ASEAN Regional Guidance on
"Empowering Women and Children:
Delivering Quality Social Work Services
for Those at Risk of or Affected by Violence"

one vision
one identity
one community

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The Association of Southeast Asian Nations (ASEAN) was established on 8 August 1967.

The Member States are Brunei Darussalam, Cambodia, Indonesia, Lao PDR, Malaysia, Myanmar, Philippines, Singapore, Thailand and Viet Nam.

The ASEAN Secretariat is based in Jakarta, Indonesia.

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Foreword

The "ASEAN Regional Guidance on Empowering Women and Children: Delivering Quality Social Work Services for Those at Risk of or Affected by Violence" are an important milestone towards increasing the prosperity, connectivity, resilience, and security of children of ASEAN member states.

The development of this Guidance is to support the operationalisation of the ASEAN Road Map for the Implementation of the Hanoi Declaration on Strengthening Social Work for a Cohesive and Responsive ASEAN Community. The objective of this Guidance is to support policymakers, managers, and members of the social service workforce and allied sectors in ASEAN member states to design and deliver quality violence against women (VAW) and violence against children (VAC) social work services.

We trust that the Guidance will benefit ASEAN Member States (AMS) as they work to support social workers and the broader social service workforce to assist women and children who are at risk of or affected by violence. We also encourage that the Guidance will serve as a reference point for developing legislation, policies and tools to deliver quality social work services in this regard.

ASEAN Senior Officials Meeting on Social Welfare and Development (SOMSWD)

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Acronyms

AMS	ASEAN Member States
ASEC	ASEAN Secretariat
ASEAN	Association of Southeast Asian Nations
GBV	Gender-based violence
GSSWA	Global Social Service Workforce Alliance
HIV/AIDS	Human immunodeficiency virus/acquired immunodeficiency syndrome
IPV	Intimate partner violence
LGU	Local government unit
NGO	Non-Governmental Organisation
SOPs	Standard Operating Procedures
SOMSWD	ASEAN Senior Officials Meeting on Social Welfare and Development
ToT	Training of Trainers
UNFPA	United Nations Fund for Population
UNICEF	United Nations Children's Fund
UPTPPA	Integrated Service Unit for the Protection of Women and Children victims of violence
UN Women	United Nations Entity for Gender Equality and the Empowerment of Women
VAC	Violence against children
VAW	Violence against women

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1. Introduction

This Regional Guidance aims to support policymakers and members of the social service workforce and allied sectors in ASEAN Member States (AMS) to design and deliver quality social work services for women and children at risk of or who have experienced violence.

It has been developed in support of the 2020 Ha Noi Declaration on Strengthening Social Work Towards Cohesive and Responsive ASEAN Community and its accompanying ASEAN Road Map for the Implementation of the Hanoi Declaration on Strengthening Social Work for Cohesive and Responsive ASEAN Community *(hereinafter 'the Road Map')*.[1]

This Regional Guidance:

- Is considerate of the diversity of the ASEAN Member States so that it can remain relevant in each distinct context – specific country examples are provided in the Annexes;
- Describes important considerations for strengthening social work systems to address and prevent violence against women and violence against children across their promotive, preventive and responsive functions, recognising that a robust social work system requires a professional workforce and a multi-sectoral approach to prevent and respond to violence;
- Acknowledges the unique and intersectional factors that may increase the risk of violence for women and children. For example, poverty, age, disability, relationship status, caregiving responsibilities, religious, ethnic or political affiliation, citizenship and migration status;
- Emphasises the significance of its application in Southeast Asia, which is recognised as one of the world's most disaster-prone areas.[2] Emergencies, whether caused by conflict, natural disasters or other crisis, can exacerbate existing inequalities and discrimination, ultimately increasing the likelihood of violence against women and against children.[3] This Regional Guidance is therefore applicable across the humanitarian-development-peace nexus; and
- Complements existing global, regional and national commitments to human rights, children's rights, gender equality, and social protection (see Annex 1 and 2).

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1   Ha Noi Declaration on Strengthening Social Work Towards Cohesive and Responsive ASEAN Community in 2020. ASEAN Road Map for the Implementation of the Hanoi Declaration on Strengthening Social Work for Cohesive and Responsive ASEAN Community.

2   ASEAN Regional Framework on Protection, Gender, and Inclusion in Disaster Management 2021-2025. Jakarta, ASEAN Secretariat, October 2021.

3   Inter-Agency Standing Committee. (2015). Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action Reducing risk, promoting resilience and aiding recovery.

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2. Background

ASEAN Member States adopted the <u>Ha Noi Declaration on Strengthening Social Work Towards Cohesive and Responsive ASEAN Community</u> in 2020. The Declaration recognised the need for strengthening the social service workforce that supports specific vulnerable populations, including women and children at risk of or experiencing violence. The accompanying <u>ASEAN Road Map for the Implementation of the Ha Noi Declaration on Strengthening Social Work for Cohesive and Responsive ASEAN Community</u>, aligns with global frameworks on prevention and response to violence (see Annex 2), and calls for a holistic social work system strengthening for the delivery of services that meet the specific needs of vulnerable and most-at-risk groups including children and women at risk of or experiencing violence. The Road Map identifies several priorities relevant to social work violence prevention and response:

- Priority 1.1 Carry out national situation analyses and disability, gender and age sensitive needs assessments for social work and social services;
- Priority 1.2 Develop and adopt a costed, multi-sectoral national action plan for progressively developing and strengthening social work and social services, based on assessed needs, including the required human resources;
- Priority 1.3 Develop and adopt legislation specific to the profession of social work, which also recognises and underpins the wider social service workforce. Ensure that laws in other sectors also define the roles, responsibilities, and requirements of social work in that sector, where applicable. Where relevant legislation is already in place, AMS are encouraged to review and, where necessary, amend existing laws to ensure their relevance to current realities of social work and the social service workforce development in the country; and
- Priority 1.7 Develop a regional Guidance on essential services for groups in vulnerable situations to support AMS.

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3. Definitions

Item	Description	Source
Child marriage	The ASEAN RPA on EVAC recognises early or forced marriage as a form of violence against children. Refers to any formal marriage or informal union between a child under the age of 18 and an adult or another child.	ASEAN Regional Plan of Action on Elimination of Violence Against Children (ASEAN RPA on EVAC) https://www.unicef.org/protection/child-marriage
Essential services	Encompasses a core set of services provided by the health care, social service, police and justice sectors. The services must, at a minimum, secure the rights, safety and well-being of any woman or girl who experiences gender-based violence.	The United Nations Joint Global Programme on Essential Services Package for Women and Girls Subject to Violence (2015)
Gender-based violence	Violence directed against a person because of that person's gender or violence that affects persons of a particular gender disproportionately.	https://gbvguidelines.org/
	Gender-Based Violence (GBV) is an umbrella term for any harmful act that is perpetrated against a person's will and that is based on socially ascribed (i.e. gender) differences between males and females. It includes acts that inflict physical, sexual or mental harm or suffering, threats of such acts, coercion and other deprivations of liberty. These acts can occur in public or in private.	
Intimate partner violence	Refers to any behaviour within an intimate relationship that causes physical, psychological or sexual harm to those in the relationship. Includes acts of physical violence, such as slapping, hitting, kicking and beating; Sexual violence, including forced sexual intercourse and other forms of sexual coercion; Emotional (psychological) abuse, such as insults, belittling, constant humiliation, silence treatment, intimidation (e.g. destroying things), threats of harm, threats to take away children, pulling away or stop caring during disagreement; Controlling behaviours, including isolating a person from family and friends, monitoring their movements and restricting access to financial resources, employment, education or medical care.	World Health Organisation (2012) Understanding and addressing violence against women – intimate partner violence.

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Item	Description	Source
Perpetrator	A person (or group of persons) who commits an act of gender-based violence or other type of crime or offence. Under International Human Rights Law, the term perpetrator can refer also to state institutions, entities or agents that fail to meet human rights obligations.	United Nations Glossary on Sexual Exploitation and Abuse Second Edition, Task Team on the SEA Glossary for the Special Coordinator on improving the United Nations response to sexual exploitation and abuse (2017) UN, Glossary on Sexual Exploitation and Abuse, 2017
Social service workforce	Includes a wide range of governmental and nongovernmental professionals and paraprofessionals and community level volunteers, who work with children, youth, adult women and men, older persons, families and communities, focusing on those with additional needs who are in vulnerable situations or at risk, to protect and ensure their healthy development and well-being and the fulfilment of their rights. To do so, the social service workforce provides preventative, responsive and promotive services that are informed by the humanities and social sciences, indigenous knowledge, discipline-specific and interdisciplinary knowledge and skills, and ethical principles. For the remainder of the definition of the Social Service Workforce, see Annex 3.	Article IV of the ASEAN Road Map for the Implementation of the Hanoi Declaration on Strengthening Social Work for Cohesive and Responsive ASEAN Community.
Social workers	Professionals with an academic degree, promoting social change and development, social cohesion, and the empowerment of people. However, in many countries, the term 'social worker' is used in the generic sense to refer to people who may be providing these services however lack these formal qualifications.[4] As above, social workers work with specific groups or on specific issues, which often involve engaging with individuals and populations that have experienced trauma. For this reason, they have specific skills relevant to these needs and are required to ensure a do no harm approach. Social workers also often play key roles in interagency coordination and systems development as well as policy development, implementation, and monitoring.	Adapted from the Global Social Service Workforce Alliance (GSSWA) definition of the workforce.

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4   International Federation of Social Workers. Global Definition of Social Work. (2014).

Item	Description	Source
Victim and survivor	Victim and survivor are both used to refer to women and children (girls) who have experienced or are experiencing violence to reflect both the terminology used in the legal process and the agency of these women and girls in seeking essential services.	UN Secretary-General's in-depth study on all forms of violence against women (A/61/122/Add.1) Para 21.
Violence against women and girls	Any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women and girls, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life.	United Nations General Assembly, 1993, Declaration on the Elimination of Violence Against Women.
Violence against children	Guided by article 19 of the CRC, the term violence represents any act on children which causes harm, injury, abuse, neglect or negligent treatment, maltreatment, and/or exploitation whether accepted as "tradition" or disguised as "discipline", including hindering child development.	United Nations Convention on the Rights of the Child.

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4. Violence against women and children in the ASEAN region

Violence against women and children constitutes one of the most widespread human rights abuses in the world. The 2013 UN Multi-country Study on Violence Against Women in Asia and the Pacific reported significant rates of violence by men against a female partner, ranging between countries from 26 per cent to 80 per cent.[5] Adult women with disabilities are at least one and a half times more likely to be physically and sexually abused than women without disabilities.[6]

Research commissioned by UNICEF as background for the development of the Regional Plan of Action on the Elimination of Violence against Children (ASEAN RPA on EVAC) estimates the prevalence of physical abuse among boys and girls in the region to range from 10% to 30.3%; sexual abuse from 1.7% to 11.6%; emotional abuse from 31.3% to 68.5%; and child labour from 6.5% to 56%. Furthermore, three out of four children in the region experience violence discipline at the hands of teachers or parents.

Social-media platforms and other digital technologies have given rise to new forms and manifestations of violence against women and children and exacerbated pre-existing ones through their scale, speed, and reach, in a continuum of violence. According to a recent study, globally 85% of women and girls have experienced or witnessed some form of online and technology-facilitated gender-based violence and the prevalence of online violence against women in Asia and the Pacific is 88%.[7]

While all women and children can be at risk of violence, certain situations can increase or exacerbate risks. The risk of violence against women and children is worse in the immediate aftermath of disasters and crises, resulting in increasing levels of child marriage, domestic violence and sexual harassment.[5] Children in residential care, in detention, in the context of migration or living and working on the streets are also at heightened risk.

