



Fiji National Service Delivery Protocol for Responding to Cases of Gender Based Violence

Standard Operating Procedures for Interagency Response among Social Services, Police, Health and Legal/Justice providers

FEBRUARY 2018



Acknowledgements

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- Department of Women
- Department of Social Welfare

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Judicial Department

Ministry of iTaukei Affairs

Legal Aid Commission

Fiji Women's Crisis Centre

Medical Services Pacific

Empower Pacific

Homes of Hope

The Salvation Army

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Message from the Minister for Women, Children and Poverty Alleviation.



The Government of Fiji is committed to the freedom, safety and wellbeing of all our citizens. Through pronouncements in our Constitution to our commitments to international conventions we remain as a nation dedicated to addressing and eliminating the scourge of gender-based violence (GBV).

The Ministry of Women, Children and Poverty Alleviation (MWCPA) has been working smartly to deliver on implementing the Fiji National Gender Policy. This policy has more than 100 activities in 19 key areas and shapes the government response to working with our partners, stakeholders and our communities for gender equality, including ending violence against women and children. Section 5.18 of the Fiji National Gender Policy has guided our government to work on this important and historic project. “The establishment and continuation of the Gender-Based Violence Service Protocol to improve the provision and delivery of services” is perfectly timed with a range of important steps we are taking to stop violence against women and their children.

The National Service Delivery Protocol is a response that ensures the provision of appropriate, timely and quality services for survivors of gender-based violence together with accountability and justice for perpetrators. This binding agreement for frontline service providers commits them to a common set of principles and guidelines to ensure survivors of GBV, mostly women and girls, receive the best care and treatment. We know their health, wellbeing and recovery is reliant on a shared and common understanding of GBV underpinned by planning, training, and articulated systems and processes that enable best practice response and support. The Protocol is one that is well coordinated and abides by a standard of care that promotes safety, confidentiality, non-discrimination, respect, strong accountability, and zero tolerance for violence.



The Fiji Police have recommitted to play an important role in the application of the Protocol. In protecting survivors, police provide avenues to courts and hold perpetrators to account by enforcing the strong Fiji anti-domestic violence and criminal laws. The binding of justice outcomes to the health and recovery of survivors is a strong feature of this Protocol.

The Protocol offer protection to those who are subjected to these abhorrent crimes and freedom from continuing harassment. The Protocol will ensure that the Judiciary and the Office of Public Prosecutions play their role in obtaining better justice outcomes and ongoing safety and security for innocent survivors. The health and medical service providers as well as our counseling services and advocacy support to work harmoniously with a survivor-centred approach. It is envisioned that the Protocol will provide all of this and I am confident to say that we now have what is needed for everyone to play their part in responding holistically to survivors of gender-based violence.

This National Service Delivery Protocol for Responding to Cases of Gender-Based Violence has been achieved through extensive consultation across government and working with existing service providers. I acknowledge the work of all Stakeholders and UN Women’s Ending Violence Against Women team, who provided invaluable technical support and coordination during the process.

Our vision for Fiji is to live feeling safe in our homes, on the streets or at work with freedom from violence and oppression. I look forward to seeing this National Service Delivery Protocol help translate this vision into reality, allowing survivors of gender-based violence to have dignity, health, recovery, trust and justice with the highest quality response we can deliver.

A handwritten signature in black ink, appearing to read 'M. Rahute'.

Hon. Mereseini Vuniwaqa

Minister for Women, Children and Poverty Alleviation



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1. INTRODUCTION

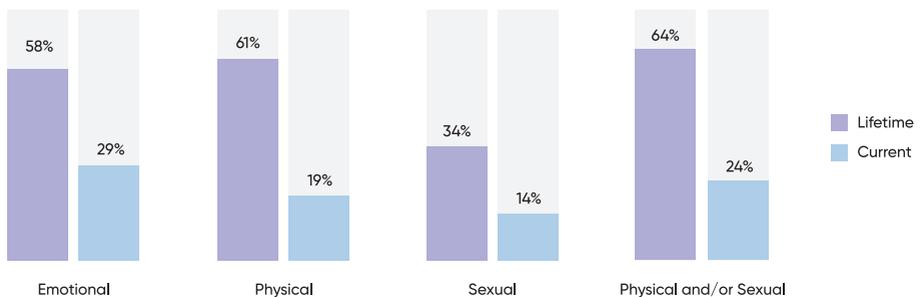
1.1. Overview of the Fiji Context

Violence against Women and Girls: What the data tells us

Violence against women and girls is recognized worldwide as a social, political, and public health problem as well as a fundamental violation of human rights, with 1 out of every 3 women experiencing physical or sexual violence in their lifetime. In Fiji, 64% of Fijian women (almost 2 in 3) aged 18-49 who have ever been in an intimate relationship experienced physical and/or sexual violence or both by a husband or intimate partner in their lifetime – almost double the global average.

This statistic, coming from the national Violence Against Women (VAW) prevalence study conducted by the Fiji Women’s Crisis Centre (FWCC), published in 2013,¹ highlights the serious and pervasive problem of gender-based violence (GBV). The main forms of violence reported by Fijian women over the course of a lifetime are physical, sexual and emotional abuse by an intimate partner; sexual assault; and sexual harassment. Physical violence is the most widespread over a woman’s lifetime in Fiji, with 61% of all ever-partnered women (more than 3 in 5) experiencing it, compared with 58% experiencing emotional violence and 34% (more than 1 in 3) experiencing sexual violence (FWCC 2013). See Figure 4.1 below.

Figure 4.1 Prevalence of physical, sexual and emotional violence by husbands/partners, percentage of ever-partnered women (N=3035)



Source: (FWCC 2013, 37) Tables 4.1 and 4.9 of Annex 1.

¹ Fiji Women’s Crisis Centre. 2013 Somebody’s Life, Everybody’s Business! National Research on Women’s Health and Life Experiences in Fiji (2010-2011). A survey exploring the prevalence, Incidence and Attitudes Towards Intimate partner violence in Fiji.



Women in Fiji have reported that most of this violence takes place in the home. The national prevalence study conducted by FWCC shows that 80% of women have witnessed some form of violence in the home; 66% of women have been physically abused by partners and nearly half repeatedly abused, while 26% of women have been beaten while pregnant (FWCC 2013)².

While women in Fiji are at risk of violence perpetrated by husbands/intimate partners at any age, national prevalence data shows that younger women in Fiji aged 18-29 are at a much higher current risk of experiencing partner violence than older women (physical, sexual violence and abuse). In contrast, women over 50 were significantly less likely to be subjected to physical or sexual abuse.³

Fiji's national prevalence study found that 69% of women from i-Taukei communities experience physical assault from their intimate partners in their lifetime, compared with 47% from Indo-Fijian communities and 61% for the country-as-a-whole. However, although the prevalence for Indo-Fijian women is lower than for other ethnic groups in Fiji, the data also shows that the lifetime prevalence of physical and/or sexual violence for Indo-Fijian women is higher than the global prevalence of 30% (WHO 2013). Taking these prevalence rates and the national population breakdown into account, police data also shows that women from i-Taukei communities are less likely to report physical domestic assault than Indo-Fijian women (FWCC 2013).⁴

According to the study, the survivor knew the perpetrator in 94% of child abuse cases and 70% of reported rape cases. Male family members, excluding fathers and step-fathers, constitute the largest group of perpetrators or rape, attempted rape and child sexual abuse in Fiji at 45 %. For instances of child sexual abuse, the second highest group of perpetrators is strangers with 15%, followed by male friends of the family with 13%, stepfathers with 7%, boyfriends with 5% and finally female family members with 4%.

²ibid

³ibid

⁴ibid



National Frameworks and Current Responses

The Ministry of Women, Children & Poverty Alleviation (MWCPA) is tasked with addressing gender equality, the empowerment of women and the disadvantaged, responsibility for the care and protection of children, and addressing the needs of women and children within all spheres of Fijian society. With its Women's Action Plan (2010-2019), the Ministry has committed to align its work and focus areas the sustainable development goals (SDGs), Beijing Platform for action in 1995 and several other regional and international action plans. The MWCPA is responsible for monitoring of government initiatives and drafting of new policy that will benefit survivors of gender-based violence.

In 1995, Fiji ratified the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW). Fiji is also a signatory to other significant international and regional Treaties and Declarations safeguarding women and children's human rights:

- » The Convention on the Rights of the Child;
- » The Jakarta Declaration for the Advancement of Women in Asia and the Pacific;
- » The Commonwealth Plan of Action for Gender Equality 2005-2015 arising from the 7th meeting of Commonwealth Ministers responsible for Women's Affairs;
- » The Revised Pacific Platform for Action on gender equality and the advancement of women arising from the 2nd conference of Pacific Ministers responsible for women, and the 9th Triennial Conference on Pacific Women (SPC 2005);
- » Pacific Leaders Gender Equality Declaration (2012, and reaffirmed in 2015).

In 2013, the MWCPA re-established the Elimination of Violence Against Women (EVAW) Taskforce which is comprised of key government stakeholder, NGO partners and development agencies. The EVAW



Taskforce's main responsibility is to advance policies and programming to improve services for survivors of violence against women. In support of the implementation of the Fiji National Gender Policy and through the collaboration of its members, the EAW taskforce has developed this standard Interagency Service Delivery Protocol for responding to cases of gender-based violence across the primary sectors responsible: health, social services, police and justice.

Additionally in 2013, Fiji made national commitments to addressing the issues of VAWG before the Commission on the Status of Women. Fiji made commitments to address gender based violence through the implementation of the National Women's Plan of Action 2010 - 2019, which has the 'Elimination of Violence against Women' as one of its five thematic areas of concern. One of those commitments was to develop a National Service Delivery Protocol. In terms of specific commitments across key sectors following commitments were made:

- » The Fiji Police Force commits to: a) providing a 24-hour turn-around time on serious cases of violence against women and children; b) Improving response time by increasing the percentage of female police officers in frontline service positions; c) to monitor crimes against women and children and share this information on a quarterly basis with the Ministry; and d) to mainstream gender into all areas of the police force, including recruitment, training, promotion and decision making processes.
- » Fiji will prioritize building capacity for front line health care workers to respond to violence against women and children holistically with medical management, referrals, counseling and appropriate treatment. Medical Officers will be on call so that services are provided 24/7.
- » Under the Child Welfare Decree 2010, Fiji committed to ensuring that that all health personnel and teachers are mandated to report any case of suspected violence against children presented to them in health clinics or detected in schools.



The existing national protocols, policies and laws that are in line with the steps and procedures outlined in this Protocol include:

- » The Fiji National Gender Policy. Paragraph 5.18 of Gender Policy specifies the activity “*Ensure the establishment and continuation of the Gender Based Violence Service Protocol to improve the provision and delivery of services to victims of gender based violence and individuals who are either vulnerable to domestic abuse or are likely to suffer harm due to physical, sexual, emotional or psychological abuse and /or neglect.*”
- » The Fiji Ministry of Health and Medical Services clinical guidelines to ensure GBV cases are approached by health workers in a uniform manner, Responding to Intimate Partner Violence and Sexual Violence against Women and Girls, (2015).
- » Fiji Interagency Guidelines (IAG) on Child Abuse and Neglect.
- » The Fiji Ministry of Education has a Child Protection Policy with zero tolerance for child abuse, and includes mandatory reporting obligations (Fiji Ministry of Education 2012).
- » Fiji’s legal framework to address gender-based violence and reinforce women and children’s human rights is comprised of the Family Law Act (2003), the Domestic Violence Act (2009), the Crimes Act (2009), the Juvenile Act (1974) and the Child Welfare Act (2010).
 - » The *Family Law Act* (2003) established a Family Court and covers marriage, divorce, maintenance, and custody.
 - » The *Domestic Violence Act* (2009) is meant to provide greater protection from domestic violence and clarify the roles and duties of the police in that regard.
 - » The *Crimes Act* (2009) was formally known as the Penal Code of Fiji.
 - » The *Child Welfare Act* (2010) is meant to ensure the mandatory reporting of possible, likely or actual harm of child abuse as well as emphasize the duty of care of professionals in handling cases of child abuse.



- » The Fiji Police Force has had a 'No Drop Policy' for domestic violence offences since 1995 and more recently reaffirmed in 2013. This means that the victim/survivor cannot withdraw or drop a complaint after it has been made to the police. The genesis of this policy was to address the risk of undue pressure being placed on victim/survivors by perpetrators, the perpetrator's family or others acting on the perpetrators behalf to withdraw their statement or complaint. The effect of police continuing with their prosecution relieves victim/survivors of this burden. The Fiji Police Force is required by law to fully investigate all cases of domestic violence and bring the offenders to court. This policy applies to police officers too who are under no circumstance permitted to reconcile perpetrators with victims.

