (3) A person does not consent to an act which if done without consent constitutes an assault under this section if- (a) the person's consent was obtained by misrepresentation as to the character of the act of the identity of the person doing the act; (b) the person is below the age of fifteen years; or (c) the person's understanding and knowledge are such that the person was incapable of giving consent. (4) In determining the sentence of a person convicted of an offence under this section the court shall take into account, among other things- (a) whether the person used or threatened to use violence in the course of or for the purpose or committing the offence; (b) whether there has been any penetration in terms of subsection (2)(d); or (c) any other aggravating circumstances. From the Sexual Offenses Bill, 2019: "Sexual assault. (I) A person who unlawfully- (a) touches the anus, breasts, penis, buttocks, thighs or vagina of another person; (b) exposes or displays his or her sexual organ to another person; (c) exposes or displays the sexual organ of another person. (d) utters any word, makes any sound or gesture or exhibits any object, intending that such word or sound shall he heard, or that such gesture or object shall be seen by another person; or (e) intrudes upon the privacy of a person, with intent to insult the modesty of that other person, commits an offence and is liable on conviction, to imprisonment for a term of one year or a fine of twenty four currency points or both.
Sexual Violence	Sexual violence is any act which violates the autonomy and bodily integrity of women and children under the international criminal law including but not limited to; rape, sexual assault, grievous bodily harm, mutilation of female reproductive organs among others. It can also be seen as a form of violence against women (and men, who can also be sexually harassed) and as discriminatory treatment. **However, there is no legal definition within Uganda's current legal framework.**
Rape	In the modern court system, the definition of rape is established within the Ugandan Penal Code of 2007. According to the Penal Code amendments in Chapter 120, Section 123, rape is defined as "having unlawful carnal knowledge of a woman or girl, without her consent, or with her consent, if the consent is obtained by force or by means of threats or intimidation of any kind or by fear of bodily harm, or by means of false representation as to the nature of the act, or in the case of a married woman, by impersonating her husband." (Penal Code, 2007). Unfortunately, the operational definitions of rape do not recognize sexual violence against men as a legitimate form of rape in Uganda.

	From the Sexual Offenses Bill, 2019: “Rape. (1) A person who performs a sexual act with another person- (a) without that other person's consent; or (b) incapable of consenting to the sexual act commits an offence and is liable on conviction, to imprisonment for life” (2) An assertion of having obtained consent of another person shall be negated where the alleged consent was obtained by- (a) threats; (b) duress; (c) undue influence (d) misrepresentation; or (c) intimidation of any kind. 2019 (3) In this section, a person is incapable of consenting to a sexual act if at the time of performance of the sexual act he or she was- (a) (b) (c) (b) (") (d) (e) (0 asleep; unconscious; in an altered state of consciousness due to the influence of medicine, drug, alcohol or substance that adversely affects his or her judgment; or (d) mentally impaired. (4)A person who attempts to perform a sexual act in circumstances referred to in sub section (1) commits an offence, and is liable on conviction, to imprisonment not exceeding eight years.
Sexual Exploitation	From the Sexual Offenses Bill, 2019: Sexual exploitation. (1) A person who- (a) causes, encourages, induces, entices, incites another person to be sexually exploited; or (b) controls any of the activities of another person to the effect that that person is sexually exploited; within or outside Uganda for gain for himself or herself or another person commits an offence and is liable on conviction, to imprisonment for a term offifteen years. (2) A victim of sexual exploitation shall not be penalized for practicing or engaging in acts constituting the sexual exploitation.

ZAMBIA

1) Steps to take

STEPS	WHAT? WHERE? HOW?	NOTES
1	*Your safety is a priority. Consider whether or not you are in a safe place? If you are not feeling safe, it is important to reach out to someone you trust for support. You do not have to go through this alone.*	
2	Contact the victim support unit, under Community Services Directorate (CSD) of Zambia police to file the case. Victim Support Unit is one of the Units under CSD which is mandated to Investigate, Arrest, and prosecute all cases involving and committed against Spouse, Women, Children and the aged. The Unit also provides counseling to both victims and perpetrators of Gender Based Violence (GBV) and other crimes. It also creates awareness in the community on the prevention of GBV offences. The unit is mandated to partner with other stakeholders in fighting the GBV.	
3	Seek medical attention and proof of GBV from authorized hospitals as recommended by victim support unit. Ex. University Teaching Hospital (UTH)	Step 2 is mandatory to move on to step 3
4	In collaboration with Victim Support Unit. File a case to the court with the police report as well as medical report	Steps 2 & 3 are mandatory to move on to step 4
5	Following the case into the court system of Zambia assisted by Anti-Gender-Based Violence Act, 2010 (No. 1 of 2011)	Step 4 is mandatory to move onto step 5