Diverse groups of women suffer from multiple and intersecting forms of discrimination and inequalities, making them especially vulnerable to violence. They include women with disabilities; women living with and affected by HIV and AIDS; girls; older women; ethnic minority and/or indigenous women; women in conflict with the law; refugee and displaced women; documented and undocumented migrant women; stateless women; women's human rights defenders/gender equality advocates, and women who are trafficked for forced labor or sexual exploitation among others.[8]

Violence against women and children has serious health consequences including fatal outcomes; immediate physical injury; unintended pregnancy and sexually transmitted infections, post-traumatic stress and long-term mental health difficulties. Violence during childhood, and particularly sexual violence; can lead to hazardous behaviours including smoking and substance abuse and risky sexual behaviour. "It is also associated with perpetration of violence (for males) and being a victim of violence (for females)".[9]

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5   Fulu, E., Warner, X., Miedema, S., Jewkes, R., Roselli, T. and Lang, J. (2013). Why Do Some Men Use Violence Against Women and How Can We Prevent It? Quantitative Findings from the UN Multi-country Study on Men and Violence in Asia and the Pacific. Bangkok: UNDP, UNFPA, UN Women and UNV.
6   United Nations Economic and Social Commission for Asia and the Pacific. Disability in Asia and the Pacific: The Facts.
7   The Economist Intelligence Unit. Measuring the prevalence of online violence against women.
8   ASEAN Regional Plan of Action on the Elimination of Violence Against Women. (2016).
9   World Health Organization. (9 March 2021). Violence Against Women.

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Violence against women and violence against children share some risk factors, are upheld by negative social norms, often co-occur and have common and compounding consequences, resulting in intergenerational effects.[10] Adolescence can be a particularly risky time for girls. The barriers to access services that many women and children face can limit their choices, and their opportunities to live their lives free from violence.

Shared risk factors for both women and children include inequality and discrimination on the basis of gender and disability, conflicts and crises, lack of responsive institutions and weak legal sanctions, male dominance in the household and community, and marital conflict.[11]

Social norms: Violence against women and children occurs in the context of beliefs and values regarding masculinity, femininity, the family and culture. The social norms that drive violence against women and children include those that condone violent discipline, promote masculinities based on violence and control, prioritise family reputation over the rights and choices of individual family members, blame victims, and perpetuate gender inequality. These social norms shape the relationships between men and women, but also between parents and caregivers and children.[12]

Intersections between violence against women (VAW) and violence against children (VAC).
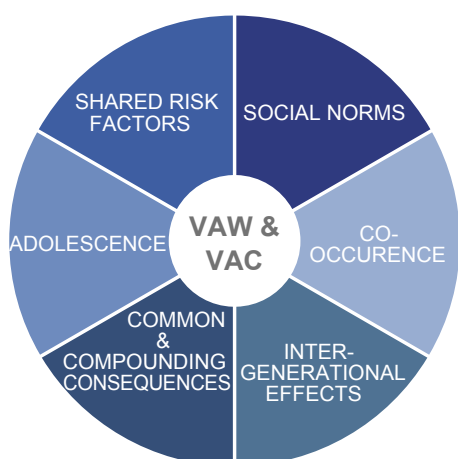
Co-occurrence: Intimate partner violence (IPV) and child abuse or maltreatment often co-occur in the family.[13] Children in households where the mother experiences IPV are likely to suffer from the emotional effects of witnessing violence, are less likely to be protected from violence, and are more likely to experience violent discipline by both male and female caregivers.[14]

Common and compounding impacts have long- term social and health consequences.[15] IPV is associated with low-birth weight, higher under-5 mortality and negative impacts on children's mental health and social development.[16]

Source: Guedes, A., et al. (2016). Bridging the gaps: A global review of intersections of violence against women and violence against children. Global Health Action, vol. 9.

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10 Guedes, A., Bott, S., Garcia-Moreno, C., Colombini, M. (2016). Bridging the gaps: A global review of intersections of violence against women and violence against children. Global Health Action, vol. 9, no. 31516. More recent regional evidence includes: United Nations Children's Fund (UNICEF) East Asia and the Pacific Regional Office, United Nations Population Fund (UNFPA) Asia and the Pacific Regional Office, and UN Women Asia and the Pacific Regional Office (2021). Ending Violence against Women and Children in Asia and the Pacific: Opportunities and Challenges for Collaborative and Integrative Approaches. Bangkok: UNICEF, UNFPA and UN Women. and S. Spaid Miedema and A.T.Kyaw. (2022). Women's intergenerational intimate partner violence and household child abuse in Burma (Myanmar). SSM – Population Health, Volume 17, 2022,

11 Ibid.

12 Matthews S., Makola L, and Megganon V. (2021). Connecting the Dots: Informing our understanding and response to the intersections between violence against women and children. Cape Town: Children's Institute, University of Cape Town.

13 Guedes, A., Bott, S., Garcia-Moreno, C., Colombini, M. (2016). Bridging the gaps: A global review of intersections of violence against women and violence against children. Global Health Action, vol. 9, no. 31516.

14 United Nations Population Fund (UNFPA) and United Nations Children's Fund (UNICEF) (2018). Making the Connection: Intimate partner violence and violence against children in Eastern Europe and Central Asia. Istanbul and Geneva: UNFPA and UNICEF

15 Wathen CN, Macmillan HL (2013). Children's exposure to intimate partner violence: impacts and interventions. Paediatric Child Health 2013; 18: 41922.

16 Guedes, A., Bott, S., Garcia-Moreno, C., Colombini, M. (2016). Bridging the gaps: A global review of intersections of violence against women and violence against children. Global Health Action, vol. 9, no. 31516.

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Intergenerational effects: Violence against women and children can produce intergenerational effects. This, in turn, increases the risk of their own children perpetrating or experiencing different forms of violence as adults, thus perpetuating the intergenerational cycle of violence against women and children.[17]

Adolescence is a period of particular vulnerability to violence. Age and gender-based discrimination intersect to place adolescent girls at heightened risk of experiencing violence, including violence at the hands of husbands or from romantic partners in informal partnerships.[18] Child marriage and early pregnancy are associated with high risk of IPV while some evidence suggests that children of teenage mothers have a higher risk of child maltreatment. Despite this, adolescents are often overlooked in violence prevention and response programming[19] and fall through the gaps, thus requiring stronger coordination and tailored programming. They face additional barriers to accessing quality services due to compounding age and gender-based discrimination and stigma[20] and there are often not adolescent-specific services or programs available.[21]

Access barriers: Women and children who experience violence face critical barriers to accessing services. The absence of tailored women and child-centred services as well as discriminatory attitudes of front-line service providers deter help-seeking and impede access to life-saving care. Substantive access requires protective and responsive services to be safe, confidential, inclusive and non-discriminatory, to respect the principle of the best interest of the child, and to use a survivor-centred approach including supporting children's right to meaningfully participate and women's right to self-determination regarding their care.[22] Access barriers are even more challenging for women and children facing additional intersecting forms of discrimination on the basis of disability, relationship status and caregiving responsibilities, citizenship and migration status, and religious, ethnic or political affiliation.

Disasters and emergencies: Women and children, particularly those with disabilities, are likely to be at higher risk of violence and exploitation during disasters and other emergency situations and for some time after in the recovery phase and this needs to be a key priority for emergency response.[23]

17   Ibid.
18   Kidman, R. (2016). Child Marriage and Intimate Partner Violence: A comparative study of 34 countries. International Journal of Epidemiology, vol. 46, no. 2, pp. 662-675.
19   Women's Refugee Commission (2014). I'm Here: Adolescent Girls in Emergencies: Approach and Tools for Improved Response. Women's Refugee Commission and USAID.
20   UNFPA. (2009). Adolescent Sexual and Reproductive Health Toolkit for Humanitarian Settings. A Companion to the Inter-Agency Field Manual on Reproductive Health in Humanitarian Settings. New York: UNFPA and Save the Children. September 2009.
21   United Nations Children's Fund (UNICEF) East Asia and the Pacific Regional Office, United Nations Population Fund (UNFPA) Asia and the Pacific Regional Office, and UN Women Asia and the Pacific Regional Office (2021). Ending Violence against Women and Children in Asia and the Pacific: Opportunities and Challenges for Collaborative and Integrative Approaches. Bangkok: UNICEF, UNFPA and UN Women.
22   UNFPA. The Inter-Agency Minimum Standards for Gender-Based Violence in Emergencies Programming. (2019). New York: International Rescue Committee, UNFPA.
23   Bhalla, Priyanka (2019). The responsibility to prevent and respond to sexual and gender-based violence in disasters and crises. International Federation of Red Cross and Red Crescent Societies.

5. Quality social work practice

The underlying principles and approaches that support high quality social work practice with respect to women and children exposed to violence include promotive, preventive, and responsive social work approaches. They need to be provided by a professionalised workforce as envisioned in the ASEAN Road Map. Social work practice also needs to be guided by the Essential Services Package for Women and Girls Subject to Violence,[24] which aims to provide greater access to a coordinated set of essential and quality multi-sectoral services for all women and girls who have experienced gender-based violence. By ensuring that essential services, such as medical care, counselling, legal support, safe housing, and economic empowerment opportunities are readily available, professionals can deliver comprehensive and high-quality services that support survivors in their long-term recovery and empowerment.

5.1 Key approaches and principles of social work practice with women and children exposed to violence

A rights-based approach: Women's and children's right to live a life free from violence is paramount. A focus on human rights is essential for the delivery of high-quality essential services, especially when addressing violence against women and girls. Such an approach acknowledges that ASEAN Member States have a primary responsibility to uphold the rights of women and girls, including their right to live free from violence and fear. A human rights approach calls for services that prioritize the safety and well-being of women and children and treat women and children with dignity, respect and sensitivity. It also calls for the highest attainable standards of services – services of good quality, available, accessible and acceptable to all women and children.

Best interests of the child: Article 3, paragraph 1 of the Convention on the Rights of the Child (CRC) gives children the right to have their best interests taken as a primary consideration in any decision regarding a child's wellbeing.[25]

Evolving capacities of the child: Article 5 of the Convention on the Rights of the Child introduces the idea that children should be able to exercise their rights as they acquire the competence to do so. States should take this right into account when establishing minimum ages on particular issues. Understanding evolving capacities is fundamental to assessing children's maturity and capacity for decision making. This allows social workers to offer children the fullest protection from harm whilst nurturing their right to autonomy and freedom of expression.

Gender sensitive approach: Since gender inequality and discrimination are both a root cause and a consequence of violence against women and children, services should ensure that gender sensitive and responsive policies and practices are in place. Services must ensure that violence against women and children is not condoned, tolerated or perpetuated.

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24   The United Nations Joint Global Programme on Essential Services for Women and Girls Subject to Violence (2015)
25   Committee on the Rights of the Child (2013). General comment No. 14 (2013) on the right of the child to have his or her best interests taken as a primary consideration (art. 3, para 1).

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Disability Inclusive approach: women and children with disability are facing double discrimination and inequality not only based on their identity as women and/or children but also as someone living with disability. Hence, the social work services provided must consider the needs of women and children with disability, such as accessible environment and facilities, sign language and augmented assistive devices, different approach for women and children living with intellectual disability, mental health sensitive approach, and most importantly safe environment where no discrimination, belittlement, ignorance, and assumption or prejudice towards this group in providing the services.