1.2. Purpose Of The Interagency Service Delivery Protocol

The primary purpose of the Interagency Service Delivery Protocol (hereafter referred to as the 'Protocol') is to outline overall guidelines for standard operating procedures for interagency response to gender-based violence.

The evidence shows that gender-based violence is a serious issue in Fiji and standard operating procedures for responding to cases across agencies and sectors is critical to a successful response. Currently, reports to police, health and social services remains low due to stigma, fear, shame, high levels of community tolerance of violence, inadequate response from police and legal services, and lack of access to services in some rural areas and smaller communities, with limited options or support to escape the violence. A well-coordinated response across agencies responding to individual cases will improve practice and encourage more women and girls to come forward.

This Protocol provides guidance on key aspects of response and service delivery, including:



- » Outlining best practice and minimum standards for a survivor centred approach to service delivery.
- » Guiding principles and minimum standards for ethically and safely responding to cases of GBV for organisations that work specifically on GBV, to prevent further victimization of the survivor by service providers.
- » Agreed referral pathways which adhere to minimum standards for responding to GBV survivors.
- » Outlining of the key roles and responsibilities of multi-sectoral service providers, including health, social services, police and legal aid. This includes the responsibility for service delivery coordination and governance.
- » How to follow best practice in terms of confidentiality protocols, informed consent and mandatory reporting guidelines and procedures.
- » Specific approaches required to adequately support child survivors, in line with the Fiji Interagency Guidelines on Child Abuse and Neglect.
- » Ensuring an inclusive response for diverse populations, including women and girls with disabilities, as well as lesbian, bi-sexual, and trans women.



2. DEFINITIONS, GUIDING PRINCIPLES, MINIMUM STANDARDS

Note About Language:

- » Certain terms will be used interchangeably throughout this text. For example, the terms victim and survivor are both used, though where possible the word survivor is used. Both terms refer to a person who has experienced gender-based violence.
- » The terms patient or client will also be used interchangeably. Different people use these words to describe the same thing: a person in their care who is receiving services to help them after they have suffered violence. 'Patient' is the word often used in the health sector while 'client' is used in counselling and social service sectors.
- » Because women and girls experience the highest rates of gender-based violence, the Protocol uses female pronouns 'her' or 'she' throughout this document. However, it is recognised that men and boys can also experience gender-based violence and the guidance given in this Protocol can be used for male survivors.

2.1. Definitions of Gender-Based Violence

Gender-based violence (GBV) is an umbrella term for any harmful act that is perpetrated against a person's will and is based on usually accepted differences between males and females that are socially ascribed (i.e. gender). GBV is most commonly used to underscore how the inequality accepted between males and females in our society acts as a unifying characteristic of most forms of violence against women and girls. The United Nations Declaration on the Elimination of Violence against Women (DEVAW 1993) defines violence against women as "any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women."



Gender discrimination is not only a cause of many forms of violence against women and girls but also contributes to the widespread acceptance and invisibility of such violence—so that perpetrators are not held accountable and survivors are discouraged from speaking out and accessing support.

In all types of GBV, violence is used mostly by males against females to subordinate, disempower, punish or control. Whereas violence against men is more likely to be committed by an acquaintance or stranger, women more often experience violence at the hands of those who are well known to them: intimate partners, family members.³

When violence occurs, it is because a person (the perpetrator) is exerting power over another (the victim) to obtain control over that person. While this control can take on many different forms, the common thread to all types of violence is that it is founded on the dynamic of exerting power to gain control.

Similarly, in the case of violence perpetrated against a woman or girl, the perpetrator’s power is specifically aimed to control her because of her gender, *because* she is a woman or girl, and for this reason is considered to belong to the “less powerful and less valuable” gender.

Acts of gender-based violence addressed in this Protocol shall be understood to encompass, but not be limited to the following:

- A. Physical, sexual and psychological violence occurring in the family, including battering, sexual exploitation, sexual abuse of children in the household, marital rape
- B. Physical, sexual and psychological violence occurring within the general community, including rape, sexual abuse, sexual harassment and intimidation at work, in education institutions and elsewhere, trafficking in women and forced prostitution.

³ Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Settings. Reducing risk, promoting resilience and aiding recovery. IASC, 2015



Under Fijian law, namely the Domestic Violence Act (2009), the Crimes Act (2009) and the Child Welfare Act (2010), most of these acts of gender-based violence are defined as follows:

Domestic Violence (DV):

Violence against a person (“the victim”) committed, directed or undertaken by a person (“the perpetrator”) with whom the victim is with, or has been with, in a family or domestic relationship.

Violence can include threatened or actual physical injury, sexual abuse, damaging or threatening to damage property, other threatening, intimidating or harassing behaviour, and causing or allowing a child to see or hear violence.

A family or domestic relationship means the relationship of spouse, other family member, person who normally or regularly lives in the household or residential facility, boyfriend or girlfriend, person who is wholly or partly dependent on ongoing paid or unpaid care or a person who provides such care.

Both domestic and intimate partner violence involves close familiarity. In fact, while exerting power over his victim, the abuser uses the bonds of closeness and intimacy that have been built over time in the relationship to gain control over the victim. Bonds of intimacy are defined as bonds of love, friendship, confidence and attachment between two people.

Intimate Partner Violence (IPV):

The Fijian Legal Framework does not provide a specific definition for IPV, however it is important for all GBV service providers to know and understand IPV.

Intimate “partner violence” is behaviour by an intimate partner that causes physical, sexual or psychological harm, including acts of physical aggression, sexual coercion, psychological abuse and controlling behaviours. IPV includes violence by both current and former spouses and other intimate partnerships, such as dating. Dating violence is included in



IPV as it refers to an intimate relationship between two people of varying duration and intensity and which does not necessarily involve cohabitation. IPV is oftentimes referred to as 'domestic violence'.

A particularity common to both Domestic and Intimate Partner Violence is close *familiarity*. In fact, while exerting power over his victim, the abuser uses the *bonds of closeness* and *intimacy* that have been built over time in the relationship to gain control over the victim. *Bonds of intimacy* are defined as bonds of love, friendship, confidence and attachment between two people.

Sexual Violence:

Any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances, or acts to traffic a person by taking and making them have sex with others, or actions otherwise directed against a person's sexuality, using coercion or persuasion by a person, regardless of their relationship to the victim, in any setting, including, but not limited to home and work. Like other types of gender-based violence, sexual violence results in or is likely to result in physical, psychological and emotional harm.

Acts of sexual violence include:

- » rape, other forms of sexual assault;
- » unwanted sexual advances or sexual harassment (including demands for sex in exchange for job promotion or advancement or higher school marks or grades);
- » trafficking for the purpose of sexual exploitation;
- » forced exposure to pornography;
- » forced pregnancy, forced sterilization, forced abortion;
- » forced marriage, early/child marriage;
- » female genital mutilation;
- » virginity testing; and
- » incest.



The Crimes Act (2009) recognizes the severity of sexual violence and has defined it as a Crime against humanity (93):

- (1) A person (the perpetrator) commits an indictable offence if
 - (a) the perpetrator does either of the following:
 - i. commits an act or acts of a sexual nature against one or more persons;
 - ii. causes one or more persons to engage in an act or acts of a sexual nature; without the consent of the person or persons, including by being reckless as to whether there is consent; and
 - (b) the perpetrator's conduct is of a gravity comparable to the offences referred to in sections 88 to 92; and
 - (c) the perpetrator's conduct is committed intentionally or knowingly as part of a widespread or systematic attack directed against a civilian population.

Rape: The Crimes Decree in Fiji (2009) defines rape as follows—207:

- (2) A person rapes another person if:
 - (a) the person has carnal knowledge with or of the other person without the other person's consent; or
 - (b) the person penetrates the vulva, vagina or anus of the other person to any extent with a thing or a part of the person's body that is not a penis without the other person's consent; or
 - (c) the person penetrates the mouth of the other person to any extent with the person's penis without the other person's consent.
- (3) For this section, a child under the age of 13 years is incapable of giving consent.

As per this legal definition, rape is the physical invasion, forced or coerced penetration of a person's vulva, vagina, anus, mouth or any other part of the body by a penis, object or any other part of the perpetrator's body that is not a penis. As such, rape involves the absence of "consent" defined as



“free and voluntary agreement”; because the victim is incapable of giving genuine consent due to age or due to a coercive environment.

Sexual Assault: A subcategory of sexual violence, sexual assault is any form of sexual contact without consent. Sexual assault includes rape as defined above.⁴

Physical Violence: Physical force that results in bodily injury, pain, or impairment. The severity of injury ranges from minimal tissue damage, broken bones to permanent injury and death. Acts of physical violence include:⁴

- » slapping, shoving, pushing, punching, beating, scratching
- » choking, biting, grabbing, shaking, spitting, burning, maiming
- » twisting of a body part, forcing the ingestion of an unwanted substance; restraining a woman to prevent her from seeking medical treatment or other help; and using household objects to hit or stab a woman, and using weapons (knives, guns).

Emotional/Psychological/Verbal Violence: Emotional abuse includes non-physical, non-sexual behaviours such as threats, insults, constant monitoring or “checking in”, stalking, excessive texting, humiliation, intimidation, or confinement as in isolation from friends/family, obstruction/restriction of the right to free movement or deprivation of liberty.⁴

Economic/Financial Abuse: Economic abuse is behaviour that is coercive, deceptive or unreasonably controls another without their consent and in a way which denies them economic or financial autonomy. It also includes situations where one person withholds or threatens to withhold financial support necessary to meet reasonable living expenses like food, water and medical treatment. Acts of financial abuse include:

- » preventing a woman from finding or keeping employment
- » forcing a woman to quit her job
- » controlling a woman’s finances
- » forcing a woman to work to pay back ‘debt’.

⁴ Responding to Intimate Partner Violence and Sexual Violence Against Women and Girls (MOH 2014)



Child Abuse: In Fijian law, a “child” is a person below the age of 18 years. Child abuse is all forms of physical and/ or emotional ill-treatment, sexual abuse, neglect or negligent treatment or commercial or other exploitation resulting in actual or potential harm to the child’s health, survival, development or dignity in the context of a relationship of responsibility, trust or power. Allowing or causing a child to see or hear domestic violence (DV) is also child abuse. Within this broad definition, there are six categories – child physical abuse; child sexual abuse; child neglect and negligent treatment; child emotional abuse; child exploitation and exposure to DV. Child maltreatment is an alternative term to child abuse.

Child Sexual Abuse: Any act during which a child is used for sexual gratification by someone the child trusts and/or who is in a position of power, authority and control over that child. Child sexual abuse can be committed by a parent, sibling, extended family member, teacher, leader, friend, stranger or any other caregiver.

Incest: In many cases, incest is included as an act of child sexual abuse as it is committed by someone the child trusts or who is in a position of power, authority and control over that child. The Fiji Crimes Act (2009) states that - 223:

- (1) Any person who has carnal knowledge of another person, who is to his or her knowledge in a relationship to him or her of parent, grandparent, child, sister or brother, is guilty of an indictable offence.
- (2) It is immaterial that the carnal knowledge was had with the consent of the other person.
- (5) for the purposes of this section, “brother” and “sister” respectively include half-brother and half-sister.

Early/Forced Marriage: In Fiji, arranged marriage or any marriage under the age of legal consent (18 years old) is illegal. In the past, under section 12 of the Marriage Act Cap 50 the marriageable age for males was 18 years old but for females it was 16 years old with the consent of the parents. Young girls would find themselves in forced marriages because all that was required was for her to be 16 years or older and to have consent from her parents. The young girl’s consent was not a requirement. The Marriage



(Amendment) Act 2009 has now levelled the playing field by stating that the marriageable age is 18 years old regardless of gender and the young woman's consent is absolutely necessary to having a valid marriage under the law.

Sexual Exploitation: Committed by a person in a position of power, influence or control over another more vulnerable person, sexual exploitation is the abuse of that power and the vulnerable person's trust for sexual purposes; this includes profiting monetarily, socially or politically from the sexual exploitation of another. Acts of sexual exploitation include: trafficking, forced prostitution, forced pregnancy or sexual slavery/servitude.

Trafficking: Trafficking in person refers to the organisation or facilitation of the entry, exit, proposed entry or exit, or receipt of another person with the intent of sexual exploitation. Trafficking involves the use of force, threats, deception, debt bondage, confiscation of travel or identity documents to obtain the victim's compliance in respect to that actual or proposed exit or entry.