2) Medical services

Service	Detail (what tests or material is available)	Cost
1) A rape kit	This kit is organized in a step-by-step manner, the instruction sheet explains in detail each step of the collection procedure. Components needed for each step are provided in separate, numbered envelopes. * Step 1 Authorization for collection and release of evidence and information form * Step 2 Medical history and assault information form * Step 3 One 20"" x 30"" white paper sheet, two outer clothing bags and one under-garments bag * Step 4 Debris collection for nail scraping * Step 5 Towel and comb for pubic hair combing * Step 6 Envelope for pulled pubic hairs * Step 7 Slides, swabs and boxes for vaginal swabs and smear * Step 8 Slide, swabs and boxes for rectal swabs and smear * Step 9 Slide, swabs and boxes for oral swabs and smear * Step 10 Envelope for pulled head hairs * Step 11 Paper disk and envelope for saliva sample * Step 12 Two blood vials for known blood sample collection * Step 13 Anatomical drawings chart	17310 ZMW to 25965 ZMW

2) Blood work	**Sexually transmitted infections (STIs) :** • HIV I/II 28 day test • Chlamydia • Gonorrhoea • Syphilis • Hepatitis B • Ureaplasma • Mycoplasma	Average price: 5106 ZMW
3) Medications	**PLAN B (emergency contraceptive) :** *Some countries also do not have any form of Plan B because family planning is taboo so this is one more medication that people can travel with to be on the safe side. Please indicate if it's the case*	
	Antibiotics :	
	Post-exposure for HIV : *Some organizations have their staff travel with one dose of post-exposure medication for HIV because the first tablet must be taken within 48 hours of exposure and often, it is not possible to be evacuated that quickly or to locate the medication in country that fast.* Zambia National Guidelines recommend PEP regimen of AZT + 3TC + LPV/r (for pts with Hgb <10, replace AZT/3TC with TDF/FTC.	The average cost per patient was 19473 ZMK
4) Ultrasound	An imaging test that uses sound waves to create a picture (also known as a sonogram) of organs, tissues, and other structures inside the body. Unlike x-rays, ultrasounds don't use any radiation.	The average cost is 400 ZMK

You should also use this section to highlight important information such as:

What hospitals can administer rape kits	University Teaching Hospital (UTH)
What will the hospital do with your information once you have given your statement and completed the tests?	They will keep it confidential and advise us to report to the police if we didn't so
What is the age of consent?	16 years

3) Contact information for local survivor support NGOs

NGO name	Address	Contact Information	Services provided
Masi Consulting	14 Ingwe Road, Woodlands, Lusaka, Zambia	+260 956 851 160 jamesmufugi@gmail.com	*Advocacy, survivor support, legal counsel, etc.*
NGOCC	Chisango Rd, Villa, Lusaka, Zambia	+260 211 224 727 info@ngocc.org.zm http://ngocc.org.zm/	*Advocacy, survivor support, Trauma Counselling*
Women For Change	Nchenga Road, Lusaka, Zambia	+260 95 3529951 info@wfc.org.zm http://www.wfc.org.zm/	*Advocacy, survivor support, legal counsel, Trauma Counselling*

4) Legal law enforcement/response

Age of consent	The Age of Consent to sexual intercourse in Zambia is 16 years and sexual intercourse with a person under the age of 16 years is illegal, however, an exception would exist if the couple is married under customary law
Consent	In Zambia, there is no minimum age of consent to marry for women under customary law. This is because the current customary practice allows any girl who attains puberty to get married
Domestic violence / Intimate partner violence	Domestic violence, also called "domestic abuse" or "intimate partner violence", can be defined as a pattern of behavior in any relationship that is used to gain or maintain power and control over an intimate partner.
Sexual harassment	Sexual harassment can be defined as unwelcome and unwanted sexual advances, requests for sexual favours, and other verbal or physical contact of a sexual nature that creates a hostile or offensive environment
Sexual Assault	Sexual assault occurs when a person sexually violates another person without their consent. It is a crime and must be reported.
Sexual Violence	Sexual violence refers to any sexual act or attempt to obtain a sexual act, or unwanted sexual comments or acts to traffic, that are directed against a person's sexuality using coercion by anyone, regardless of their relationship to the victim, in any setting, including at home and at work
Rape	Rape is the term that is commonly used for the first type of sexual violence mentioned above (forced/coerced intercourse). Rape can be defined as non-consensual sexual penetration, however slight, of any part of the body of the victim with a sexual organ, or of the anal or genital opening of the victim with any object or any other part of the body. The invasion is committed by force, or by threat of force or coercion, such as that caused by fear of violence, duress, detention, psychological oppression or abuse of power, against such person or another person, or by taking advantage of a coercive environment, or committed against a person incapable of giving genuine consent.

9.5. Annex E: Policies and Tools Reviewed

Policies reviewed in Chapter 4:

1) Aga Khan Foundation Canada
2) Crossroads International
3) Cuso International
4) Oxfam-Québec
5) SUCO

Tools reviewed in Chapter 5:

1) BOND: 20 core elements: a toolkit to strengthen safeguarding report-handling
2) CHS: PSEAH IMPLEMENTATION QUICK REFERENCE HANDBOOK
3) ACID: Guidance for the Development of a Prevention of Sexual Exploitation, Abuse and Harassment Policy
4) FORUS: KEEPING PEOPLE SAFE: A guide to safeguarding for non-governmental organizations and platforms
5) UN Peace Ops: Sexual Exploitation and Abuse Risk Management Toolkit
6) DIGNA: Toolkits for addressing PSEA