All survivors of VAW and VAC, depending on their age and capacities, should be given the power to refuse services or to decide on what services to receive, and when to report the experience of violence. They should be given information on all available services and any potential risk in receiving those. Referrals should be made by service providers only upon receiving informed consent by survivors. Similarly, data about survivors should be shared among service providers only after informed consent is received.[26] Article 12 of the UN Convention on the Rights of Persons with Disabilities (CRPD) refers to equal recognition before the law and asserts that persons with disabilities shall enjoy legal capacity on an equal basis with others. Any safeguarding measures shall reflect the will and preferences of the person and be proportional.[27] In regards to women and children with intellectual or mental disability and/or other disability where they could not make their own decision or they need assistance in making decisions, the assistance in making decisions has to be provided for the benefit of the person and the person only, and that the assistance has to be made based on the agreement of families, caregivers, or trusted friends, and related stakeholders.

Victim/survivor-centred approach: Victim/survivor-centred approaches place the rights, needs and desires of women and girls as the centre of focus of service delivery. This requires consideration of the multiple needs of victims and survivors, the various risks and vulnerabilities, the impact of decisions and actions taken, and ensures services are tailored to the unique requirements of each individual women and girl. Services should report to her wishes[28].**"**A survivor-centred approach to violence against women seeks to empower the survivor by prioritizing her rights, needs and wishes and in particular her right to safety, confidentiality, self-determination and non-discrimination. It means ensuring that survivors have access to appropriate, accessible and good quality services including: (i) Health care (ii) Psychological and social support (iii) Security and (iv) Legal services".[29] This approach recognises that the safety and well-being of children and adult survivors of violence are inextricably linked, and that children and adult survivors are safer and better off overall when planning is conducted with them and integrates their perspectives.[30]

As a result, services must respond to the individual and unique circumstances and life experiences of victims/ survivors taking into account their age, identity, culture, ethnicity and language preferences, based on **safety and non- discrimination principles**. Services must prioritize the safety and security of victims/survivors and avoid causing them further harm. All survivors are entitled to the same treatment and equal access to services.

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26 UN Women, UNFPA, UNDP, WHO and UNODC (2015). Essential Services Package for Women and Girls Subject to Violence. please see the UN Women website which contains translations into various languages from the region.
27 Plain text version of General Comment No.1 (2014), Article 12: Equal recognition before the law.
28 UN Women, UNFPA, UNDP, WHO and UNODC (2015). Essential Services Package for Women and Girls Subject to Violence.
29 UN Women, 3 July 2013, Survivor-centered approach.
30 See for example, Guiding Principles of the Adult & Child Survivor-Centered Approach for Addressing Domestic Violence. (2019).

5.2 Main types of social work practice

5.2.1 Promotive social work

Promotive social work is a proactive approach to social work that focuses on preventing social problems from occurring through promoting the social, economic, and political well-being of individuals and communities. Promotive social work involves coordinating with other stakeholders to advocate for a robust social work system – including through promoting and developing legislative and policy frameworks, budgeting, institutional architecture, service structures and coordination, and regulatory frameworks and processes for social services that prevent and respond to violence against women and children. This approach also requires advocating for whole-of-society changes that engage all people in the context of their everyday life such as school and workplace programs focused on respect and gender equality, including increasing awareness of the consequences of violence.

5.2.2 Preventive social work

Preventive social work in the context of violence against women and children involves identifying and addressing the underlying causes and risk factors that contribute to such violence, with the goal of preventing it from occurring in the first place. It also includes prevention of the secondary impact of violence and a cycle of violence. This requires prevention programming to be child-sensitive and gender transformative. It should be informed by the socio-ecological model, which understands needs, risks and protective factors in the context of the interplay between individuals, their family, wider relationships, community, and societal factors.[31] Preventive social work in this context may involve:

- identifying and addressing negative social and cultural norms that condone violence, perpetuate gender inequalities and power imbalances, stigmatise and discriminate against people with disabilities, and which limit reporting and interventions to stop violence;[32]
- designing and implementing parenting programs that support parents and caregivers to strengthen their relationships with their children and promote positive child development using only non-violent positive discipline and disability-sensitive approach;
- early identification of developmental difficulties and early intervention services;
- establishing referral pathways to health, education and social protection benefits, services and entitlements;
- working with other actors influential in the community and society including opinion and/or religious leaders;
- capacity-building for children and women, including those with disability, in violence prevention; and
- design and implement communication strategies on mass media which is accessible for women and children with disabilities to promote positive behaviors, including positive parenting, as a way to prevent VAW and VAC.

Preventive social work relies on **evidence-based, locally piloted interventions**, which should be reviewed by both VAC and VAW experts, adapted accordingly, evaluated and, if effective, scaled up.

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31   World Health Organization (WHO) (2019). Respect Women: Preventing Violence against Women. Geneva: WHO. Center for Disease Control: The Social-Ecological Model: A Framework for Prevention.

32   Kenny, L, Cislaghi, B, et. Al. (2019). Addressing Social Norms at the VAC/VAW Intersection Learning Group on Social Norms and Gender-related Harmful Practices Convened by the Gender, Violence and Health Centre of the Long School of Hygiene and Tropical Medicine (LSHTM).

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At a minimum, **VAW and VAC prevention interventions should be complementary.** Coordination, information and experience sharing between VAW and VAC prevention programming can support this. Where relevant and appropriate, VAW and VAC **prevention interventions may be adapted or integrated to address both forms of violence**. However, this may not always be preferred or possible subject to the type of intervention. Local primary prevention initiatives should also complement and build on whole-of- population level prevention and education initiatives at a national level where these are taking place.

Key evidence-based prevention interventions that integrate VAW and VAC prevention include:

- school-based violence prevention programs, which take a whole of school or whole of education approach;[33]
- integration of VAW and VAC prevention initiatives into early childhood development and parenting programs;[34]
- social protection schemes which effectively tackle economic security and power/gender dynamics while simultaneously reducing stressors on families that can exacerbate violence against both women and children.[35]

Primary prevention initiatives should also seek to constructively engage men and boys, in order to explore and challenge views and underlying social norms of masculinity that condone gender inequality and gender-based violence against women and children, in order to help them develop new ways of thinking, talking and acting.[36]

5.2.3   Responsive social work

Responsive social work involves provision of services to protect and support women and children victims and survivors of violence including through case management, psychosocial support, and referrals to lifesaving management.

Since VAW and VAC result in harmful physical, emotional and social consequences that often require information and care from multiple service providers, case management has become an integral part of the response. "VAW and VAC case management is a structured method for providing help to a victim/survivor, whereby individuals are informed of all the options available to them, and the issues facing a victim/survivor are identified and followed up in a coordinated way." Emotional support is provided to the victim/survivor throughout the process. Case management has also become the primary entry point for victims/survivors to receive crisis and longer-term psychosocial support.[37]

33   Gevers, A., and K. Taylor (2018). Promising strides toward ending violence against women and girls in the Asia and the Pacific region: Results from Partners for Prevention pilot interventions in four countries. Bangkok: Partners for Prevention.

34   Coore Desai, C., J. A. Reece and S. Shakespeare-Pellington (2017). The prevention of violence in childhood through parenting programs: a global review. Psychology, Health & Medicine, vo. 22, no. 1, pp.166-186.

35   UNICEF Innocenti. (2021). Webinar: Intersections between Violence Against Children and Women – Prevention and Response: Identifying Evidence Gaps and Opportunities for Collaboration.

36   Commonwealth of Australia (Department of Social Services). (2022). National Plan to End Violence against Women and Children 2022-2032.

37   Interagency Gender-Based Violence Case Management Guidelines. Providing Care and Case Management Services To Gender-Based Violence Survivors In Humanitarian Settings. First Edition. 2017.

VAW and VAC social work case management models vary along a spectrum from separate to integrated. Those that are integrated encompass a wide range of service approaches from interagency service coordination practices to joint VAW-VAC case management teams.

VAW and VAC case management services involve social workers or paraprofessionals working with clients to assess their needs, help arrange and coordinate services as well as advocate on their behalf.[38] Most importantly, responsive social work needs to incorporate evidence-based risk assessment to inform the development of appropriate and safe interventions for women and children.

Examples of service delivery approaches

Indonesia	Viet Nam
Provincial and district integrated Women and Children service centres, staffed by Child Protection and Women's Empowerment Case Workers, provide direct services; social assistance program for children and women empowerment program in order to minimise domestic violence.	Ministry of Labour, Invalids and Social Assistance departments/units at provincial, district and ward levels, staffed by social workers and/or case managers, with a mandate across social welfare.

Coordination between services must also be based on principles of safe and ethical information sharing. This is particularly critical in cases of co-occurrence, where both child and mother experience violence.

5.2.4 Recovery-oriented social work

Recovery and healing social work addresses the short-term, long-term, and life-long impacts of violence on women and children, following the initial risk and safety focused response, and aims to promote recovery from the financial, social, psychological, emotional and physical impacts of violence. Recovery services should be trauma-informed, person-centred, focused on post-traumatic growth, and tailored to the differing needs of women and children.[39]

Recovery-oriented social work addresses the specific needs of the individual survivors based on their unique characteristics, including age, nationality, ethnicity, religion, migration and disability status.

5.3   Balancing integration and specialisation in VAW and VAC social work services

Service integration and harmonisation, while an important goal in itself, should not weaken respective specialisations or reduce clients' access to specialised services in line with their needs and preference for service model. VAW and VAC services should seek to maintain their specialisation and adherence to respective guiding principles and approaches while ensuring effective coordination of service delivery. "Where integration is pursued, potential risks to privacy and confidentiality, as well as changes in demand, should be monitored and mitigated against, to avoid compromising the quality and availability of services."

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38   Global Social Service Workforce Alliance, 2018.
39   Commonwealth of Australia (Department of Social Services). (2022). National Plan to End Violence against Women and Children 2022-2032.

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Well-coordinated VAW and VAC social work services require familiarity with respective specialisations amongst providers. Social workers should understand the different approaches to child, adolescent, adult survivors, and those with disabilities including as they relate to client decision-making and confidentiality.[40]

Adopting a survivor-centred coordination and integration approach can be useful. "A survivor-centred service system requires minimum standards to ensure quality and consistency. Under a survivor-centred system approach, services are aware of each other, and referral pathways are clearly established. This upholds victim-survivors' confidentiality and limits the number of times they must retell their story. A survivor-centred service system is timely, safe, inclusive, tailored and accessible, and it delivers integrated specialised services that reinforce the need to work together to end gender-based violence".[41]

Guidance for Working with Child, Adolescent and Adult Survivors[42]

	Child Survivors	Adolescent Girl Survivors	Adult Women Survivors
Decision-Making	**Involve the child in decision-making.** Children have the right to participate in decisions that impact their lives. The level of participation in decision making should be appropriate to the child's level of maturity and age. Providers should deal with the child in a transparent manner with maximum respect, even when unable to follow the child's wishes due to best interest considerations.	**Respect the evolving capacities of the child for decision-making.** Providers should give the views of adolescents increasing weight as they age and recognise that some older adolescents may have the capacity to provide informed consent. In all cases, **providers should engage the girl survivor in decision-making and prioritise collaboration with her regarding her care.**	**Empowerment of the survivor by respecting her rights and power to make decisions.** A core experience of GBV is disempowerment; empowerment is at the centre of survivor's recovery. The relationship between the provider and the survivor in case management must be about giving power and control back to her. Respecting a survivor's right and power to make decisions, even if perceived to be a 'mistake', is transformative because it is empowering.
In the decision making process, the disability of the individuals or survivors should be considered and approached appropriately.			