Sexual Harassment: Under Section 213 of Crimes Act (2009) and under Section 4 of Employment Relations Promulgation (EPR) (2007) criminalises sexual harassment.

Sexual harassment is any unwelcome, unreciprocated sexual advance, unsolicited sexual attention, demand for sexual access or favours, sexual innuendo or other verbal or physical conduct of a sexual nature, or display of pornographic material. Sexual harassment can take place anywhere, in the streets, at work, school, etc.

Note:

It is important to note that although this document refers to GBV as disproportionately perpetrated against women and girls, it does not exclude the very real fact that young boys and men also experience gender based violence. For example, young boys may become subjected to violence, abuse and neglect at the hands of family members or be subjected to sexual abuse, trafficking and sexual exploitation. The contents of this documents should also be applied to such cases.



2.2. Survivor-Centred Approach for Working with Individual Survivors

Agencies providing direct services to survivors of violence must make sure that frontline staff responding to individual cases use a survivor-centred approach. This is an approach that recognises and prioritises a survivor's needs, wishes, rights, equality and diversity. Keeping the survivor as the focus and centre of your support allows her to be empowered, feel cared for and feel of value. Putting the survivor's needs and wishes first will allow the survivor to make her very first step to healing and recovery. A survivor-centred approach aids survivors in rebuilding a sense of self, confidence and personal integrity more quickly.

A survivor-centred approach requires professionals to keep to the following principles while working with individual survivors:

- » **Safety:** Safeguarding the physical and emotional safety of the survivor is critically important during all parts of service delivery. All actions taken on behalf of the survivor must safeguard the survivor's physical and emotional well-being in the short and long term, both during the process where support and help is being offered and when she is at home or in the community. The following actions can help increase safety for a survivor:
 - » using a same-sex service provider except for small children for whom a female service provider is most often the best choice
 - » using a same-sex interpreter
 - » allowing ample space between service provider and survivor, not sitting or standing too close together
 - » do not have any unnecessary physical contact with survivor
 - » speak with your inside-voice and hold interviews in a private place
 - » contact police or emergency services when a survivor is in very serious and immediate or imminent danger of injury during the intervention (see Section 3.1)
 - » ensure certain emotional safety, which includes ensuring that the survivor is safe from suicide, self-harm, depression and other mental health concerns.



- » **Empowerment:** Given that one of the core experiences of GBV is disempowerment, at the centre of the survivor's recovery is empowerment. The relationship between the service provider and the survivor must be about restoring power and control back to the survivor. Specifically, we seek to introduce or reconnect the survivor to her 'power within' – the strength that arises from within herself when she recognises abuses of power and her own power to start a positive process of change for herself. Service providers must emphasise choice rather than compliance, and strengths instead of deficits. For example, service providers (other than the police) should not start reporting to the police or any other service provider against the wishes of a survivor who is 18 years or older. Exceptions are made in cases where there is potential danger to that person or another person. These exceptions to confidentiality are outlined in Section 3.3. of the document.
- » **Respect** the wishes, rights, and dignity of the survivor in all actions taken. Respect involves understanding that the survivor is the main person and expert in the relationship of care. This means asking about and following what the survivor sets for her boundaries, how far she wants take matters, the rhythm of how she wants to do things, and not putting pressure on her or not forcing to say or do something she is not comfortable doing (i.e. giving her consent for something). Respect also involves believing the survivor when she speaks about abuse, actively listening to what she says, being patient, not interrupting or abruptly changing the topic of conversation, not causing her to repeat her stories many times and, most importantly, not making personal judgments about the survivor's decisions.
- » **Maintain Appropriate Confidentiality:** This ethical principle requires that service providers involved in the care and treatment of a survivor protect information gathered about clients and agree to only share information about a client's case with the clients clearly understood permission. This means guaranteeing 1) the confidential collection of information during interviews; 2) that sharing information happens on a 'need to know' basis or in line with laws and policies, and that permission is obtained from the survivor before information is shared;



3) only the details relevant to the referral are shared with another helper, in-line with the survivors consent; 4) case information is stored securely. Maintaining confidentiality also means that service providers never discuss case details with family and friends, or with colleagues and workmates who do not need to know about it.

- » **Non-Discrimination:** Every adult and child, regardless of his/her sex, should be accorded equal care and support. Survivors of violence should receive equal and fair treatment regardless of their sex, race, ethnicity, religion, age, disability, nationality, sexual orientation or gender identity or any other differentiating feature. For this, service providers must make sure that their personal beliefs, assumptions and attitudes do not interfere during interventions with survivors. This also means that service providers who are known to the survivor must treat them fairly and equally and, if it is in the best interest of the survivor, refer them to a different person within your organisation to assist. Service providers must ensure that case workers regularly do self-reflection while keeping the focus on the survivor's human rights, specifically their right to the best possible service and assistance.
- » **Empathy:** Empathy is the ability to understand and share the feelings of another. When responding to GBV cases, service providers must show their ability to have and feel empathy for the survivor. Empathy for a survivor is not the same as sympathy or pity which can prevent the survivor from utilising their own power to be able to heal. Empathy needs the provision of comfort, validation and encouragement to adult and child survivors of violence and abuse.
- » **Best Interest of the Child:** Children have the right to be involved in decisions that affect them and service providers must share information with children in a way they understand, depending on the age and developmental stage of the individual child. The best interest of the child is the action that best ensures the child's safety and wellbeing, and is the primary consideration in all actions affecting children. Making decisions relating to children can be complex and difficult. Service providers must follow their child protection policies and seek guidance from their immediate supervisor.



Agency Policies to be consistent with this protocol: All Agencies should develop policies and procedures that reflect an adherence to these standards while working in the GBV service delivery environment.

2.3. Minimum Standards for Service Providers Bound to this Protocol

The Protocol maps out in detail how to respond and refer cases of gender-based violence as well as outlining a clear pathway for helping a survivor seek the help she needs across multiple agencies. At the very least, agencies included in the Protocol agree to the following minimum standards, building on the guiding principles listed above and a survivor-centred response:

1. Minimum Standard 1: Zero Tolerance and Accountability for Violence

There is ZERO tolerance for gender-based violence and such violence will be publicly condemned as a violation of a woman, girl or child's basic human rights. This includes challenging, with sensitivity and respect, cultural and religious practices that are harmful to women and girls and that take away the focus from making the perpetrator accountable for the violence. Zero tolerance for violence also means making sure that perpetrators are held accountable for their violence through swift action by police and those in the justice system.

2. Minimum Standard 2: Survivor-Centred Approach

As described above, service providers will adhere to a survivor-centred approach, which requires a safety-first approach, making sure that no response action puts survivors, their families and/or service providers into further harm. Other key elements of a survivor-centred approach include confidentiality, respect and empowerment. Keeping strictly to confidentiality guidelines is directly linked to the protection and safety of survivors. As such, service providers should be absolutely sure that



client information only be shared on a 'need to know' basis and with the informed consent and agreement of the survivor. Service providers should regard and interact with **all survivors** with the utmost respect for the survivor's situation, context, identity, individual agency and ability to make the best decisions for themselves (for adults). To successfully regard survivors with respect and empower them with much-needed support, care and critical GBV related information, service providers will need to demonstrate genuine empathy and concentrate on the survivor's needs rather than their own.

3. Minimum Standard 3: Best Interest of the Survivor (over Community or Agency Interest)

It is crucially important to make sure that the best interests of the survivor take first place over the interests of the organisation or community. The survivor's best interest, as identified by herself, must remain the main focus and preoccupation of each and every service provider and agency who comes in contact with her. The need to promote and secure the interests, image and reputation of the organisation and its staff should never be above that of securing the best interest, safety, confidentiality and empowerment of the survivor. This means that cultural practices that are harmful to women and girls should always be approached and challenged with respect, sensitivity and care. Furthermore, in cases of conflict of interest and /or dual loyalty, priority shall be given to the protection and wellbeing of the survivor.

4. Minimum Standard 4: Inclusive Services

Service providers should not discriminate based on sex, sexual orientation, gender identity, race, religion, age, disability, ethnicity, or any other differentiating feature. Services should be offered equally, without judgement or bias to **all survivors**, including lesbian, gay, bisexual, transgender, queer and intersex (LGBTQI) identified persons and people with disabilities. Service providers should be trained and knowledgeable on how to best support diverse women and girls and the many complex ways in which they can and do experience violence.



This will enable service providers to be competent, ready and able to provide rights-based services and support to diverse people who experience violence.

5. Minimum Standard 5: Coordination and Referral

In recognition of the multiple needs of survivors, service providers in this Protocol will provide five key support services across multiple sectors, including: counselling, survivor advocacy and case management; medical care; shelter services; safety and security; and child protection. This Service Delivery Protocol facilitates a coordinated, formal referral system that uses simple processes and procedures to support survivors' healing and recovery. A central aim of a well-coordinated and integrated service delivery system is to avoid re-victimising the survivor through duplication and repetition (i.e. asking questions more than once).

6. Minimum Standard 6: Timely Response

Service providers will offer timely support to survivors and will do their best to respond to a case of gender-based violence as quickly as possible. For example, if a survivor reports to the hospital or police station, she should be seen immediately with little delay.

7. Minimum Standard 7: Advocacy and Prevention

Service providers, as much as possible, will be involved in prevention and advocacy activities that challenge harmful gender norms and help people to better understand gender equality and power relations that respect the rights of women and girls and promote zero tolerance of violence.



3. REPORTING AND REFERRAL PATHWAY

3.1. Reporting

A survivor of gender-based violence has the right to report the violence to anyone she chooses, and anyone who is approached by a survivor of GBV for assistance should provide objective and comprehensive information to the survivor on services available in the community. In Fiji, the most common first point of referral for cases of gender-based violence is the police. However, a survivor may report to anyone who she feels will be the most helpful including: religious and community leaders, school teachers, parents, peers, friends, health care providers and NGO service providers. Community and religious leaders, teachers or other key community members may receive direct reports of GBV and if so, have a duty to provide objective and comprehensive information to the survivor on the services available as outlined in this Protocol.

Community leaders who receive a report of GBV should refer a survivor, with her permission, to health, police, counselling/advocacy, legal aid/court services that are available in the area.

The person the survivor reported to should escort the survivor to a service provider if she wishes.

Anyone who receives reports is obligated to keep information related to the survivor and the incident confidential, unless the survivor consents to release such information to receive ethical and appropriate services.

An adult survivor has the right to choose to not formally report an incident (i.e. report to the police), but should still be supported in any way possible, as she chooses.



3.2. Confidentiality and Information Sharing Procedures

Confidentiality promotes safety, trust and empowerment. It means that information about the survivor's case will only be shared with individuals and/or organisations helping and as requested and agreed by the survivor.

Why is There a Need for Confidentiality?

Breaching confidentiality can put the survivor and others at risk of further harm. Confidentiality helps to avoid a survivor being ridiculed, any misinterpretation of facts, and/or distortion or malicious use of the information. People do not hear things in the same way and interpret things differently. If service providers do not respect confidentiality, others will be discouraged from coming forward for help. Non-confidentiality can put people's lives at risk and puts at extreme risk the ability of the service provider to support a survivor's healing and recovery.

Confidentiality and Information Sharing Protocols

The confidentiality of survivor(s), their families and affected persons must be respected at all times. In practice this means:

- » interviews will be conducted in a private setting
- » information will only be shared internally and externally on a 'need to know' basis and only with individuals and/or organisations providing assistance and as requested and agreed by the survivor
- » people assisting with GBV cases cannot discuss any case information with family, friends or co-workers who are not involved with the case
- » Only non-identifying data will be shared in public documents and reports. The exceptions are case management meetings when identifying information may be used, but only with the consent of the survivor and to support case actions
- » Survivor consent is needed to share case information and must be indicated on the agency specific consent forms. Staff must:



- » explain to survivors how information will be shared and stored in your agency and in each of the agencies being referred to
- » Seek the survivors' consent to collect and store information.
- » Survivors can decide what information they want to keep confidential.
- » All written information with identifying details must be kept in locked/secure space such as filing cabinets.

Confidentiality procedures for collecting, storing and using personally identifiable information:

- » records of the survivor should only be accessed by pre-approved professionals within the organisation. Access can be granted after discussion with the relevant persons authorised/ relevant people outside the organisation (with the informed consent of the survivor) or at the direction of the courts. The survivor has the right to deny access to certain groups if she wishes (this should be noted on the consent form)
- » photographic records should be avoided. In cases where this done, it should only be undertaken by the police or a registered medical officer and with the informed consent of the survivor, and access to this information must be strictly monitored as indiscriminate use of this record may violate the survivor's right to dignity and privacy. It is proposed that this record is kept in a secure file and should be destroyed when the case is closed
- » in cases where case studies are used by an organisation for awareness raising or advocacy it is compulsory to first remove all information that identifies the survivors
- » personal details of cases may not be used for marketing purposes by the agencies concerned
- » client data that is collected for monitoring case data should be non-identifiable.