40 Interagency Gender-Based Violence Case Management Guidelines. Providing Care and Case Management Services To Gender-Based Violence Survivors In Humanitarian Settings. First Edition. 2017.

41 Commonwealth of Australia (Department of Social Services). (2022). National Plan to End Violence against Women and Children 2022-2032.

42 Adapted from International Rescue Committee. Gender Based Violence Blended Curriculum.

	Child Survivors	Adolescent Girl Survivors	Adult Women Survivors
Confidentiality	**Ensure appropriate confidentiality.** In some contexts, mandatory reporting of child protection concerns is practised. This is because children, on account of their age, developmental capacity and standing in society are often not able to reach out for help themselves. The best interests of the child should always be the primary consideration when taking actions on behalf of children, even in the context of mandatory reporting laws.	**Ensure and maintain confidentiality.** Respect an adolescent survivor's right to self-determination and work together to evaluate the positive and negative consequences of each action so as to choose the least harmful action (engaging her caregiver when appropriate).	**Maintain confidentiality.** Respect a survivor's right to decision-making, including who knows what about her situation, needs and care. Mandatory reporting is not recommended for GBV because this can replicate a pattern of control over the survivor, present in abusive relationships, and place them at risk of further harm.

A shared framework for understanding the intersections of VAW and VAC can greatly aid service coordination. This is especially relevant where IPV and child abuse is co-occurring. Clear Guidance should be provided on the dynamics of IPV including how to respond appropriately to children at risk of harm in the home while minimising the separation of children from non-abusing parents, where possible.[43] One of the dynamics of IPV is the weaponization of children as means to continue abuse, intimidation and control over the mother. This can include undermining her relationship with her children, threatening to take them away if she leaves, harming the child as a way to 'get back at' her, or using a child to send threatening messages or gather information or provoking the child to dislike their mother in order to control the mother's actions.[44] Conversely, efforts should be made to conceptualise the mother-child relationship as a resource for their individual and collective safety, wellbeing and as a pathway to recovery from violence.[45]

Efforts should be made to foster child-sensitive and survivor-centred attitudes and practices amongst VAW and VAC social workers. Common stigmatising practices that deter help-seeking for child and adult survivors where violence is co-occurring include: pressuring mothers to stay with abusive partners for the 'sake of the child'[46]; blaming the mother for failing to 'protect' the child, thereby shifting the focus away from perpetrator violence[47]; frustration with the survivor's inability to 'just leave'; the perception that men are equally victims of violence within the household (whether in terms of frequency or severity), particularly when a female partner-survivor has used defensive violence; viewing impact of VAW on the survivor as stand-alone evidence of parenting

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43   Ibid.
44   Ibid.
45   Ibid.
46   Stanley, N. and Humphreys, C. (2006). 'Multi-Agency and Multi-Disciplinary Work: Barriers and Opportunities' in eds.: C. Humphries and N. Stanley. Domestic violence and child protection: Directions for good practice. London; Philadelphia: Jessica Kingsley Publishers.
47   Humphreys, C. (2000). Social work, domestic violence and child protection: Challenging practice. Bristol: Policy Press.

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shortcomings or risk factors for child abuse, e.g. poor mental health, substance misuse, lowered self-confidence, impaired capacity for decision-making, violence-related disability. "Conversely, social workers should have an understanding of child and adolescent development, as well as child and adolescent-friendly development techniques, to fully support their right to and capacity for participation in decision-making." **Complementary or joint service protocols should be developed to assist in the delivery of coordinated VAW and VAC social work case management services including referrals.** Clear agreements support coordination, collaboration and maximise clients' access to timely services and resources.[48] Where complementary, VAW protocols or guidelines for health professionals, police, prosecutors and courts should adopt a special approach to children and adolescents, and reference child-specific protocols in addition to protocols to support adult women.

5.4   Key considerations in design and delivery of VAW and VAC social work services

The key considerations in the design and delivery of social work services to address violence against women and children, which should inform service protocols, include:

Identification

Identification is where service providers seek out people in need of protection. It is an essential first step in child protection because children often lack the capacity to seek support themselves.[49] Identification, however, is not recommended for addressing violence against women because it replicates a survivor's sense of powerlessness present in abusive relationships and can risk retaliatory violence from perpetrators.[50] Mandatory reporting requirements vary across approaches and contexts, and should be taken into consideration as they relate to identification (see below).

Mandatory reporting

Mandatory reporting of cases of violence to the police is a common practice in protection of children from violence, but is not recommended for addressing violence against women, since it contradicts the survivor-centred approach which aims to empower the survivor to choose the services they would like to receive.[51] Social workers should be familiar with mandatory reporting obligations as they relate to child, adolescent and adult survivors including required procedures, documentation and information sharing. Where mandatory reporting applies, client confidentiality may be limited, though ideally still protected, with information shared with other agencies and professionals only where necessary to protect the survivor, i.e. on a strictly 'need to know' basis. These limits ding referrals.[52] Once they have been given information on mandatory reporting, women survivors of violence should be given the option to leave if they don't give consent to report the violence experienced.

Ethics and ethical decision making

Ethics and ethical decision making (including use of professional codes of ethics in social work) are important to consider in the context of VAW/VAC. Social workers need to recognise and manage personal values, prejudices, discrimination and biases. Ethical issues including privacy, confidentiality, beneficence (acting in the best interests of the individual), non-malfeasance (avoiding causing harm), consent (asking for the consent of the victim/survivor, as appropriate to the level of maturity and age, before referring the case to other service

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48   International Rescue Committee. Gender Based Violence Blended Curriculum.

49   Ibid.

50   UNFPA. The Inter-Agency Minimum Standards for Gender-Based Violence in Emergencies Programming. New York: International Rescue Committee, UNFPA.

51   Ibid.

52   Ibid.

providers or sharing any type of data on the case), advocacy, respect, gender equality, disability sensitive approach, self-determination and non-discrimination should be embedded within service provision. It is critical to maintain confidentiality (with the exception of the strict 'need to know' basis when it applies under mandatory reporting rules) as adverse outcomes can occur when information is divulged inappropriately.

Assessments

"For VAW assessments, the survivor is the primary subject, whereas VAC assessments may take into account the perspectives of the child's caregivers and other 'safe adults,' as well as the case worker."[53] Involvement of other actors in the assessment may present risks to survivors where IPV is present alongside child protection concerns, for example by further entrenching harmful power dynamics. Shared service protocols and coordination between VAW and VAC social workers can help mitigate risks associated with these diverse approaches to assessment. Possible mitigation actions where there are concerns about violence against both a woman and child(ren) include obtaining the survivor's individual consent, and holding individual interviews with each parent to provide a safe space for disclosure, and for discussion in case conferences.[54] VAW survivors should be offered to be linked with confidential safety planning, case management, coordinated referrals and ongoing psychosocial support services. Assessment, including coordinated assessment where VAW and VAC are co-occurring, should include not only a focus on the immediate risk to women and/or children, but the route to long-term recovery from trauma for both child and woman.[55]

Risk assessment

As part of assessment, a specific risk assessment should be completed by trained workers to inform the appropriate intervention. Evidence based tools should be used for risk assessment and there should be a sound understanding of risk indicators in different circumstances and contexts (eg. separation from a violent partner being a risk factor for escalation in violence).[56]

Safety planning

Safety planning should be available to help all survivors. Where both mother and child are at risk of violence, a safety plan should be developed for the mother that also includes, where appropriate, her children. This should recognise that children are not passive agents in IPV between their caregivers, and include specific actions informed by the child's developmental and psychological status/capacity to protect children and minimise harm along with the adult survivor's safety. This should be co-created and include a risk assessment, general safety skills, strategies to use during a violent encounter and strategies to use if the mother chooses to leave the perpetrator.[57]

Home visits

Home visits are commonly practised in child protection interventions where the social worker meets with the child and family in their home. However, they are not recommended when working with women at risk of violence as they can compromise the confidentiality and safety of the adult survivor as well as the social worker. Alternative safe spaces outside the home that are accessible and provide a sense of privacy are preferred for VAW clients or in cases where violence against women and children is co-occurring. Home visits should also never be used to identify VAW cases.

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53 International Rescue Committee. Gender Based Violence Blended Curriculum.
54 Ibid.
55 Stanley, N. and Humphreys, C. (2006). 'Multi-Agency and Multi-Disciplinary Work: Barriers and Opportunities' in eds.: C. Humphries and N. Stanley. Domestic violence and child protection: Directions for good practice.
56 Commonwealth of Australia. (2022) National plan to end violence against women and children 2022-2032, Australia.
57 International Rescue Committee. Gender Based Violence Blended Curriculum.

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Where home visits are unavoidable, key actions help to minimise risk include:

- making the visit appear routine and one of many visits to households in the community at that time, carried out in order to provide a service or information unrelated to VAW;
- planning with the survivor the best day and time of day to visit when there are lesser community members around and when the perpetrator is not at or near the home;
- developing a code or signal with the survivor so she can indicate when she is no longer safe in the moment;
- planning with the survivor what she will say if she is confronted about social worker visit and why a social worker was there so she does not expose herself or the social worker.[58]

Mental health and psychosocial support

Mental health and psychosocial support (MHPSS) services delivered directly or through referrals should adhere to a survivor-centred approach and be child and disability/gender-sensitive. "The use of family therapy, which involves the participation of the perpetrator of intimate partner violence, is high-risk for survivors and is not recommended." It can further entrench pre-existing dynamics of control and abuse. Mediation is a common customary justice practice but it is also not recommended for cases involving violence against women. In practice, family therapy or 'family counselling' and mediation involve the same dynamics, whereby an adult survivor is blamed for the violence, rather than focusing on the wrongdoing of the perpetrator. Mother and child counselling, however, can help restore and strengthen the mother-child relationship, which in turn can help their respective recoveries. However, where practised, such counselling should be grounded in a strong understanding of the dynamics of VAW and VAC, to ensure it remains empowering, survivor-centred and child and disability/gender-sensitive.

Post-separation visits

When a couple separates, caregivers may arrange (formally or informally) for children to spend time with each parent. Where IPV is present, this post-separation phase is a high risk time for the survivor which can be marked by an escalation of violence both against the adult survivor and child.[59] Post-separation visits and contact also provide an opportunity for ongoing coercive control and abuse including through the abusive partner's relationship with the child.[60] Child protection workers should work in close collaboration with VAW counterparts in cases where there has been IPV and where separation has occurred, as well as when considering post-separation parent-child contact arrangements. Social workers should work directly with the VAW survivor to adequately assess and plan for risk and ensure ongoing services for her and the child both before and after visits and other forms of contact.

Multi-sector referrals and coordination

All multi-sector actors share a responsibility to support adults, adolescents and child survivors to access quality, timely, comprehensive and coordinated services. Frontline workers must be able to recognise and respond effectively to VAW and VAC survivors.[61] Specialist professionals and services may be required for a full response, so established referral mechanisms to enable timely access to these services should be available and known to frontline workers.

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58 Interagency Gender-Based Violence Case Management Guidelines. Providing Care and Case Management Services To Gender-Based Violence Survivors In Humanitarian Settings. (2017).
59 Humphreys, C. (2000). Social work, domestic violence and child protection: Challenging practice. Policy Press.
60 Ibid.
61 UN Women, UNFPA, UNDP, WHO and UNODC (2015). Essential Services Package for Women and Girls Subject to Violence.