3.3. Mandatory Reporting and Exceptions to Confidentiality

There are some instances where there is a legal and ethical obligation to report cases of gender-based violence to service providers, even if the individual does not give their consent to do so. These exceptions to confidentiality are outlined below.

In Fiji, the specific situations where mandatory reporting of gender-based violence is indicated include:

- » when the survivor is a child and/or in cases where there is likely to be harm affecting the health and welfare of children
- » if the survivor is at risk of harming herself (possibly suicidal) or if the survivor is at risk of harming another person (possibly homicidal)
- » if the survivor is in very serious and immediate danger
- » when the woman requires urgent medical attention. For example, if a person is unconscious or so injured, or is so infirm, they cannot provide consent for care and treatment
- » when a service provider is called to testify before the court, as mandated by law

It should be noted that mandatory reporting to the police is not required by health professionals for adult women who report to the hospital for clinical care of physical or sexual assault/rape when non of the circumstances above apply.

Procedures for children:

In regard to children, the Child Welfare Act clearly spells out that mandated public professionals are: Health Officials, Welfare Officers, Police Officers, Legal Practitioners and as of late, teachers as per the 2013 amendment. As the Inter-Agency Group (IAG) on Child Protection says, NGOs make referrals to social welfare and police if there is a case of actual or suspected child abuse, including gender-based violence.



In situations of mandatory reporting related to cases involving children, service providers should follow the specific instructions included in the Child Welfare Act 2010 and the IAG on Child Abuse and Neglect concerning mandatory reporting procedures to ensure that appropriate action can be taken to monitor that any decision to separate/remove children from their parents is made according to the possible available safeguards. With the dynamics of family violence, a perpetrator may coerce or threaten a partner to neglect a child. Every care and precaution should be taken to make sure a child is not removed from a protective mother. The decision to separate/remove a child from her or his parents falls within the mandate of the Juvenile Act Cap 56, Section 37, Duties of Director and Welfare Officers. These officers need to be skilled in assessing the risk of a perpetrator using child custody to further harm survivors.

Procedures for Adults:

In situations when mandatory reporting is required for an adult survivor, the survivor should be informed about the need to make a report, what the procedures are, what the next steps will be and the rights of the survivor in the process.

3.4 Informed Consent

What is informed consent: Informed consent is the voluntary agreement of an individual who has the legal capacity to give consent. To provide informed consent to services and/or referrals, the individual must have the capacity and maturity to know about and understand the services being offered and be legally able to give their consent. To ensure consent is “informed”, service providers must:

When is informed consent needed:

- » at the start of counselling/case management services
- » to provide health services for every aspect/part of the treatment
- » to refer/share information with other service providers or anyone else
- » to take photographs



To ensure consent is 'informed', service providers must:

- » provide the survivor with honest and accurate information about the services at point of entry when the services start and the options available through referral so that she can make choices
- » clearly explain what can and cannot be provided or any limitations to services, to avoid creating false expectations. --explain the benefits and risks of the service and making sure that she understands
- » explain that she has the right to decline or refuse any part of the services, and the right to place limitations on the type(s) of information to be shared, and make sure that she understands
- » explain and discuss confidentiality and its limitations on the type(s) of information to be shared. Clearly identify which organisations can and cannot be given the information and make sure that she understands the effects and consequences
- » decide what information will be shared and explain how his/her information will be shared and stored amongst other agencies. Sample questions include:
 - » which information, if any, would the survivor like to share with the referral agency?
 - » how would the survivor like that information to be shared? For example, would the survivor prefer a written document (such as a referral form) or would they like the service provider (if possible) to accompany them and share information directly at the time of their appointment?
 - » Would they like to have their case information given to a referral agency with them present [or not]?

If it is a domestic violence case:

- » information should be given on ways to appeal or complain as provided for by the Domestic Violence (DV) Act
- » police should explain they must investigate all reports made to them and make clear their understanding of the 'No Drop Policy'



- » provide detailed information regarding the Domestic Violence Restraining Order (DVRO) and options including a standard non-molestation clause that in less serious cases of domestic violence the survivor can still live under the same roof as the perpetrator
- » make certain the DV Act and its provisions, full information and support are provided to the survivor.

There is informed consent when the above guidance is followed, ensuring that:

- » all relevant information is given to the survivor (or their parent/trusted caregiver/guardian). This information should include the implications of sharing information about the case with others involved and the choices and services available from the different agencies
- » all possible good and bad sides of the situation are discussed. Note: This discussion should not be weighted to unduly to dissuade a survivor from reporting. For example, telling a providers' opinions or projections of a court's decision or the outcome of a hearing are not helpful discussions. Personal issues of risk (for example, economic or reputational risks) are areas only for consideration by a survivor.
- » when consent is given voluntarily without any stress or pressure

There is no informed consent when:

- » agreement is obtained using threats, force or other forms of coercion, abduction, fraud, deception or misinterpretation
- » there is a threat to withhold a benefit or a promise to provide a benefit is used
- » when a person is below the legal age of consent (18 years of age) or is defined as a child under the law.



Note:

In cases where services providers (health, legal aid, and social services) collect and store patient/client information, this information should be stored in locked cabinets with access to the files by designated staff only. Ideally, patients/clients give their consent for written information being taken and stored.

3.4.1 Special Procedures for Informed Consent and Children

In Fiji, survivors 18 years old and younger are considered children and therefore, parents or other legal guardians who are deemed 'safe' must be part of an informed consent process. However, children, especially older adolescents (14 years old and older) should not be excluded from decision-making processes that affect their lives. Children who are mentally competent and developmentally mature and considered at an age of 'reason' should be involved in discussions about what is happening and service providers should listen to their opinions and wishes, and take these into consideration when making decisions for them.

Legal consent from a safe legal guardian must be obtained for any service. However, the safe legal guardian or parent does not need to be physically present during the counselling and/or assessment interview.

3.4.2 Special Notes on Consent for Persons with Compromised Competency

When a survivor is unable to decide what to do because of compromised competency, decision making should be delayed as long as there are no immediate safety and health risks, because every effort should be made to act in accordance with the survivors wishes.

3.5. Making Referrals (Referral Pathways)

Referral are an essential part of the best practice response. Women and girls who experience violence often require a range of services to best heal and recover. Key services required include health care and treatment; counselling/survivor advocacy/case management services; shelter services, safety and security and child protection. It is essential that



designated service providers in this Service Delivery Protocol follow the referral processes properly.

The referral pathway in this document outlines a broad framework for referral among key actors responding to cases in Fiji. While survivors have the freedom and the right to disclose a violent incident to anyone, for example she may talk about her experience to a trusted family member or friend; an organisation in the community; a health clinic; or she might choose to seek help in the form of shelter, legal protection and/or redress by making an official 'report' to the police. While there are a range of ways to get started in the formal service providing systems, once in the system, all service providers should keep to this national referral system shown below, which offers these direct services for survivors of GBV:

- » safety and security, including the provision of Domestic Violence Restraining Order
- » medical care, including clinical care for physical and sexual assault
- » counselling, case management and survivor advocacy
- » shelter
- » child protection.

All service providers in the referral network must be aware of the services provided by other agencies to whom they refer a survivor/victim and the processes involved.

There are two key steps in the referral process:

Step 1: Explain services available to the survivor and obtain informed consent for the referral and prepare the survivor in the informed process to ensure that:

- » she has honest and complete information about the services at point of entry and options available through referral so that she can make choices
- » she understands what can and cannot be provided or any limitations to services to avoid creating false expectations



- » she knows what is going to happen to her and be sure that she understands
- » She understands the benefits and risks of the service and sharing information about her situation and be sure that she understands
- » she knows she has the right to decline or refuse any part of the services and the right to place limitations on the type(s) of information to be shared, and be sure that she understands;
- » she is part of deciding what information will be shared and explaining how his/her information will be shared and stored amongst other agencies.

Step 2: Make accompaniment plans for the referrals

- » Service providers should discuss with the survivors if she wants to be accompanied during the referral process. If the service provider helping her is able to provide accompaniment as part of the referral process, this should be offered. If the organisation does not provide accompaniment and advocacy in the referral process, then the survivors can request this service from the Fiji Women's Crisis Centre to accompany them for support. Accompaniment should be talked through carefully with the survivor as in some settings, GBV service provider staff may be known in the community and, therefore, even the simple act of walking a survivor to a medical facility or police station can automatically raise curiosity and may inadvertently break confidentiality.

Always use strategies that safeguard the survivors' confidentiality throughout the referral.

- » Ensure referral information is exchanged between agencies in a secure manner (sealed envelope handed directly to service providers, confidential e-mail directly to service provider, private telephone conversation);
- » Remember - Information will only be shared internally and externally on a 'Need to Know Basis' and only with individuals and/or organizations providing assistance and as requested and agreed by the survivor (Confidentiality Protocol)



- » Use known taxi companies with trusted drivers;
- » ensure that if a survivor wants/needs to be accompanied, that the person is a trained professional who is bound to best practice and confidentiality guidelines. There may be times when having a service provider accompany an individual creates more risk of exposure (i.e. a woman seen with someone in the community who is known to work on GBV cases). In these instances, service providers should work with the survivor to plan for the safest and most confidential way to provide the support of a companion.

3.6. Help Seeking and Referral Pathway

Referral pathways must be relevant to services providers in specific geographic settings. For example, the people/organisations that survivors are referred to for Suva will not work in the Eastern Division. Even across one division, for example, in the Northern division, the people and the way survivors are referred will be different depending on whether you are in Labasa or Taveuni. For this reason, we have included a general guide for referral pathways that can be further localised with specific providers in each of the boxes. As the Protocol is rolled out nationwide, including in outer island areas there will be support to conduct mapping with local providers in order to develop more localised referral pathways. The challenge of access to services is a challenge outside urban and peri urban settings. **That is why there is an emphasis for places with limited services to call the national DV Help Line at 1560 or the National Child Help Line at 1325 for immediate crisis support and referral information.**

3.7. No Drop Policy

The Fiji Police Force has had a 'No Drop Policy' for domestic violence offences since 1995 and again more recently in 2013. This means that the victim/survivor cannot withdraw or drop a complaint after it has been made to the police. This policy was made to address the risk of undue pressure being placed on victim/survivors by perpetrators, the perpetrator's family or others acting on the perpetrator's behalf to try and make them withdraw their statement or complaint. The effect of police continuing with their prosecution and not being permitted to drop it relieves victim/survivors



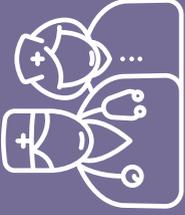
of this burden. The Fiji Police Force is required by law to fully investigate all cases of domestic violence and bring the offenders to court. This policy applies to police officers too, and they are under no circumstance permitted to reconcile perpetrators with victims.

It is acknowledged that the 'No Drop Policy' is in direct contradiction with the principle of a survivor's choice - meaning, if a survivor reports to the police, then she forgoes her choice to have her case investigated by the police. This is specific to cases of domestic violence. Generally speaking, women who report violence to the police are aware that the police will be mandated to respond. However, it is best practice to share with women this policy as she goes through the referral process so that, if she does not report to the police first, she can make an informed choice about being referred to the police in the referral process. Given that gender-based violence is a crime, it is highly recommended that such cases are referred to the police.

3.8. Reporting in Media

- » In all cases, survivors should be informed of the implications associated with revealing their case to a media source. Written informed consent must be obtained by the survivor or the non-perpetrating parent or guardian in the case of children.
- » If a public statement is required to be made regarding a case, any such statement should be given with the verbal and written consent of the survivor, or guardian in the case of a minor (provided that the guardian is not the abuser or party to the violence). The organisation should appoint one staff member who acts as the focal point of contact with the media.
- » The survivor must never be used for advancing the interest of the activist/s, supporter/s, and/or the service provider/s or organisation/s. Using a survivor in such a manner is a form of exploitation, and must never occur.
- » Do not publish a story or an image which might put the survivor, siblings or peers at risk even when identities are changed, obscured or not used.
- » Ensure media do not further stigmatise or spoil the name of any survivor; avoid categorisations or descriptions that expose a survivor to negative reprisals - including additional physical or psychological harm, or to lifelong abuse, discrimination or rejection by their local communities.