Acknowledging that social work systems and services may be underdeveloped, or overburdened if they are insufficient in number and distribution, multi-sector actors should work together to fulfil their shared obligation to protect and support those in need and at risk, without compromising social work as a distinct and specialised service. To facilitate multi-sectoral work and coordination, the social service workforce should foster dialogue among community actors, NGOs and the justice sector to open channels of communication and trust that will facilitate referrals between agencies and different specialists. Service-level multi-sector taskforces and other coordination mechanisms can improve VAW-VAC service coordination and facilitate alignment of service planning and delivery. These multi-sector mechanisms should be utilised to improve VAW and VAC system's responses to women, adolescents and children. The mandated child protection authority is central to the coordination of prevention, early intervention and response services for children and their families and is central to coordination between VAW and VAC protection services.

Case Conferencing

Case conferencing involving VAW and VAC providers as well as relevant multi-sector actors can support effective coordination of services. Case conferencing should be, based on the survivor's wishes and consent, as appropriate to their level of maturity, and age, and should seek to respect confidentiality, safety, the best interests of the child when children are involved, and to prevent any further harm. Case conferencing should be governed by set protocols and procedures which allow for different providers' perspectives, resources and skills to be incorporated into the client's case action plan(s).[62] Strong confidentiality measures should be in place, including limiting information sharing on cases and participation of other case conference participants to a needs basis, in other words, with others not attending unless their contribution is necessary for the protection of the survivor and child(ren).

Justice Services

While mediation is a common remedy in the justice sector as a means to avoid the need for court proceedings, mediation is not recommended for VAW, as it can further entrench male perpetrators' control and abuse, facilitate victim blaming and replicate norms that justify IPV against women and girls.[63] Social workers should, therefore, **never** seek to mediate between perpetrator and survivor, but rather should provide information to the survivor on her options, discuss risks and arrange positive referrals.[64] Social workers should work with justice actors to strengthen the formal justice system for effective protection of women and children, with consideration to disability perspective. This includes enabling integration between legal aid for adult survivors of violence, and for child custody and maintenance disputes. The social service workforce should be familiar with and work with community protection systems and actors to deliver child and women-centred services, and this may involve working with community stakeholders who do provide mediation or lead customary justice mechanisms. In doing so, it is important to ensure these community services and customary remedies are gender responsive and disability and child-sensitive. These community stakeholders will include faith leaders, community and tribal leaders, heads of extended families and customary court judges.[65]

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62 International Rescue Committee. Gender Based Violence Blended Curriculum.
63 Interagency Gender-Based Violence Case Management Guidelines. Providing Care and Case Management Services To Gender-Based Violence Survivors In Humanitarian Settings. First Edition. 2017.
64 Ibid.
65 Ellsberg, M. (2008). Violence Against Women in Melanesia and East Timor: Building Global and Regional Promising Approaches. Canberra: Office of Development Effectiveness, AusAID. UN Women (2021). Training Package for Prosecutors Responding to Violence against Women and Girls in Asia and the Pacific. Bangkok; UN Women; and UN Women and World Health Organization (WHO) (2022). Improving the collection and use of administrative data on violence against women. New York.

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Adolescents

It is important to ensure that the specific needs of adolescents who are survivors of violence, including those who are or have been married, and those who have children, and those who are economically dependent to the perpetrators of violence, are considered in the design and delivery of services. Service providers should be prepared to respond effectively to adolescents, either directly or through appropriate referrals to available specialised support services. Child protection and GBV systems should explicitly recognise the evolving capacities of children and adolescents including in the delivery of social work services. See the table in section 5.4 on 'Guidance for Working with Child, Adolescent and Adult Survivors' for more information on informed consent and adolescents.

Assistance and Supervision of Long-Term Cases for Victims of Child Sexual Abuse or Adults who Have Experienced Sexual Violence as Children

Considering that sexual violence has lifelong impacts, it is important to have regular assistance to monitor the impacts that may arise and respond to various related needs throughout the child's life span until reaching adulthood.

Data Management

It is also necessary to strengthen the collection and sharing of high-quality, continuous administrative data on VAW and VAC.[66] Data sharing systems and practices should adhere to GBV and child protection standards for safe and ethical data management.[67] Efforts to improve coordination and coherent VAW and VAC data management will ideally involve integration between these systems, but should take into account the different data sharing/protection standards for VAW/VAC (access rights, information sharing protocols, reporting), and avoid overburdening provider-cum-data gatherers and ensure adequate resourcing and technical support for integrated data management systems. The kind of data recorded will depend on the purpose and context of the service. The risk assessment, plans, case notes, referrals, etc., should be accessible within the organisation so workers can easily refer to the plans and so the victim-survivor does not need to continuously recount their experiences of violence and abuse, in order to prevent re-traumatising the person. Moreover, information collection and data can promote service provision accountability and inform future best practices.

Protection from violence during natural disasters and emergency situations

The social service workforce, working together with disaster management departments, also play a key role in prevention, protection and response actions for VAW and VAC during emergency preparedness and response, as outlined in the ASEAN regional framework for protection, gender and inclusion in disaster management, and accompanying guidelines.[68]

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66 UN Women and World Health Organization (WHO) (2022). Improving the collection and use of administrative data on violence against women. New York.

67 The Alliance for Child Protection in Humanitarian Action (2019). Minimum Standards for Child Protection in Humanitarian Action, 2019 Edition, and UNFPA. The Inter-Agency Minimum Standards for Gender-Based Violence in Emergencies Programming. New York: International Rescue Committee, UNFPA.

68 Guidelines for Operationalising the ASEAN Regional Framework on Protection, Gender and Inclusion in Disaster Management: A Prioritisation and Planning Toolkit, Jakarta, ASEAN Secretariat, June 2022.

6. Planning the social service workforce and services for VAW and VAC

In assessing and planning the services required and the social service workforce needed to deliver them, for preventing and addressing violence against children and women, there are a number of systemic requirements that are necessary to ensure quality social work services:

Legislative and Policy Frameworks that are multi-sectoral and protect the rights of children, adolescents and women to be free from all forms of violence, including during conflict, crises and natural disasters.[69]

- Legislation and policy are embedded in robust country-level prevalence data disaggregated by age, gender, disability, ethnicity and location; and define the parameters for localised administrative data collection and reporting;
- National policy and legislation align with international and regional standards as well as obligations on ending violence against women and children's right to protection;
- Legislation (i) strongly encourages parents, teachers, and other caregivers to use non-violent measures to discipline their children, (ii) criminalises the sexual abuse and exploitation of women and children, (iii) enables the removal of the perpetrator from the home help to prevent the unnecessary separation of children, (iv) describes the penalties, sanctions and enforcement measures to hold perpetrators accountable, and (v) include unmarried partners in the legal framework for intimate-partners violence;
- Legislative and policy frameworks are disability-inclusive and include explicit provisions for the protection of women and children with disabilities from violence;
- A pathway towards progressive realisation is described in aspirational policies, taking into account the socio-economic and cultural context; and
- National multi-sector action plans on ending violence against women and violence against children determine the package of essential social services and include conflict and crisis response plans.

Examples of disability-inclusive provisions in Viet Nam:

- The Constitution of the Socialist Republic of Viet Nam was adopted in 1992 and amended in 2001 by the National Assembly. The protection of people with disabilities is enshrined in Articles 59 and 67.
- The Viet Nam National Law on Disability (2010) includes the establishment of the inter- agency National Coordinating Council on Disability (NCCD), the enactment of the barrier-free access code, standards for public construction and for public transport, and several disability inclusion provisions in the Vocational Training Law.
- Decree 28/2012/ND-CP provides Guidance for a number of articles of the Law of Persons with Disability.
- The National Action Plan to Support People with Disabilities for 2021-2030.

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69   ASEAN Regional Framework on Protection, Gender, and Inclusion in Disaster Management 2021-2025. Jakarta, ASEAN Secretariat, October 2021.

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Resourcing of services: Essential social services for violence prevention and response need to be sufficiently resourced.

- Evidence-based budget analysis and costing ensure sufficient allocation and appropriations are made for essential social services (including social protection) that prevent and respond to violence against women and children;
- Disability-inclusive budgeting assures funds to remove barriers to access for women and children with disabilities in violence prevention and response measures, and also provides for targeted interventions for women and children with disabilities; and
- Appropriate standard operating procedures are in place for all essential social services that determine how they operate such that women and children's privacy and dignity is respected.

Gender Responsive and Inclusive Human Resourcing: The professionalisation of the social work workforce requires the clear delineation of roles and responsibilities within the sector, standardised job descriptions, structured supervision and set client ratios.[70] These actions should take into account and support coordinated VAW and VAC social work services in line with the recommendations included here within, including maintaining distinct specialisations.

Human resource strategies should be gender-responsive and inclusive. As a care sector, women often comprise the majority of the social work workforce especially at a service-level.[71] Gender-responsive human resourcing should promote women's equality in paid employment, for example through paid parental leave and options for child care services and through opportunities for upskilling and promotion into managerial positions. This also requires adequate supervision to enable skills development.

Service structures and coordination: Formal social work structures need clear leadership, management and supervisory pathways, and coordination mechanisms, at national, local and community level.

- A formal national leadership structure strategically reinforces the role of the social services workforce to coordinate and drive violence prevention and response initiatives;
- All relevant stakeholders are involved at the highest levels from the outset. This collective responsibility obtains support and funding for the implementation of the plans;
- Structures define their staffing requirements based on adequate worker to population ratios;[72]
- Structures take account of the role of government as primary duty bearer and include clear parameters for the relationship with non-government advocates, lobbyists and social service providers;
- The roles, responsibilities and accountability of professional social workers, para professional social workers and volunteers at national and sub-national levels are clearly defined;
- Where distinct social services workforces are operational (for example, shelters for women and girls, child protection department in a social services office, women-centred psycho-social support etc.) service delivery takes account of the co-occurrence of violence;
- The structures consider workforce gender requirements that prioritise the safety, security and wellbeing of women and child victims and survivors of violence. For example, regulations state when male social workers can and cannot work alone with women and child victims and survivors; and

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70 United Nations Children's Fund. (2019). Guidelines to Strengthen the Social Service Workforce for Child Protection.
71 UNICEF East Asia and the Pacific Regional Office and the Global Social Service Workforce Alliance. 2019. The Social Service Workforce in the East Asia and Pacific Region: Multi-Country Review, UNICEF.
72 Global Social Service Workforce Alliance and United Nations Children's Fund. (2022). Proposed Guidance and Tools for Costing the Social Service Workforce. Desk review findings and a step-by-step guide.

- Mechanisms for regular and systematic formal collaboration and coordination with allied workers – in health, justice and policing, and education – are in place at national and sub-national levels for multi-sector action on violence prevention and response.

Participatory planning and accountability: women victims and survivors, and adults who have experienced violence as children should participate in the social service system planning, design and review.

- Victims and survivors are consulted during planning, monitoring and evaluating violence prevention and response services; and
- Complaints and grievances mechanisms are accessible to everyone (for example, take account of literacy and language constraints, are confidential and safe for women and children to access, offer specific solutions for women and children with disabilities etc.), and regular reports are published.

Workforce accountability: mechanisms are in place to hold the social service workforce at all levels accountable to a set of standards and code of ethics.

- Structures and services for prevention and response to violence against women and girls are subject to formal minimum standards and these are reviewed at regular and defined intervals;
- A system of professional registration exists for social workers via a national council that is a public body to enhance the quality of social work practice, promote and uphold standards and professional ethics; and
- An inspector general, citizen advocate or ombudsperson is designated to investigate specific complaints about the social service workforce structures (complaints that cannot be resolved within the usual mechanisms).