HEALTH CARE



Key Services:

- » Clinical management for sexual and physical violence
- » This includes, treatment for injuries, PEP for HIV prevention (within 3 days), and emergency contraceptives and STI treatment (within 5 days)
- » Documentation of medical reports
- » Referrals for counselling, legal aid, police, other

COUNSELLING & ADVOCACY



Key Services:

- » Counselling and psychosocial support.
- » Case management
- » Confidential, non-judgmental crisis counselling legal advice and advocacy
- » Accompaniment to court, police stations, hospitals and other agencies upon request

SURVIVOR CENTRED PRINCIPLES ACROSS ALL SECTORS

- » Prioritise safety and security
- » Maintain confidentiality
- » Non discrimination
- » Treat her with respect and dignity
- » Provide information about services and help her access all the care and support she needs.

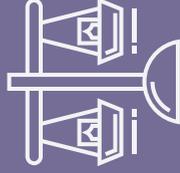
SAFETY - POLICE



Key Services:

- » Provide safety and security
- » Make referral arrangement for medical examination and treatment and other services
- » Ensure survivors are fully aware of the processes involved in investigating
- » Ensure the victims are fully explained the FPF 'No Drop Policy' on DV, GBV, sex crimes and child abuse procedures.
- » Make an application for a domestic violence restraining order (DVRO) for the protection of the women/girl who is, or may become, a victim of domestic violence.
- » Commence investigation and other actions

LEGAL



Key Services:

- » Free legal advice
- » Assistance with legal processes and documents
- » Assistance with DVRO
- » Legal representation, including for children

FIJI NATIONAL RESPONSE PATHWAY FOR CASES OF GENDER-BASED VIOLENCE

FIVE IMMEDIATE ACTIONS: Responding to cases of gender-based violence.

1. **Provide immediate emotional support.** Comfort and tell survivor it is not her fault, Believe her.
2. **Provide a safe environment.** If a woman is with her partner, and it is a domestic violence/intimate partner case, talk to her alone. Prioritize her safety and security always.
3. **Be attentive and listen carefully.** Give the person time to say what they need to say.
4. **Share information** about what you can do to help her: For example, if you are the police, explain what you can do, etc.
5. **Refer the survivor** to trained professionals as in the GBV referral guidelines below.

Referral Guidelines Based on Type of Case and age

ADULT - Sexual Violence (rape, sexual assault)	ADULT - Physical Violence (Domestic Violence, Intimate Partner Violence)	CHILD - Sexual/Physical (child sexual abuse, incest, child neglect and/or physical abuse)	OTHER TYPES Sexual harassment (non-physical), DV that is non-physical or sexual, other)
<p>Follow these steps for referral:</p> <p>Step 1: Assess the immediate needs and obtain informed consent for referrals to health, counselling, police, shelter, and/or legal aid.</p> <p>***If this is case of sexual violence within 5 days (of the assault) an immediate referral for health care is needed.</p> <p>***If a case is reported first to police, health, legal aid providers, offer a referral to a GBV counselling agency.</p> <p>Step 2: Make plans for referral and accompaniment based on survivor wishes.</p> <p>Step 3: Explain/ plan for/or deliver any services and actions that you are responsible for.</p> <p>Step 4: Conduct any follow up required.</p>	<p>Follow these steps for referral:</p> <p>Step 1: Assess the immediate needs and obtain informed consent for referrals to health, counselling, police, shelter and /or legal aid. If you do not know who to refer to <u>call 1560.</u></p> <p>***If the survivor is injured, a medical referral should take priority</p> <p>***If a case is reported first to police, health or legal aid, make a referral to GBV counselling agency.</p> <p>Step 2: Make plans for referral and accompaniment based on survivor wishes.</p> <p>Step 3: Explain/ plan for/or deliver any services and actions that you are responsible for. (For example, DVRO).</p> <p>Step 4: Conduct any follow up required.</p>	<p>Follow these steps for referral:</p> <p>Step 1: Assess immediate needs and refer to social welfare services. if you do not know who to refer to <u>call 1325</u></p> <p>***If this is case of sexual violence within 5 days make a simultaneous, immediate referral for health care.</p> <p>Step 2: Obtain consent from a legal guardian for an immediate referral for clinical care for sexual/ physical violence.</p> <p>Step 3: Make a referral to a GBV counselling service provider for emotional support, advocacy throughout care and treatment.</p> <p>Step 4: Explain/ plan for/or deliver any services and actions that you are responsible for in terms of responding to the case.</p>	<p>Follow these steps for referral:</p> <p>Step 1: Assess the immediate needs, with a focus on need for referral to a GBV counselling agency.</p> <p>Step 2: Obtain informed consent to make referrals or take any action needed to ensure the survivors safety.</p> <p>Step 3: Explain/ plan for/or deliver any services and actions that you are responsible for in terms of responding to the case.</p> <p>Give the survivor as much information as you have about what services are available, where she can get help.</p>



4. Roles and Responsibilities of Service Providers

A Note on Timeliness:

Service providers indicated in this Protocol should respond to cases reported **as soon as possible**. In places where services are easier to get, for example bigger towns and cities, frontline health and police responses should be immediate, for example no delays in hospital emergency rooms, police stations or any other service provider unless exceptional reasons apply. It is recognised that in some parts of Fiji, particularly remote and rural settings, obtaining services may be delayed due to how far away the community is to the service provider and the travel required. Regardless, as soon as an incident of violence has been reported, there should be immediate steps taken to make sure care and treatment are provided as quickly as possible.

Frontline Service Provision

4.1. Health and Medical Response

Overall, it is the responsibility of the health and medical providers to deliver quality and compassionate clinical care, emotional support and referrals to survivors of gender-based violence. Below is a description of government and non-government agency medical services for survivors of gender-based violence in Fiji:

Ministry of Health and Medical Services (MOHMS): It is the responsibility of the Ministry of Health and Medical Services, through its health service outlets, to provide survivors of physical and sexual violence, whether physical, psychological, sexual or other, with confidential and professional medical care and treatment, including referral for higher level care when required.



Responsibilities include:

- » providing clinical management including the collection of relevant materials for forensic investigation in a confidential and private area
- » that the first medical officer or a nurse practitioner must summon the presence of a nurse or another nurse practitioner or medical officer of the opposite sex, or of the same sex if the first officer is a female, for the interview and examination of the client. This is compulsory for cases below 18 years of age. For clients above 18 years of age, the client's consent is required for the presence of an extra health staff.
- » that, in the case of a medical officer, nurse practitioner or nurse who is alone in a health service outlet, the presence of another, preferably 'neutral' adult female person, welfare officer or female police officer is required during the interview and examination of the client.
- » that it is advisable not to allow a relative or a police officer or a welfare officer (except in dot point 3) to be present during the interview and physical examination and management, to allow the client or survivor to share her experience without bias
- » that materials for forensic investigation must be collected and hand delivered to investigating police officers for immediate dispatch to relevant forensic centres
- » that subsequent investigations including laboratory, radiological or follow up physical investigation reports must be recorded in the patient's folders for ease of reference
- » documenting in detail the outcome of the consultation and clinical management in the outpatient register and in the patient folder. In no circumstances should any written entry on the outcome of the consultation, physical examination or clinical management be altered, should there be a need for alteration, a single line across the deleted written statement or word be used instead of scribbling or twinking, and the portion deleted and/or amended must be initialled by the officer documenting the outcome of the consultation, examination and treatment.
- » Further to above dot point, should there be any addition to the initial entries, these entries must be dated and time of documentation recorded



and signed by the officer making the entry/entries. That, in instances where the survivor/client comes with the police report, the medical officer must complete the medical reports within 48 hours of being in contact with the survivor or client, and submit it to police accordingly

- » that, in instances where adult clients (above 18 years old) present directly to any health service outlet without the police form or reporting to the police, details of the consultation must be documented and consent for referral to police must be sought before actual referral
- » providing medical care and referring to appropriate GBV case management, psychosocial care and counselling services and ensuring follow-up care and counselling and survivor advocacy response
- » that, in cases where emergency clinical management is warranted, this must be provided first and foremost, as in any management of any emergency case
- » that, in the case of a death, appropriate management of the deceased/s is to be carried out and the police informed accordingly. This applies for all age groups.

Note

The decision to report any GBV rests with the victim/ survivor and the police are not to be contacted without consent from the victim/survivor, unless there is imminent danger there and then to the victim/survivor.) In case of a child (18 years old and below), the Child Welfare Act applies.

Where clinical care for physical and sexual violence are available:

- » clinical care for physical and sexual assault (or any GBV cases) is available at any general outpatient service outlet or clinic, or any Accidents and Emergency Department or in any divisional or sub divisional health service outlet of the Ministry of Health and Medical Services (free services available)
- » general practitioners' clinics (user-fee service)



- » private hospitals (user-fee services).
- » **Note:** health centres in rural Fiji may not have comprehensive care for sexual assault available
- » **Note:** only medical doctors can write medical reports as legal evidence for court.

Medical Services Pacific (MSP)

MSP provides an integrated care service for survivors of sexual assault and gender-based violence including children. MSP works under formal protocols with the Government of Fiji to provide confidential services to survivors through a One Stop Shop and Rapid Response Team nationally.

MSP runs the **24/7 TOLL-FREE NATIONAL CHILD HELPLINE (1325)**.

The MSP One Stop Shop (post rape care facility) service is based in Suva and Labasa and provides a private clinic specifically and purposely designed to respond to the needs of sexual assault survivors. The MSP One Stop Shop free services for survivors include:

- » pre-medical consultation and counselling to obtain consent for medical procedures and rape kit process
- » medical consultation by the MSP female gynaecologist including medical examination, treatment for unplanned pregnancy (free Emergency Contraception - EC), sexually transmitted infections and prevention of HIV (provision of Post Exposure Prophylaxis - PEP) and assessment of risk for other diseases (e.g. HIV/HPV/Zika), as well as confidential medical referral for safe abortion, and post miscarriage care, according to the law. Note that MSP follows the 2-adult rule always when assisting survivors and child patients
- » ongoing free medical care and support (follow up STI tests and treatments)
- » medical forensics and medical report
- » change of clothes and underwear (as needed)
- » confidential counselling (pre-and post-trauma) for survivor and family members



- » specialised medical testimony by doctor
- » Legal Aid including information, DVRO assistance, and support throughout the court process, and court escort
- » safety plan, assistance with emergency shelter, referrals as needed for shelter, social services or specialised medical care etc.
- » on going health care, psychosocial support and counselling services
- » Referrals for emergency shelter or financial support
- » Adult counselling telephone number, which is available at all time on 5640/9910894.

In addition, MSP deploys a rapid emergency response mechanism for survivors of sexual and gender-based violence. The **MSP Mobile Clinical SGBV Response Team** includes a doctor/nurse and counsellor and legal officer. It is available to respond at the request of the client or police and attend at the client at their location.

4.2. Counselling and Survivor Advocacy Response

NGO Provided Services

Fiji Women's Crisis Centre (FWCC)

- » FWCC provides a range of services for gender-based violence and is a specialised agency dealing with services for women, girls and children affected by violence. FWCC is the only agency that deals specifically and only with gender-based violence and has country-wide coverage, through its Crisis Centres in Labasa, Ba, Nadi and Suva and its 24 hour call line.

FWCC runs the 24 hour, **TOLL-FREE DOMESTIC VIOLENCE HELPLINE (1560)**.

FWCC offers:

- » confidential, non-judgmental crisis counselling for survivors of domestic violence, sexual assault, child abuse, sexual harassment and other forms of gender-based violence



- » crisis counselling and referrals through the toll-free Domestic Violence Hotline - 1560
- » legal advice and advocacy
- » accompanying or referrals of clients to court, police stations, hospitals and other agencies upon request
- » 24-hour telephone counselling on phone numbers: 331 3300 and 920 9470. At any time of the day or night, a trained counsellor advocate will be available to talk with you and emergency assistance can also be provided, simply by ringing this number
- » mobile counselling.

Empower Pacific

Empower Pacific offers a variety of programs aimed at improving the health and wellbeing of individuals as well as facilitating opportunities for learning about income generation and personal growth. Empower Pacific is a social services organisation which also provides GBV specific case management and counselling. Empower Pacific offers:

- » social work based case management for cases of gender-based violence
- » more advanced counselling for survivors of gender-based violence affected by depression, anxiety and trauma related to violence
- » HIV/STI/GBV screening programs to increase awareness and understanding of risks, especially during pregnancy
- » income generation programs providing sustainable income support through small business loans, training, affordable childcare options and personalised support, particularly for women
- » workshops on building better relationships between men and women which help men to develop skills to manage conflict and disputes in homes and in their relationships with women. The basic skills training for equal relationships are aimed at behaviour change for men.



4.3. Safe Shelter Accommodation

Emergency and temporary shelter services are available in some parts of Fiji for survivors of gender-based violence.

The Salvation Army: Location in Lautoka, Suva and Labasa

The Salvation Army is a charitable organisation committed to ending poverty, social and spiritual distress. As such, it helps individuals with food, clothing, budgeting advice, life skills programs and other support and comfort.

The Salvation Army runs emergency shelter services, referred to as Family Care Centres, for women and children GBV survivors. The centres are available in Lautoka, Suva and Labasa. Women with young boys under the age of 11 years old are allowed into the shelters.

In those three locations, clients are housed for three to six months with their children and provided with individualised support by caseworkers. Caseworkers provide psychological first aid, basic active listening and intake assessments to survivors. They refer survivors to more specialised agencies for the provision of GBV counselling and psycho-social services required (Empower Pacific, FWCC etc.) The Salvation Army caseworkers also work closely with Legal Aid to access lawyers and legal advice for clients. Finally, caseworkers aid survivors to secure permanent housing before the end of their stay in shelter.

When they are not already gainfully employed, survivors are encouraged, as much as possible, to find work and stay empowered while living at the Salvation Army. They are also introduced to a three-month sewing certification course and other income generating activities and skills such as tie dying and handcrafting. Young children between the ages of 4-5 years old are provided with kindergarten.

Homes of Hope (HOH) - Long Term Emergency GBV Shelter, based in Suva

Homes of Hope is a charity organisation working with young single mothers (under 26 years old) and their children (below the age of 3 years old) and girls (12 years old and above) who are survivors of, or



vulnerable to, commercial sexual exploitation, sexual violence, trafficking and other forms of GBV.

The long-term emergency GBV shelter program at Homes of Hope operates in Suva and offers a three-pronged approach to helping women:

- » **Residential Care:** shelter stay for an average of 18 months, depending on individual case plans
- » **Restoration Program:** counselling, Bible study, healthy parenting, personal care, effective day-to-day living/life skills building, vocational training, financial literacy and referred medical services to foster healing from trauma
- » **Re-integration Program:** on completion of the program, mothers and their children and girls are helped to return to their communities through mediation with family members and clan, coordinating transitions to a secure environment and economic empowerment. Frequent follow ups are completed to make sure mothers and their children and girls continue to live safely, free of violence, and have productive earning power to remain independent.

Children are provided with education at the HOH nursery and preschool during the day. Homes of Hope is also involved in violence prevention through its community outreach and advocacy programs by setting up safety nets for women and children in at-risk communities.

Other Shelter Service Providers

Ten temporary shelters for abused, neglected and orphaned children are available across the country, primarily in Suva, Nadi, Samabula, Ba, Nausori and Savu Savu. These shelters primarily operate under the supervision of the Department of Social Welfare, which is responsible for the welfare, safety, protection and care of children under the Juveniles Act (Cap 56) Ed. 1978, the Convention on the Rights of Children and the Fiji Interagency Guidelines on Child Abuse, Neglect and Abandonment. Ark of Hope and the St. Vincent de Paul Society also operate shelters for homeless youth, seniors and women.



4.4. Police Response

The role of the Fiji Police Force (FPF) is to provide safety and security to all the people of Fiji, including visitors. Central to this role is the endeavour to deal with violence against women and children. The role and responsibilities of the Fiji Police Force in responding to cases of gender-based violence are described below:

All police officers or employees of the Fiji Police Force (FPF) must:

- » report GBV or sex crimes to the nearest police station, if they become aware of it officially or in any other way
- » make arrangement for medical examination and treatment of GBV or sex crime victims
- » provide security to victims who are receiving medical treatment
- » make certain that victims are addressed in a language they understand about the processes involved in investigating GBV or sex crimes
- » make sure that the FPF 'No Drop Policy' on DV, GBV, sex crimes and child abuse are fully explained to victims
- » ensure that victims of GBV or sex crimes are provided with services that respect their dignity
- » be sensitive to the sexual orientation, age, ethnicity, religion, language and culture of a victim of GBV or sex crimes
- » be sensitive to the needs of persons with disabilities
- » make sure that victims of GBV or sex crimes are not exposed to further trauma
- » make sure that victims of GBV or sex crimes are provided with medical assistance
- » make sure that victims are referred to counselling services
- » make sure the victims of GBV or sex crimes are kept updated on the progress of the investigation



Police Responsibilities in the Domestic Violence (DV) Act include:

- » at the scene of an incident of domestic violence, assist the victim to get medical treatment and provide security while medical treatment is given
- » provide information to the victim, written if appropriate and possible to do so regarding:
 - » services that are available
 - » rights the victim has to seek protection and other orders under the DV Act
 - » the duty that police may have to apply for an order for the protection of the victim under the DV Act
 - » the responsibility the police have in relation to charging the perpetrator of the violence
 - » giving information about the complaints process that applies to police work in relation to domestic violence
- » a police officer must make an application for a domestic violence restraining order (DVRO) for the protection of the woman/girl who is, or may become, a victim of domestic violence, under Section 14 (1) of DV Act. In summary, when a DV offence has taken place and where there is a risk to the victim, police must take out the order and:
 - » apply for an interim restraining order by phone to a resident magistrate if after hours or on weekends
 - » provide assistance through a DVRO to any woman or child who is likely to be a victim of violence
 - » serve the DVRO to the perpetrator
 - » keep the victim consistently updated on the progress of the investigation
- » To ensure that all cases of domestic violence are thoroughly investigated in a timely manner
- » To ensure that the victims understand the procedures and process of the investigation



- » To ensure that victims are well-informed of their rights and FPF stances on the issue of crimes against women and children contained in the FPF 'No Drop Policy'
- » Ensure any breach of a DVRO is investigated in a timely manner and ensure breaches of the DVRO are dealt with by ensuring accountability to such sections of the Bail act and are a prima facie unacceptable risk for bail by showing a contempt of the order, continuation of the offence and risk to the complainant.

Police Response with Cases Involving Children:

In cases of suspected child abuse, neglect or exploitation, the Fiji Police must investigate such allegations and start the appropriate Criminal Court action. The police role is to:

- » make certain all officers handling children victims, witnesses or offenders always act in the best interest of child
- » ensure all officers handling child victims, witnesses and/or offenders follow the procedures and processes that do not expose the child to any further harm
- » interview the child as soon as practicable and all other necessary witnesses, where criminal proceedings are a possibility
- » make sure that a parent/social welfare officer/or a significant adult of the child's choice is present before interviewing any child victim. If a social welfare officer is unable to be present, a person trusted by the child should be present
- » immediately arrange for the medical examination of child victims (with signed consent of a parent/guardian) with a health worker (as defined in the Medical and Dental Practitioner Act 2010)
- » report all cases of child abuse and neglect to Social Welfare immediately for the assessment of the child's welfare and safety needs or call the 1325 Child Helpline
- » in consultation with the DPP, coordinate Criminal Court proceedings and take all necessary action for prosecution of matters by the courts



- » consult other agencies, such as the MOHMS, Social Welfare, and Ministry of Education, Heritage and Arts on the impact of legal proceedings on the child's safety and emotional wellbeing, and appropriateness of arrest and legal proceedings
- » subject to the appropriate laws of the court, protect the identity of the victims of the alleged abuse at all stages of the criminal investigation
- » investigate cases, attend to the victims and witnesses and arrange for medical examinations
- » attend the alleged crime scene where necessary
- » coordinate with the agencies involved (Social Welfare, MOEHA and MOHMS) to manage the safety and welfare of the child, and provide the child and involved adults with support and counselling
- » where necessary provide assistance to the prosecution in child abuse and neglect cases, e.g. pre-trial interviews and being present in court
- » familiarise the child with the court procedures which may include taking the child to an empty court room.

4.5. Social Welfare/Child Protection:

The Department of Social Welfare has statutory responsibilities for the care and protection of children and most importantly the management of child abuse and neglect cases in Fiji. These legislative responsibilities are stipulated in the Juveniles Act, Probation of Offenders Act, Community Work Act, Adoption of Infant Act and recently the Child Welfare Decree.

When referrals are made to the Department of Social Welfare, its main role is to make certain that children are adequately protected from a situation which is damaging to them or which deprives them of adequate shelter, nourishment, care and safety.

The Department of Social Welfare will:

- » ensure that welfare officers are aware of their responsibilities when dealing with children
- » make certain that the best interest of the child is the most important in any intervention, when assessing the welfare needs of the child



- » coordinate support services for child victims and be involved in developing case plans in liaison with other agencies
- » make sure that that in all cases welfare officers are present during police interviews with children to support the best interests of the child where necessary or a person trusted by the child should be present to support the child
- » provide an assessment of the care, support, medical and counselling needs of the child and family
- » under the Child Welfare Decree 2010, receive notification of suspected or likely harm to a child from persons mandated to report
- » compile data on notification of suspected or likely abuse cases for national statistics on child abuse and neglect.

Additional Information Regarding Response for Children:

- » The only agency with mandate to formally interview, assess and support children in child welfare cases is the Social Welfare Division
- » Child Protection Health Workers Guideline requires health professionals to be able to recognise, respond and report on abuse diagnosed regarding a child and are mandated under Section 4 and Section 10 of the Child Welfare Act in regard to medical officers' prerogative to ensure the safety of the child within 48 hours or more
- » Health practitioners are trained to provide paediatric forensic assessments of a child who may have experienced child sexual abuse. All medical officers and nurse practitioners are trained to provide clinical services management to any person for any form of injury or trauma.
- » MSP has specialised medical staff to assist in child abuse cases and can be contacted on 1325. Recently the MOHMS has also conducted training on the Child Protection Guideline, and the MOHMS Guidelines for Responding to Intimate Partner and Sexual Violence against Women will be rolled out in 2017.
- » The national Child Helpline was established as a focal point to support the Department of Social Welfare and provides 24-hour counselling support, case triage and referral processes for Social Welfare. Free call 1325.



4.6. Legal Aid Commission

The Legal Aid Commission is a statutory body established to provide free legal assistance to the impoverished and disadvantaged community of Fiji. Basically, to those people who cannot afford legal services.

Overall, it is the responsibility of the Legal Aid Commission to provide efficient, professional and quality legal services to the victims of gender-based violence. Below is a description of the free legal services that the Legal Aid Commission offers through all its 16 offices to victims of gender-based violence in Fiji:

- » providing legal advice to victims of domestic violence. A lawyer would immediately attend to the victim to give legal advice taking in to account the preference of the victim regarding the gender of a lawyer who would attend to her
- » taking of written instruction regarding the violence, the sort of violence, the circumstances of the violence, the perpetrator/respondent of the violence and the injuries if there are any
- » filling the Application Form for a Domestic Violence Restraining Order (Form 1)
- » after completing the form filling, referring the victim to a Commissioner for Oaths to attest that the information given is true. If the nearest Commissioner of Oaths is unknown to the victim, the lawyer or other Legal Aid staff could also accompany her if she needs them to
- » filing of the Form 1 (Application Form for Domestic Violence Restraining Order) with any court registry
- » legally representing the victim in court in her application for the Domestic Violence Restraining Order until the matter is finally decided
- » referring the victim to the nearest public hospital or health centre for medical examination and assistance
- » providing subsequent legal representation in other legal matters in other courts as a result of the initial DVRO orders granted, such as child custody, child maintenance etc.



- » legally delivering the court orders to the perpetrator/respondent so they can be forced to obey them
- » varying the court orders when there is a change(s) in circumstances, especially after one year from the granting of the first child maintenance order. This is not restricted only to child maintenance but also covers other orders that may need changing
- » providing legal representation for varying court orders and properly delivering the changed orders to the perpetrator/respondent
- » helping the victims by accompanying them to report to the police about a breach of the DVRO orders so they can be changed. This is because if the perpetrator/respondent in the DVRO matter breaches or in any way disobeys the DVRO orders, it automatically becomes a criminal matter which needs to be reported to the police.

4.7. Judicial Department

The Judicial Department is made up of the Judiciary, the Magistracy, and various Tribunals including the Small Claims Tribunal and Court Support Staff. The head of the Judiciary is the Chief Justice. The head of the Judicial Department is the Chief Registrar. The Judicial Department's mission is to ensure a judicial system that is accessible, efficient, effective and transparent. In so doing, the Judicial Department of Fiji is committed to serving justice in the community, reaching out to the public by doing its job diligently, efficiently and in a timely manner.

Courts' Responsibilities with regards to GBV:

The Division of the Magistrates' Court, the Family Division of the High Court, a Juvenile Court and the High Court are all considered to have jurisdiction over GBV offence cases and procedures in Fiji under the Domestic Violence Act (2009). These courts must act in aid of each other and be auxiliary support to each other in all GBV offence matters as it says in the legislation.