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7. Developing knowledge and skills, and professionalising the social service workforce for VAW and VAC services

Strengthening of the social work workforce includes education and skills development based on an agreed competency framework, regulation and accreditation of training and education providers, and assessing and addressing human resources gaps and weaknesses.

Efforts to professionalise the social work workforce should adopt a whole-of-system approach which focuses on VAW and VAC. A key component of this is knowledge and skills development through **piloting, validating and adopting effective capacity building approaches relevant to context**, including Training of Trainers (ToTs), coaching and remote learning modalities.

Partnerships with tertiary institutions are also recommended for the **inclusion of violence prevention and response in the pre-service curricula of relevant professionals** (nursing, medicine, social work, educators, law enforcements professionals, etc.). Support for education schemes, such as placements and exchanges can also support specialisation in VAW and/or VAC.

In-service and ongoing learning for practising social workers, paraprofessionals and volunteers on VAW and VAC is also critical. This includes shared VAW-VAC learning, knowledge and experience sharing opportunities for the social service workforce, as well as allied workers and relevant multi-sector actors. These events should be utilised as opportunities to strengthen relationships between actors, as well as advance coordinated and where appropriate, integrated service practice for comprehensive VAW and VAC systems.

Training programs should highlight the need for a unique approach to children and child-specific protocols to follow. They should also avoid tokenistic practices, such as "adding on" children to a VAW session. Conversely, VAC sessions should highlight VAW's distinct approach which, prioritises the empowerment of the survivor as the decision-maker and call attention to gender-specific child abuse, such as GBV against girls. As noted elsewhere (see Protective: *VAW and VAC Social Work Service Models)*, training should also include a nuanced focus on IPV and its impact on children, as well as the co-occurrence of IPV and child abuse to support coordinated child-sensitive, adolescent-friendly and survivor-centred services.

Efforts to professionalise the social work workforce should ensure **the substantive participation of community-based and women-led providers.** Failure to incorporate them in efforts towards professionalisation risks overlooking their rich experience as a main front-line provider in under-served communities and weakening accountability to survivors, impacting its overall effectiveness of services.[73] Women's rights organisations and representatives from community-based services should be part of this process from the outset, for example through participation in social service professionalisation coordination and planning mechanisms. Staged accreditation processes which include actions to help smaller providers meet accreditation requirements can help avoid displacing them while formalising services.

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73   Stanley, N. and Humphreys, C. (2006). 'Multi-Agency and Multi-Disciplinary Work: Barriers and Opportunities' in eds.: C. Humphries and N. Stanley. Domestic violence and child protection: Directions for good practice.

8. Supporting the social service workforce for VAW and VAC services

Supportive professional supervision:

Structured supervision provided, one to one and in groups, to in-service social workers should support improved VAW and VAC knowledge and practice skills, development of reflective practice and coordination of casework. This requires supervisors themselves to have a strong understanding of VAW, VAC and their intersections including as it relates the delivery of social works services.

Self-Care for workers

Supporting people impacted by VAW/VAC is a rewarding experience for many, however, high levels of stress will accompany the work from time to time. Also issues such as vicarious trauma, stress and burnout are important considerations. It is important that workers have regular supervision and the opportunity to debrief with colleagues within the organisational context and have a self-care plan.

Sustainable human resourcing requires a mental health support system for front-line providers of child protection and VAW services. Given the prevalence of VAW and the high proportion of women in the social work workforce, many social workers will be survivors themselves. For these reasons, it is critical that information and referrals to mental health as well as to multi-sector VAW services be available. Social workers will have professional relationships with other providers. For this reason, referrals should include a range of options to ensure social workers can choose to seek support from a preferred provider and their confidentiality is maintained.

Workplace safety and protection for the social service workforce

Workplace safety is critical to ensuring a sufficient and effective social service workforce and is essential in creating a healing environment for women and child victims and survivors of violence. Most clients and families that social workers serve do not present threats or pose danger. However, in cases where threats are likely to be present, for example in child protection services or domestic violence shelters, employers should have guidelines in place to address these issues appropriately. It is important for organisations that hire social workers to create and sustain a culture that prioritises the safety and security of their employees.

Inter-sectoral collaboration

Inter-sectoral collaboration is also important. It is necessary to study and guide how to coordinate interdisciplinarily in the process of service provision and related activities of health, education, justice, police, courts, procuracies and other social organisations. This will make service provision more inclusive, more efficient, more sustainable, and more friendly.

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Annex 1: Regional and national commitments to human rights, children's rights, gender equality, and the right to social protection

Global	<u>Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW)</u>	1979
	<u>Convention on the Rights of the Child (CRC)</u>	1989
	<u>Convention on the Rights of Persons with Disabilities (CRPD)</u>	2006
	<u>The 2030 Agenda for Sustainable Development – Sustainable Development Goals (SDGs)</u> SDG 1.3: Implement nationally appropriate social protection systems and measures for all, including floors, and by 2030 achieve substantial coverage of the poor and the vulnerable. SDG 5.2: Eliminate all forms of violence against all women and girls in the public and private spheres, including trafficking and sexual and other types of exploitation. SDG 5.3: Eliminate all harmful practices, such as child, early and forced marriage and female genital mutilation. SDG 16.2: End abuse, exploitation, trafficking and all forms of violence against and torture of children.	2015
Regional	ASEAN Declaration on the Protection and Promotion of the Rights of Migrant Workers	2007
	Ha Noi Declaration on the Enhancement of Welfare and Development of ASEAN Women and Children	2010
	Bali Declaration on the Enhancement of the Roles and Participation of the Persons with Disabilities in ASEAN Community and Mobilisation Framework of the ASEAN Decade of Persons with Disabilities	2011
	ASEAN Enabling Master Plan 2025: Mainstreaming the Rights of Persons with Disabilities	2018
	Declaration on the Elimination of Violence Against Women in the ASEAN Region	2012
	ASEAN Regional Plan of Action on the Elimination of Violence against Women (ASEAN RPA on EVAW)	2016
	ASEAN Declaration on Strengthening Social Protection	2013
	Regional Framework and Action Plan to Implement the ASEAN Declaration on Strengthening Social Protection	2018
	ASEAN Community Vision 2025	2015
	Kuala Lumpur Declaration on Ageing: Empowering Older Persons in ASEAN	2015
	ASEAN Regional Plan of Action on the Elimination of Violence Against Children (ASEAN RPA on EVAC) [Includes The Declaration on the Elimination of Violence Against Women and Elimination of Violence Against Children in ASEAN dated 2013]	2016
	ASEAN Socio-Cultural Community Blueprint 2025	2016
	ASEAN Consensus on the Protection of the Rights of Migrant Workers	2017
	ASEAN Declaration on the Rights of Children in the Context of Migration	2019
	Declaration on the Protection of Children from all Forms of Online Exploitation and Abuse in ASEAN	2019
	The Joint Statement of the ASEAN Ministerial Meeting for Social Welfare and Development on Mitigating the Impact of COVID-19 on Vulnerable Groups	2020
	<u>Han Noi Declaration on Strengthening Social Work Towards Cohesive and Responsive ASEAN Community</u>	2020
	<u>ASEAN Road Map for the Implementation of the Hanoi Declaration on Strengthening Social Work for Cohesive and Responsive ASEAN Community</u>	2021
	ASEAN Regional Framework on Protection, Gender, and Inclusion in Disaster Management 2021–2025 (ARF-PGI)	2021

Annex 2: Global frameworks relevant to prevention and response to violence against women and children

International Guidelines on HIV/AIDS and Human Rights	2006
Guidelines for the Alternative Care of Children: resolution / adopted by the General Assembly	2010
Essential Services Package for Women and Girls Subject to Violence	2015
INSPIRE: Seven strategies for Ending Violence Against Children	2016
Guidelines to Strengthen the Social Service Workforce for Child Protection	2019
RESPECT Women: Preventing Violence Against Women	2019

Annex 3: Social Service Workforce definitions

These definitions are in line with Article IV of the ASEAN Road Map for the Implementation of the Hanoi Declaration on Strengthening Social Work for Cohesive and Responsive ASEAN Community and are adapted from the Global Social Service Workforce Alliance (GSSWA) definition of the workforce.

Social service workforce	Includes a wide range of governmental and nongovernmental professionals and para professionals and community level volunteers, who work with children, youth, adult women and men, older persons, families and communities, focusing on those with additional needs who are, in vulnerable situations or at risk, to protect and ensure their healthy development and well-being and the fulfilment of their rights. To do so, the social service workforce provides preventative, responsive and promotive services that are informed by the humanities and social sciences, indigenous knowledge, discipline-specific and interdisciplinary knowledge and skills, and ethical principles.

Social service workers engage people, structures and organisations to facilitate access to needed services, alleviate poverty, challenge and reduce discrimination and social isolation, promote social justice and human rights, and prevent and respond to violence, abuse, exploitation, neglect and family separation. The wider workforce includes practitioners, researchers, managers and educators.

Social service workers include social workers, case workers, community workers, case managers, among others, including those working with specific groups or on specific issues e.g., child protection and youth care workers, those specialised in addressing violence against women and children, and those working with people with disabilities, people with mental health needs, migrants and the elderly. The exact job titles and functions vary from one country to the other, in line with local laws, policies, culture, traditions and the historical development of these roles and professions in each context. |

Social work profession	The leading and core profession in the social service workforce. It is a practice-based profession and an academic discipline that promotes social change and development, social cohesion and participation, and the empowerment and liberation of people. Principles of social justice, human rights, gender responsiveness, cultural sensitivity, collective responsibility and respect for diversities are central to social work. Underpinned by theories of social work, social sciences, humanities and indigenous knowledge, social work engages people and structures to address life challenges and enhance wellbeing.
Social worker	Professionals with an academic degree, promoting social change and development, social cohesion, and the empowerment of people. However, in many countries, the term 'social worker' is used in the generic sense to refer to people who may be providing these services however lack these formal qualifications.[74] As above, social workers' work with specific groups or on specific issues often involves engaging with individuals and populations that have experienced trauma. For this reason, they have specific skills relevant to these needs and are required to ensure a do no harm approach. Social workers also often play key roles in interagency coordination and systems development as well as policy development, implementation, and monitoring.
Para professional or para social workers	People trained through non-degree training to perform certain social work functions, while working next to or supporting the work of a professional in the same field. They seek to meet the needs of individuals in vulnerable situations and groups through outreach and support at community level and are critical to delivering social services particularly in low resource settings. Paraprofessionals serve in various roles as paid staff or as volunteers.
Allied workers	Professionals and paraprofessionals involved in sectors such as education, health or justice, who have critical roles related to care, support, prevention, empowerment, and the protection and promotion of the rights of people. They are not primarily providers of social services, but rather perform specialist roles in their own sectors. The roles and responsibilities that they perform can be key to the effective delivery of social services (examples could include school staff ensuring a school placement and additional support at school for a child who is placed with a foster carer or kinship carer; hospital staff liaising closely with nurses, care workers and social service workers in the community to prepare for the discharge from hospital of a vulnerable older person or person with disabilities; and, for a mother and children who have experienced domestic violence, local authorities arranging suitable and affordable housing and coordinating with police and social services on a safety plan). Equally, in return, the work of the social service workforce can help increase the effectiveness of services provided by the allied sector. For example, health outcomes can be enhanced through addressing the social and environmental factors that are linked to diseases and chronic health conditions, in prevention, treatment, recovery and rehabilitation.[75] Allied workers collaborate closely alongside the social service workforce, but are aligned with other professional groups, such as doctors, nurses, lawyers, judges, teachers, and police.