When using its official power in a case of a GBV offence, the court has a responsibility to apply key principles stated in the GBV legislations that it relies on to provide justice. The Domestic Violence Act (2009) states that the court must abide by and apply the following principles:



- » the need to promote the objects of this Act
- » the need to ensure that proceedings under this Act are as speedy, inexpensive and simple as possible
- » the need to ensure the safety and wellbeing of victims of domestic violence
- » the need to ensure that children are not exposed to domestic violence and to ensure the safety and wellbeing of children who have been, or are at risk of becoming, a direct or indirect victim of domestic violence
- » the need to ensure that victims of domestic violence can go about their life and usual routines free from the risk of domestic violence
- » the need to ensure as far as possible that victims of domestic violence are able to remain in their usual homes, and even if this does not or cannot occur, that their accommodation **needs to have the highest priority**
- » the need to address the adverse consequences of domestic violence for the victims and to rehabilitate the victims
- » the need to ensure that victims of domestic violence are not further victimised by the perpetrator or others, in the course of the proceedings or otherwise, because the victim sought protection or other redress in relation to the violence
- » the need to ensure that the perpetrator -
 - » is aware of the terms and effect of an order made under this Act which imposes obligations upon them
 - » is aware of services that may be able to assist them to address their violence
 - » is encouraged to accept responsibility for their violence
 - » contributes, where possible, to the rehabilitation of the victim.

The court must, if trying to promote reconciliation between the parties, regard the safety and wellbeing of the victim to be of the utmost and paramount importance and weigh factors that need to be considered. **When a person is charged with a domestic violence offence**, the court may:



- » make an interim domestic violence restraining order under the DV Act against the defendant for the safety and wellbeing of the person and her children (if applicable) against whom the offence appears to have been committed
- » make an order directing the defendant to appear at the further hearing of the matter on a date and at a location fixed by the court.
- » ensure that any criminal charges such as assaults or breaches of DVROs are resolved by the court and are dealt with by the court.

When dealing with an application for a domestic violence restraining order, the court may ensure that the information below, in its prescribed form, is given as early as possible in the proceedings to: (1) each person who would be protected by the order (typically the survivor) and (2) the respondent (typically the perpetrator of the abuse). The required information must explain:

1. The services and programs that may be available to provide assistance
2. The purpose, terms and effects of the order
3. The consequences that may follow if the person bound by the order breaches the order
4. The consequences that may follow if the person protected by the order
 - (i) encourages or invites the person who is bound by the order to breach the order; or
 - (ii) by their actions causes the person who is bound by the order to breach the order
5. The order may be varied, suspended or discharged if the person who is bound by the order or the person protected by the order or both or all of them wish to do anything that would be contrary to, or in breach of, the order
6. The manner in which the order may be varied, suspended or discharged



7. In GBV cases for which the survivor is under the age of 16 years old, or there is a special concern, the court has the responsibility to ensure that the information required to be provided is given through other ways and to the appropriate alternative parties (See Part 2.18 of the DV Act).
8. When a perpetrator pleads guilty, or is **found guilty** of a DV offence, the court **MUST** make a **final domestic violence restraining order** under the DV Act for the safety and wellbeing of the survivor and her children (if applicable) against whom the offence or alleged offence was committed
9. In addition to the **standard non-molestation clauses of the restraining order**, the court may include either absolutely, or on conditions specified by the court, **non-contact conditions** for the perpetrator to abide by, as well as **additional conditions** regarding child custody, guardianship (under the Family Law Act), possessions, weapons, urgent monetary relief, occupying a home, tenancy and perpetrators attending counselling (See Part 3 of DV Act)
10. The court may, on its own motion, make an interim restraining order under the DV Act if it considers it reasonable and necessary to guarantee the safety and wellbeing of a survivor of DV and her children (if applicable).
11. The court can issue a **specified order or agreement** in addition to a restraining order specifically for the safety and wellbeing of a child. This order is an interim or final custody, guardianship or access order to make certain that the child survivor is protected from the violence and the perpetrator(s).
12. The court can vary, suspend or discharge a restraining order if an application is made by a survivor or perpetrator. In doing so, the court may consider some key considerations that will help decide on the matter (See Part 3 of DV Act).
13. Where an order is made to varying, suspending or discharging a condition of a domestic violence restraining order in relation to a weapon, the court must direct that the Commissioner of Police be



immediately notified of the variation, suspension or discharge of that condition or of those conditions.

Coordination and Governance of Multisector Services

It is the role and responsibility of the Women's Division under the Ministry of Women, Children and Poverty Alleviation for the effective implementation, coordination and governance of this Protocol. Any issues, challenges or problems that arise in the use and implementation of this Protocol will be reported to the Director for Women who will then decide a plan of action for resolving reported issues.

4.8 Ministry of Women, Children and Poverty Alleviation, Women's Division

The Department of Women is the lead agency for coordinating and applying the Protocol, including collecting feedback and responses from stakeholders on effectiveness or otherwise, and adjusting the SDP accordingly. In addition, the Department for Women:

- » ensures regular reviews of the Service Delivery Protocol through the EVAW Taskforce.
- » coordinates training for the implementation of the Protocol to all service providers and ongoing training and improving skills when required.
- » takes a lead role in resolving any conflict, confusion or ambiguity that may arise as a result of the SDP
- » makes recommendations on changes to policies and laws and resourcing for government approval
- » provides recommendations for the standards for safe shelters and GBV counselling
- » monitors and evaluates the implementation and application of the Protocol
- » develops a communication strategy for the Protocol.



4.9 Ministry of iTaukei Affairs – iTaukei Affairs Board

The role of the iTaukei Affairs Board is established under Section 4 of the iTaukei Affairs Act Cap 120 and the iTaukei Affairs Board have overall responsibilities to:

- » make recommendations or proposals to the Minister considered to be of benefit for the good governance and well-being of the iTaukei people
- » make recommendation on matters relating to the rights, interests, health, welfare (social and economic), peace, order and good governance of the iTaukei people
- » consider draft legislation and other matters relating to the rights, interests, health, welfare (social and economic), peace, order and good governance of the iTaukei people as the Minister may from time to time refer to the Board, and take decisions or make recommendations about them to the Minister
- » consider resolutions relating to the same matters [as are set out in subparagraph (a)] which members may submit to the Chairperson at least two weeks before the date of the next meeting of the Board, which may take decisions or make recommendations based on them to the Minister
- » monitor all developments carried out in the provinces and ensure that such developments are in accordance with, and reflect the development policies and strategies formulated by, the government.

In relation to gender-based violence, iTaukei Affairs Boards is responsible for:

- » encouraging and making sure that reporting of GBV incidents amongst all people in the community is consistent to the referral pathways in this Service Delivery Protocol, as well as the Domestic Violence Decree and the Child Welfare Decree
- » making certain safety and protection issues of all women and children are considered in all actions taken in her/their cases and in development plans in the community more generally



- » encouraging all families in the community meet on a weekly basis to discuss social issues
- » supporting outreach, training and community discussions on prevention and response to gender-based violence.

5. STANDARDS AND TRAINING FOR GBV COUNSELLORS

All agencies responding to cases of gender-based violence, particularly those providing specific counselling services for gender-based violence, must keep strictly to the standards of care and guiding principles outlined in this Protocol.

Clear guidelines and protocols on how to handle cases of gender-based violence should exist at an agency level in written form and all staff members should be familiar with them and with the procedures for implementing the guidelines in their everyday work. Guidelines and protocols should include child protection policies, confidentiality policies, mandatory reporting and informed consent guidelines, training requirement policies and staff care policies. Any training developed should include consultation with established GBV psychosocial service providers, ideally in coordination through the EVAW Task Force.

5.1 Standards for GBV Counsellors

Any persons/agency providing counselling, crisis response, psychological first aid, or any other type of counselling service to a survivor of gender-based violence must adhere to the core standards of a survivor-centred approach. This includes:

Standard 1: Safety, security and human dignity

Counselling services need to make sure that all interventions put the safety and security of survivors first and respect their dignity. Safety must also be provided for the staff. Potential safety risks must be evaluated and routine safety assessments and specific safety planning with the survivor of violence need to be carried out. With regard to safeguarding the



dignity of survivors, care providers need to make sure female examiners are available when requested, and that survivors are treated with respect during physical examinations.

Standard 2: Empowerment-based approach

The main aim of all counselling services should be to empower and support survivors of violence and their children to make sure they know their rights and entitlements and can make decisions freely in a supportive environment that treats them with dignity, respect and sensitivity. Services should always aim at supporting survivors to choose the course of action in dealing with the violence instead of them feeling powerless to regain control of their lives, and to promote their right to autonomy and self-determination.

Standard 3: Right to self-determination

It is important to respect survivors' rights to make decisions about their lives. Very often, relatives, friends and professionals in care organisations try to tell the person what to do. But such advice can create even more pressure and is rarely helpful. Survivors should have the option and the information to select their service provider, including their health provider.

Standard 4: Advocacy for survivors

"There is no excuse for violence". Countering violence means adopting a clear stance and condemning violence against women in all its forms as well as holding the perpetrator accountable. Trying to remain neutral about what has happened means running the risk of tolerating violence. Adopting a clear stance against any form of violent behaviour expresses condemnation of violent acts. Survivors seeking help should never be asked to offer proof of the violence they have suffered. It is important that care providers listen carefully, convey that they believe the survivor, and respond with the utmost respect and without prejudice.



Standard 5: Privacy and confidentiality

Care providers need to guarantee privacy during any conversation with the survivor so that no one in a waiting room or in nearby areas can overhear. To protect a woman's rights and her integrity, it is necessary that she can decide which information about her will be passed on to others. This also applies with regard to family members. Therefore, no information should be passed on by counsellors to other care providers without the woman's understanding and informed consent. Exceptions should and must be made if the life and health of women or children are at stake (i.e. suicide attempts, acute danger from the violent partner, or abuse of children).

Standard 6: Diversity and non-discrimination

All services open to survivors of gender-based violence need to respect the diversity of women and girls and apply a non-discriminatory approach. The same level of quality should be provided regardless of a survivor's gender, age, race/ethnicity, physical, mental, emotional, or other ability, sexual orientation and gender identity, HIV status or any differentiating characteristic, identity or feature. Services must be fully accessible to all women and girls who experience violence and must consider their unique and individual needs. The kind of support survivors need will differ according to the type of violence suffered and who they are in all of their diversity, and this must be taken into account while providing services and referring for care.

5.2. Training Requirements

Each of the parties identified in this Protocol has a responsibility to make certain that its personnel are, prior to any handling of GBV cases, well equipped with core training and knowledge required to provide quality and effective services to women and girl survivors of GBV.

It is strongly recommended that all service providers complete a standard training programme that equips them with core, fundamental knowledge and skills for GBV response that is in line with this protocol.

This is to ensure providers have the essential knowledge and skills as their work relates to GBV response.