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74   International Federation of Social Workers. Global Definition of Social Work. (2014).
75   ASEAN Road Map for the Implementation of the Hanoi Declaration on Strengthening Social Work for Cohesive and Responsive ASEAN Community.

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Volunteers	Volunteers contributing to the social service sector do not constitute a homogenous group. They may be professionals, paraprofessionals or non-professionals, receiving or not receiving a stipend. Volunteers play an auxiliary role by filling gaps not covered by professional qualified staff or paid para professionals, most often at community level. Volunteers should be expected to abide by the core ethical principles that guide the social service sector, with the overarching value being 'do no harm'. It must remain the responsibility of organisations, professionals and para professionals who utilise the services of volunteers to regulate their conduct and ensure that volunteers have the requisite levels of competence, skills, training, support and supervision, to engage safely in work in specific settings.

Many professional social workers and other member of the social service workforce start their career having gained experience as volunteers, and the role of voluntary service as a stepping-stone into the workforce should be encouraged. This development should be within a competency-based and regulated career framework, that enables individuals who first serve their local communities on a voluntary basis to step up, having gained competency-based training and supervised practice, to higher levels of the profession. |

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Annex 4: Mapping of integrated responses on VAW-VAC in ASEAN Member States

AMS	Good practices in law and policy relevant to social work and frontline workers (service providers) which address the intersections of VAW and VAC	Service protocols, guidelines or tools which support coordinated and/or integrated case management services for VAW and VAC	Good practices in social work workforce strengthening or any frontline workers (service providers) that address the intersections of VAW-VAC across prevention and response	Capacity building/training tools or materials covering both VAW-VAC (in English or local language(s))
Cambodia	Cambodia has a law on the Prevention of Domestic Violence and the Protection of Victims (DV Law of 2006) that covers both women and children victims of violence. The Government of Cambodia has been working on the child protection law which is currently at the final stages of revisions prior to submission to National Assembly. The child protection law creates links between VAC and VAW when defining the role of the Women and Children's Consultative Committee and Commune Council for Women in providing prevention services to children and families. The domestic violence act is going to be revised. The Ministy of Women's Affairs has initiated some consultations on the revision in mid 2023. As it is currently, the DV to some extent creates a link between VAW and VAC, e.g. article 2 stipulates that: *"Domestic violence is referred to the violence that happens and could happen towards: 1- Husband or wife 2- Dependent children 3- Persons living under the roof of the house and who are dependent of the households".*	With UNICEF's support, the Ministry of Women's Affairs developed a Guiding Paper for integration of GBV into Child Protection SOP and the Primero Case Management. The Ministry of Women Affairs integrated gender responsive Positive Parenting Programme and Strategy into NEARY RATTANAK 5- Five year Strategic Plan for Strengthening Gender Mainstreaming and Women Empowerment 2019-2023. Under Strategy 2-education of Women and girls. Please see the link here: Neary-Rattanak-V-final-Eng.pdf (mowa.gov.kh) The Ministry of Women Affairs also developed a Positive Parenting Strategy and Toolkit for parents and caregivers to prevent and respond to VAC and domestic violence.	With UNFPA's support, initiatives to strengthen social work in response to violence against women and girls are undertaken, including the review and rollout of curricula for in-service and pre-service and capacity development for enhanced quality coordinated services among health, justice, police and social services. Administrative data systems on violence against women and girls are also being strengthened, as a way to provide better coordinated services and develop evidence-based policies.	The Ministry of Social Affairs, Veterans and Youth Rehabilitation developed a Guideline of Basic Competencies for the Social Service Workforce (2019), and training modules on GBV (2022). Link to Strategic Plan for Training SSW http://mosvy.gov.kh/wp-content/uploads/2021/06/TRG_SP_2021_2025_English_Signed-1.pdf

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Indonesia	To implement the laws that are relevant to protection services for women and children from violence the Government of Indonesia has introduced an integrated service model called the Integrated Service Unit for the Protection of Women and Children victims of violence (UPTPPA). Legal umbrellas and technical guidelines, including service standards and case management SOPs for implementation, are issued in the format of Ministerial Decrees and Circulars from the Ministry of Home Affairs and the Ministry of Women's Empowerment and Child Protection so that 37 Provinces and more than 514 Regencies/Cities have references. See for example in the work-related HIV in Central Java there are three Governor Regulations: Article 6 and Article 8 of Central Java Governor Regulation No. 21 of 2021 concerning the Implementation of Integrated Services for Women and Children Victims of Violence, Exploitation, and Discrimination and	The Minister of Women's Empowerment and Child Protection Regulation number 2 of 2022 introduces Service Standards for the Protection of Women and Children victims of violence, which are equipped with service protocols, SOPs and forms for case management. As a service protocol, the annex to this ministerial regulation guides interactions with other service providers that are relevant and needed for the protection of women and children victims of violence. To support the management of information on VAW and VAC services, the Ministry with support from UNICEF and UNFPA is strengthening the information management system. This system is called SIMFONI-PPA. Moreover, with UNFPA's support, the Ministry of Women's Empowerment and Child Protection and the Central Statistics Agency regularly undertake Violence against women and girls prevalence surveys (2016, 2021). The next one is planned for 2024.	The Ministry of Social Affairs developed training modules on prevention and treatment of women and children victims of violence for social assistants. This has been used extensively to train social protection and social rehabilitation program frontline staff. In 2019, the Ministry of Health published the TOT Curriculum for Health Services for Victims of Violence Against Women and Children and the Crime of Trafficking in Persons. Together with the UHAMKA Research and Development Institute, during the pandemic, UNDP Indonesia prioritized strengthening referral pathways for handling victims of gender-based violence in 9 areas of DKI Jakarta, Depok City, Bogor City, Bekasi City, South Tangerang City, Palu City, Jaya Pura City, Jayapura Regency and the Papua Regional Police. and the City of Surabaya. https://www.undp.org/indonesia/news/collaboration-support-survivors-gender-based-violence-scaled-during-covid-19-pandemic A network has been formed between the Integrated Service Unit for the Protection of Women and Children Victims of Violence. With UNFPA's support the Ministry of Women's Empowerment and Child Protection is strengthening the government-led coordinated mechanisms for multisectoral initiatives for violence against women and girls prevention and response, including in humanitarian contexts, to provide comprehensive high-quality services for survivors. As part of UNFPA's supported systems building, pre-service and in-service curricula for social workers on violence against women are being developed, with a module on violence against adolescent girls.	TOT Curriculum for Health Services for Victims of Violence Against Women and Children and the Crime of Trafficking in Persons, Ministry of Health, 2019.

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Philippines	In Philippines there is extensive legislation related to the practice of social work assists in promoting the complementarity between VAW – VAC services: (4) Republic Act No. 9262, Anti-Violence Against Women and Their Children Act providing access to multi-sectoral GBV services and other legal remedies for survivors of VAWC. recognises the impact intimate partner violence has on children (as victim-survivors too, as witnesses, as tools to manipulate/control women/wives/mothers). The law provides protection both for women and their children including provision of services. The law established community Violence Against Women Desks (Barangay VAW desks) which has since expanded to include violence against children, this is in the knowledge of the linkages between VAW and VAC. UNICEF supported this integration especially during the Haiyan/Yolanda Typhoon response in 2014. There is also an existing Federation of Barangay VAWC Desk Officers in Roxas City, Capiz, Western Visayas, and this is being supported by the CLGU (Local Government Unit), these are considered good practices for other LGU's to replicate. However, there are still challenges in the implementation of the Law and for full integration of VAW and VAC. This is reflected in the barangays where there is a VAWC Desk and the Barangay Council for the Protection of Children. Some barangays have separate volunteers and officers that do not work together. Interventions addressing VAW VAC may happen in some barangays where the same officers/volunteers are appointed to both VAWC Desks and BCPCs. Also in practice, in cases of child abuse, the focus of the case manager would include the family and if IPV is present, interventions are planned. However, when the main case handled is VAW, the children do not automatically receive interventions unless the victim/survivor is brought to a shelter. Note also: The Anti-Violence Against Women and their Children Act (Anti VAWC) or RA 9262 is the country's domestic violence law which covers both the woman survivor and her children. It covers	(1) Gender-responsive Case Management (2) Department of Social Welfare and Development Guidelines in Handling VAWC and GBV in Emergencies (3) Guidelines in the Establishment and Management of a Referral System on VAW at the LGU level. There is Administrative Order (AO) 014, s.2012 Guidelines on the Institutionalization of Gender Responsive Case Management as a Practice Model in Handling Violence Against Women (VAW) cases by the Department of Social Welfare and Development which covers women and girl children survivors of VAW and the Guidelines in the Establishment and Management of a Referral System on Violence against Women at the Local Government Unit Level by the Philippine Commission on Women and the Interagency Council on Violence against women and their Children Violence agains women and their children. The Philippines Government is committed to review and implement policies, with UNFPA's support, to integrate essential Sexual and Reproductive Health (SRH) and violence against women interventions, including those responding to adolescents' needs, in the essential health services benefit package of the Department of Health and Philippine Health Insurance Corporation. With UNFPA's support, Local Government Units will be reviewing their national/subnational health human resource and facility development plans to address gaps in providing essential SRH and VAWG services, and in providing survivor-centred, youth-sensitive VAWG case management services through social workers. Moreover, administrative data systems on violence against women and girls are being strengthened to ensure survivor-centred data collection, to enhance evidence-based policy making. https://www.empowerwomen.org/en/resources/documents/2014/9/guidelines-in-the-establishment-and-management-of-a-referral-system-on-vaw-at-the-lgu-level?lang=en	The Interagency Council on Violence against women and their Children is the key interagency body which was originally formed based on RA 9262, and has now expanded as aligned with RA 9710. This is an oversight body which guides and monitors the implementation of VAW laws. It is mainly focused on women and girl children subjected to gender-based violence. There is a need though, for more interface with the children-related agencies such as the Council for the Welfare of Children. In humanitarian response the Philippines activates it's National and Sub-national Child Protection Clusters, locally known as the Child Protection Working Groups. There are also existing Gender-based Violence Clusters and sub-clusters at the regional and local levels. Through practice, there was a realisation that women and children's issues are closely linked together, and that at the local level, government service providers cater to both, this has led to an integration of both clusters in practice in some localities. Both clusters make use of one CP/GBV referral pathway and reporting hotlines. The Philippine National Police's Women and Children's Protection Desks and the Department of Health's Women and Children's Protection Units are examples of how VAW and VAC are treated together. In Southern Leyte, one of the provinces affected by Typhoon Rai/Odette, the establishment of child-friendly and women-friendly spaces are in close proximity with each other to complement the services and schedules of sessions for children and mothers. Both Clusters also promote capacity building of the multi-disciplinary teams who are mandated to provide case management to VAW/C cases. Multi-disciplinary teams are composed of social workers, female police officers, doctors and justice personnel in every municipality and province. https://response.reliefweb.int/philippines/child-protection	The Child Protection Network's (CPN) online training for multi-disciplinary teams and the Online Training on Certificate on Women and Children Protection Specialty includes a lecture in VAW VAC intersection. These are required training courses for staff members of Women and Children Protection Units (hospital-based one-stop intervention centers from women and children who experienced violence). https://www.childprotectionnetwork.org/training-cpd-programs/

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	physical, sexual, psychological and economic abuse. The law stipulates the role of social workers in filing protection orders (Sec 9d). The law applies to violence perpetrated by existing or former intimate partners of the woman. Broader VAW/ GBV scope would be found in the Magna Carta of Women **(RA 9710)** and Safe Spaces Act **(RA 11313)**. RA 9710 covers VAW with broader definition (not only limited to intimate partner perpetrators), whilst also having dedicated provision for the protection of girl-children (Sec 32), including from abuse and exploitation (Sec 32b). Further, the recent Anti-Rape Amendment through RA 11648 or An Act Raising the Age of Sexual Consent where the continuum of and intergenerational VAW is highlighted. (5) Republic Act No. 7610, an act providing for stronger deterrence and special protection against child abuse, exploitation and discrimination. (6) other special laws on women and children. The Local Councils for the Protection of Children (LCPCs) and the Local Committees on Anti-Trafficking and VAWC (LCAT-VAWC) are established as per CP/GBV-related laws. Though they are mandated by different laws, in terms of composition, they are almost the same with the same set of service providers; and in practice, these local inter-agency coordination structures organise their meetings jointly but specific agenda for women and children are tackled.			

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Thailand	There are discrepancies between Thailand's legal framework on GBV and the international standards set forth. These discrepancies can be found in the definition of violence, from which sexual violence in the family is omitted from the specific law on domestic violence in Thailand. The law also takes a gender-neutral stance and does not adequately address gender inequality as a root cause and consequence of VAW and VAC. It also prioritises the settlement of cases through reconciliation over the respect and protection of the rights of survivors and the accountability of perpetrators. In terms of policies, Thailand has separate policies for VAW and VAC. Thailand is currently in the process of developing a National Action Plan for Child Protection 2023-2027 and a National Action Plan for Women Development 2023-2027. Thailand has no national policy which addresses GBV in the broader sense to include violence perpetrated against people of any gender on the grounds of their gender identity and/or sexual orientation. Instead, the principal strategy and action plan to tackle gender-related violence at the national level has been developed under the rubric of "women's development" and narrows its scope to violence against women. Apart from the principal policy framework, other measures to combat gender-related violence can be found in the action plans of individual government agencies. Several agencies' programmes and activities addressing GBV are relegated to a lesser divisional or sub-divisional level. Services that address the intersections of VAW and VAC in Thailand in addition to OSCCs in the hospital, also include Provincial Shelters for children and families; Public prosecutor center for the protection of children, youth and families; and Coordination Center for Children and Women in southern border provinces. Frontline workers can expand their services to cover more than one dimension of the violence.	The Thai Government's VAW and VAC responsive activities span across the three main sectors of health, social services, and police and justice. These different sectors differ in the geopolitical coverage of their services, with the health sector having the most extensive coverage of service-providing units and personnel down to the sub-district level. The Ministry of Social Development and Human Security (MSDHS), which is the principal ministry for the VAW and VAC response system, has coverage of service-providing units down to the provincial level, with an ongoing effort to develop local mechanisms to prevent and provide initial responses to violence cases at the sub-district level. The lack of a clear mandate on VAW and VAC responses for some relevant agencies, with the exception of agencies under MSDHS, means that these agencies may not be able to secure adequate budget and human resources needed to fulfil their duties effectively. Services that address the intersections of VAW and VAC in Thailand are provided through over 7000 on-stop crisis centres (OSCCs) situated at each provincial and district hospital run by the Ministry of Public Health. Further, MSDHS runs 77 Provincial Shelters for children and families; 8 shelters for the victims of trafficking, including survivors of sexual exploitation; and hotline 1300. The Center on the Protection of the Rights of Children, Youth, and Family Institution (CPRCYFI), under the Department of Juvenile and Family Litigation (DJFL), Office of the Attorney General (OAG) along with nine (9) Regional Centers on the Protection of the Rights of Children, Youth, and Family Institutions in all OAG Regions provide justice services on VAW and VAC to cover more than one dimension of the violence. A Coordination Center for Children and Women in southern border provinces has been established by the Southern Border Provinces Administrative Center (SBPAC) in joint collaboration with a NGO network to address concerns about children and women in the areas including violence.	Thailand is yet to see a formal and efficient structure for multisectoral coordination of the VAW and VAC response system. Coordination activities that take place at the local level often rely on personal efforts and connections of individual service providers, making such coordination endeavours sporadic and susceptible to inconsistency. Also, the practice of case management is not adequately prioritised in the VAW and VAC response system. There is no formal position of "case manager" in the system. Case management is often performed on a voluntary and self-appointed basis, with no formal mandate and authority granted for cross-sectoral case management per se. Local MOUs on GBV have been developed in Bangkok, Chiang Mai, and Mae Sot (that respond to EVAW and EVAC including women migrant workers and migrant girls). This initiative was supported by the UN Women Safe and Fair Programme. These Local MOUs on GBV helped form GBV taskforces (composed of social, health, and justice systems) to respond to VAW and VAC, particularly in migrant communities.	A key person in VAC response is the competent officer under Child Protection Act 2003. These officers have to attend two weeks of training and pass the exam to become certified as competent officers. However, since there has been no secured position for "competent officers" the work is considered as an added-on, and also encounter with high turnover rate. For VAC, standard of child protection services for competent officers and social workers were developed. However, the implementation was limited due to the lack of proper supervision structure under MSDHS.

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	Provincial shelters for children and families, under Ministry of Social Development and Human Security, provide temporary shelters for those affected by VAW and VAC in all provinces in Thailand. The Public Prosecutor Center for the Protection of Children, Youth and Families has been established at some of the regional structures of the Public Prosecutor's Office, to provide legal consultation with expertise on violence against children and domestic violence. The Coordination Center for Children and Women in southern border provinces has been established by the Southern Border Provinces Administrative Center (SBPAC) in joint collaboration with the NGO network to address concerns about women and children affected by violence.	A review of existing GBV databases in Thailand conducted by UNICEF in 2021 found that several government agencies and civil society organisations have collected data on violence in a systematic and continuous manner. Most of this data focuses on violence against women and children. However, these different agencies deploy different data structures and use different data collection methods, making it almost impossible to consolidate the existing databases into a coherent national VAW and VAC data system.		

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Viet Nam	The approved national multi-sectoral coordination in addressing domestic violence covering both VAW and VAC (Decision 21/2016/QD-TTg of the Government); Decree 20/2021/ND-CP in supporting social protection beneficiaries by the Government. Law on children, 102/2016/QH13, defines clearly three-tier child protection system with preventive, early responsive and tertiary protective services for all children in Viet Nam. Decree, 56/2017/ND-CP, produces a protocol of case manage to handle a child protection case. Law on Prevention and Control of Domestic violence, 13/2022/QH15, regulates preventive, supportive and protective services to victims of domestic violence, including women and children. Law on Prevention and Control of Human trafficking, 66/2011/QH12, defines preventive and responsive services to human trafficking, including women and children. The law also guides clearly how to discover and handle the behaves of human trafficking; receive and protect the victims of human trafficking; provide supportive and recovery services to the victims.	An inter-agency protocol on preventing and addressing child protection issues signed between Ministry of Labor, Invalid and Social Affairs, Ministry of Security, Ministry of Health, Ministry of Training & Education to promote coordinated and integrated child protection services delivery in Viet Nam. An inter-agency circular signed between Superim People Procurator, Supereme People Court, Ministry of Security, Ministry of Defence and Ministry of Labor, Invalide Affair to define responsibilities of each party and protocols of criminal proceedings for a case of child sexual abuse. With UNFPA's support one-stop service centres are being institutionalised by State agencies in Viet Nam, thus providing, in line with the United Nations Essential Service Package guidelines, integrated services, including health and psychological care, social services, police protection and legal advice to women and girls survivors of violence.	The Ministry of Labor, War Invalid and Social Affair issued circular, 26/2022/TT-BLĐTBXH, to define job code, competency standards and salary scales for social workers in three – levels of i) principal social worker, ii) social workers, iii) assistant social workers. Ministry of Health enacted Circular 03/2023 which defines the staff posts of social workers and the ratio of social workers among other professional staff in health care facilities Other circulars regulating social work services in hospitals by Ministry of Health, 2015: and in schools by Ministry of Education and Training, 2018 National Programme on Renovation and Development of Social Assistance System, 2017-2025, aspiring a ratio of one professional social worker per 5.000 people Ha Noi Declaration on Strengthening Social Work towards Cohesive and Responsive ASEAN community, 2020 and Road Map, 2021.	The Ministry of Labor, War Invalid and Social Affair developed different training manuals of case management for child protection, alternative care for children, institutionalised care for children in social protection centre, people living with disability, and people living with HIV/AIDS. The Ministry also provided training to support welfare and child protection workers to put in practice the trained knowledge and skills. UNICEF supported Ministry of Labor, War Invalid and Social Affairs and Universities to develop 20 modules of in-service training programme on social work for workers and managers working in welfare settings. Among the modules, there includes the Mental Health Care for Women and Children, Social Work with Prevention of Domestic Violence, and Case Management for vulnerable people with a focus on children and women. UNICEF supported University of Ha Noi Education, University of Label Social Affairs, University of Society, Social and Humanity University and others to develop courses of child rights

ASEAN Regional Guidance on "Empowering Women and Children: Delivering Quality Social Work Services for Those at Risk of or Affected by Violence"

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AMS	Good practices in law and policy relevant to social work and frontline workers (service providers) which address the intersections of VAW and VAC	Service protocols, guidelines or tools which support coordinated and/or integrated case management services for VAW and VAC	Good practices in social work workforce strengthening or any frontline workers (service providers) that address the intersections of VAW-VAC across prevention and response	Capacity building/training tools or materials covering both VAW-VAC (in English or local language(s))
	Viet Nam has been working on the law on social work, which is currently at the final stages of revisions prior to submission to National Assembly, to define the role and functions of social workers in welfare, health, education and justice.

Viet Nam enacted national programme on social work development for 2021-2030 with the aims to strengthen legal framework, social work service system and social work force in responding holistically the needs of vulnerable people, including women and children, in social welfare, health, education and justice settings.

National programme on prevention of child and consanguineous relation marriage for 2015-2025 presents objectives to improve knowledge of ethnic minority people, particulary women and teenagers, on reduction of child and consanguineous relation marriage. The national programme also emphasises the implementation of measures to prevent the issue. The

Ministry of Health enacted circular 24/2017/TT-BYT regarding receiving and providing health care for domestic violence victims at medical facilities in Viet Nam. The circular presents a procedure to receiving, assessment and providing medical care as well as social-psychological care for the victims, including women and children. | | Social work was recognised as a discipline at Bachelor and College level in 2004. The number of Social Work Education & Training Institutions increased from 2 (in 2004) to 34 at present (7 offering Master's degree, and 2 offering PhD program). Each year, 2.000 students recruited and 10.000 social service workers received in-service training.

Social work service systems have been established in 425 social protection centres for vulnerable people; in 100% central and provincial hospitals; 90% district hospitals; and in 2/3 secondary and high schools of Viet Nam.

The existing syllabus for social workers in providing support services for social protection beneficiaries covering women and children experiencing violence. | and child protection to be integrated into the Social Work Bachelor Programs. The existing syllabus for social workers in providing support services for social protection beneficiaries covering women and children experiencing violence. |

UN Women has developed a series of online trainings on related topics: https://portal.trainingcentre.unwomen.org

- I Know Gender 6: Violence against Women and Girls.

- Looking Within: Understanding Masculinity and Violence against Women and Girls.

- Understanding violence against women and girls.

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