Foundational ‘GBV Core Concepts Training’ for frontline and management level service providers in police, health, legal/justice and psycho-social sectors:

- » A gendered analysis of violence against women
- » Core concepts related to gender-based violence
- » GBV definitions, characteristics and causes
- » Impacts of GBV on women, girls and children
- » Understanding the signs of violence against women
- » Training on the National Service Delivery Protocol for Responding to Cases of Gender-Based Violence (this Protocol)
- » Understanding of relevant legislations, policies and procedures
- » GBV in Emergencies – how services adapt in crisis times
- » Providing sensitive and appropriate response to diverse populations including LGBTQI and women and girls with disabilities

In addition to these core GBV areas of understanding, each sector that service providers work in should receive specific skills and knowledge training adapted to each sector’s roles and responsibilities in responding to cases of gender based violence:

Police Minimum Best Practice Training Package to include:

- » Core concepts related to gender-based violence
- » Human rights and police work/conduct
- » National GBV legislation and ‘No Drop Policy’
- » Guiding principles on handling GBV cases
- » Sexual assault and step by step procedures for handling sexual assault cases
- » Interviewing victims and witnesses



- » Basic survivor-centred response skills
- » Providing sensitive and appropriate response to diverse populations including LGBTQI and people with disabilities

Health Minimum Best Practice Training Package to include:

- » Core concepts related to gender-based violence
- » Guiding principles on handling GBV cases, including informed consent procedures
- » How to ask GBV patients about what has happened to them
- » History taking and physical examination of adult women and children
- » Treatment and care of injuries
- » Basic survivor-centred GBV counselling
- » Documenting VAW
- » Risk assessment and safety planning
- » Providing sensitive and appropriate response to diverse populations including LGBTQI and people with disabilities

Counselling/Psychosocial Minimum Best Practice Training Package to include:

- » Core concepts related to gender-based violence
- » A gendered analysis of VAW
- » Types of abuses and their complex effects on adult women and children
- » Human Rights and GBV
- » Survivor-centred and rights based counselling approaches
- » Empowerment and recovery
- » Communication and intervention techniques including crisis intervention
- » Sexual violence and working with survivors of childhood sexual abuse
- » Child protection



- » Mental health consequences of GBV
- » GBV case management
- » Risk assessment and safety planning including short and long term strategies
- » Providing sensitive and appropriate response to diverse populations including LGBTQI and people with disabilities

Legal/Justice Sector Minimum Best Practice Training Standards:

- » GBV Crimes and the law
 - » Psychological/emotional harm: crimes
 - » Economic harm: rights and crimes
 - » Implementation of GBV policies in sexual offence matters
 - » Guiding principles in dealing with underage victims of sexual offences
- » Pre-Trial
 - » Making a GBV claim
 - » Treatment of GBV victims
 - » Treatment of GBV witnesses (adult and child witnesses)
 - » Interviewing and interpretation skills (of minors and adult victims of sexual offences)
- » Trial
 - » Privacy protections of adult victims and juveniles in GBV cases
 - » Special protections for victims and witnesses while testifying
 - » Cross examination, GBV related evidence and expert testimony



- » Claim for damages
- » Judgment and sentencing

5.3. Training and Wellbeing of Counsellors and Other GBV Caregivers

Providing empathetic quality and effective care to survivors of GBV comes with a toll. Staff caring for GBV survivors, regardless of their area of service and expertise, are vulnerable and at risk of being profoundly affected or even damaged by their work. In fact, the nature of working with GBV survivors more often causes caregivers to suffer from Burn-out, Compassion Fatigue and Vicarious Trauma.

- » **Burn-out:** A state of emotional, mental, and physical exhaustion caused by excessive and prolonged stress. It occurs when one feels overwhelmed, emotionally drained, and unable to meet constant demands. As the stress continues, the caregiver begins to lose the interest or motivation that led him/her to take on a certain role in the first place. The negative effects of burn-out spill over into every area of life—including home, work, and social life.
- » **Compassion Fatigue:** Refers to the cumulative and profound emotional, physical and psychological erosion that takes place when helpers are unable to refuel and regenerate. Day in, day out, workers struggle to function in care giving environments that constantly present heart wrenching, emotional challenges. Helping to make positive change in society, a mission so vital to those passionate about caring for others, comes to be seen as elusive, if not impossible. This painful reality, coupled with first-hand knowledge of society's flagrant disregard for the safety and well-being of the feeble and frail, takes its toll. Eventually, the worker has mostly negative attitudes.
- » **Vicarious Trauma (or Secondary Trauma):** Also called the 'emotional residue of exposure' that caregivers have from working with GBV survivors, hearing their traumatic stories and becoming witnesses to their pain, fear, and terror that they endure. It is a state of tension and preoccupation with the stories/trauma experiences described by GBV clients.



It is very important for service providers to know, monitor and accept their limits when working with survivors of gender-based violence. These limits include physiological, physical, emotional and psychological responses and attitudes to the cases and stories that caregivers engage with daily.

While caregivers have an individual responsibility to practice healthy self-care to lessen their vulnerability to suffering from Burn-out, Compassion Fatigue and Vicarious Trauma, it is even more crucial for staff to have access to organisational systems within their organisations that are meant to provide them with technical and emotional support.

Therefore, organisations in each key sector should put in place the following basics:

- » Case supervision meetings for guidance and mentoring
- » Formal system for debriefing difficult cases
- » Stress management training opportunities
- » Regular practice of safety procedures
- » Team retreats
- » Enforced mandatory leaves



Signature of Understanding

The Service Delivery Protocol is a living document, reviewed and amended annually as lessons are learned from implementation, laws and policies change, and frontline service providers change. In signing this Service Delivery Protocol, we the undersigned acknowledge and agree to:

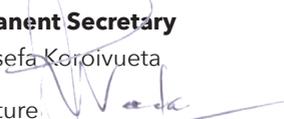
- a. abide by the guidelines of this service delivery protocol and furthermore commit to ensuring our staff to these service delivery approaches and standards.
- b. acknowledge that the Ministry of Women, Children and Poverty Alleviation will monitor the implementation of this Protocol through the EVAW Task Force
- c. understand this Protocol will be reviewed and amended annually as lessons are learned from implementation, as laws and policies change, and as frontline service providers change.



Ministry of Women, Children and Poverty Alleviation

Permanent Secretary

Dr Josefa Koroiyuetu

Signature 

Ministry of Health and Medical Services

Permanent Secretary

Mr Philip Davies

Signature 

Fiji Police Force Commissioner of Police

Signature 

Judicial Department

Signature 

Legal Aid Commission Director

Mr. Shahin Ali

Signature 

Ministry of iTaukei Affairs Permanent Secretary

Mr Naipote Katonitabua

Signature 

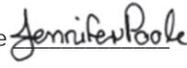
Fiji Women's Crisis Centre Coordinator

Ms Shamima Ali

Signature 

Medical Services Pacific Director

Ms Jennifer Poole

Signature 

Empower Pacific CEO

Mr. Patrick Morgan

Signature 

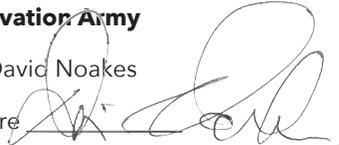
Homes of Hope Director,

Lynnie Roche

Signature 

The Salvation Army

Major David Noakes

Signature 



DATE _____



Annex 1: DIRECTORY OF KEY GBV SERVICE PROVIDING AGENCIES

1. FIJI WOMEN'S CRISIS CENTRE

88 Gordon Street
Suva City, Central.
www.fijiwomen.com

331 3300 (24 Hour Line)
9209 470 (24 Hour Mobile Line)
1560 (Toll Free National DV Helpline Fiji)

LOCATION

NADI
LABASA
BA
RAKIRAKI

PHONE

670 7558/ 9182 884 (24 Hour Line)
881 4609/ 937 7784 (24 Hour Line)
667 0466/ 9239 775 (24 Hour Line)
669 4012/ 9129 790 (24 Hour Line)

2. MEDICAL SERVICES PACIFIC

355 Waimanu Road, Suva.
After Hours Adult Counselling
Sexual Reproductive Health/Post Rape Care
Human Rights/Legal Aid
Gender Violence/Safe abortion Referrals
info@msp.org.fj

363 0108/ 354 8062/
991 0894 or 5640)
3630041
3630041
91 0894
1325 Toll Free Child Helpline Fiji

3. EMPOWER PACIFIC

2nd Floor Meghji Arjun Building,
157 Vitogo Parade,
Lautoka City
headoffice@empowerpacific.com

665 0482/831 8515

LOCATION

LAUTOKA
SUVA
NADI
LABASA
SOLOMON ISLANDS

PHONE

624 5227
310 0191
623 3934
881 3111
+677 300 65



4. DEPARTMENT OF SOCIAL WELFARE (Child Cases)

72 Suva St. Toorak Road, Suva. 3315585/ 3304466/ 3315931
PO box 2127, Govt Buildings, Suva. 3305110 (Fax)
www.welfare-women.gov.fj

LOCATION	PHONE
BA, KORONUBU ST	667 4245/ 667 1368
LAUTOKA, TAVEWA AVE	666 0241 666 1583
NADI, KOROIVOLU RD	670 0430
RAKIRAKI, VAILEKA HOUSE	669 4432
SIGATOKA, LAWAQA ST	650 0127
TAVUA, VATIA ST	668 0388

5. FIJI POLICE FORCE

Fiji Police headquarters 334 3777
Ratu Dovi Rd, Suva.
www.police.gov.fj

LOCATION	PHONE
NABUA POLICE STATION	338 4000
RAIWAQA POLICE STATION	338 3222
FLAGSTAFF POLICE STATION	330 7900
SAMABULA POLICE STATION	338 1222
TOTOGO POLICE STATION	338 4000
LAUTOKA POLICE STATION	666 0222
LOMOLOMO COMMUNITY POLICE POST	628 0367
VUDA COMMUNITY POLICE POST	665 0550
TAVAKUBU COMMUNITY POLICE POST	664 0231
NATOKOWAQA COMMUNITY POLICE POST	666 3306
ADAMS PLACE COMMUNITY POLICE POST	666 6305
VITOGO COMMUNITY POLICE POST	665 1400/ 990 5026
SHIRLEY PARK COMMUNITY POLICE POST	666 9493
NADI POLICE STATION	670 0222
NAWAI COMMUNITY POLICE POST	628 3322
MULOMULO COMMUNITY POLICE POST	628 0729
NADI MARKET COMMUNITY POLICE POST	670 1500



KENNEDY COMMUNITY POLICE POST	670 2621
NAWAICOBA COMMUNITY POLICE POST	674 0022
NAMAKA POLICE STATION	672 2222
AIRPORT COMMUNITY POLICE POST	672 2355
SABETO POLICE STATION	672 2285
SIGATOKA POLICE STATION	650 0222
KOROLEVU COMMUNITY POLICE POST	653 0122
KOROTOGO COMMUNITY POLICE POST	652 0565
KULUKULU COMMUNITY POLICE POST	650 0727
CUVU COMMUNITY POLICE POST	650 0155
VATUDRADRA COMMUNITY POLICE POST	628 1222
KAVANAGASU COMMUNITY POLICE POST	628 2789
VUNAHALU COMMUNITY POLICE POST	650 1919/ 628 0862
BA POLICE STATION	667 4222
RAVIRAVI COMMUNITY POLICE POST	667 1790
VATULAULAU COMMUNITY POLICE POST	667 3322
NUKULOA COMMUNITY POLICE POST	628 0005
KORONUBU COMMUNITY POST	628 6333
RAKIRAKI POLICE STATION	669 4222
NALAWA POLICE STATION	629 9288
KEYIASI POLICE STATION	628 1466
TAVUA POLICE STATION	668 0222
VATUKOULA POLICE STATION	668 0622

SHELTER SERVICES

6. SALVATION ARMY

Fiji Divisional Headquarters 331 5177/ 330 1752/ 331 5036/ 773 3177
 54 MacGregor Road, Suva.
 dhq_fiji@nzf.salvationarmy.org

LOCATION

PHONE

LABASA	881 4822
LAUTOKA	6663712

7. HOMES OF HOPE

Wailoku Suva 773-3369
 hoh@hopefiji.org



8. JUDICIAL DEPARTMENT

The Chief Registrar 3211482
C/- Judicial Department,
Level 3 - Old Wing Government Buildings
Government Buildings, Suva.

9. LEGAL AID COMMISSION

41 Loftus Street. 331 1195/ 928 8169
www.legalaidfiji.org

LOCATION

PHONE

NAUSORI	347 0003
NASINU	339 0693
NAVUA	346 0012
SIGATOKA	650 0172
NADI	670 0030
LAUTOKA	665 0011
BA	667 8000
TAVUA	668 0102
RAKIRAKI	669 4001
KOROVOU	343 0027
LABASA	881 5118
SAVUSAVU	885 3103
TAVUENI	927 1534
LEVUKA	355 7426
NABOUWALU	8507382

10. CENTRAL DIVISIONAL HOSPITAL

CWM HOSPITAL	3313444
11. NORTHERN DIVISIONAL HOSPITAL	
LABASA HOSPITAL	8811444
12. WESTERN DIVISIONAL HOSPITAL	
LAUTOKA HOSPITAL	6660399

PLEASE CONTACT YOUR NEAREST HEALTH CENTRE FOR CONTACT INFORMATION OF
SUB-DIVISIONAL HOSPITALS



Annex 2: ACTORS WHO INFORMED THE SERVICE DELIVERY PROTOCOL

* Disclaimer: This information was correct at the time of printing.

#	Name	Organisation
Western Division		
1	DPC Marika Yalimawai	Fiji Police Force
2	Avikali Bari	Fiji Police Force
3	Seruwaia Saulo	Fiji Police Force
4	Vasemaca Tuvou	Fiji Police Force
5	Anaseini Disiga	Fiji Police Force
6	Josua Neilesu	Fiji Police Force
7	Meli Bale	Fiji Police Force
8	Pauliasi Valetini	Fiji Police Force
9	Simione Basulu	Fiji Police Force
10	Ashmil Lal	Fiji Police Force
11	Vilikesa Baleiwai	Fiji Police Force
12	Tupa Talemainsiladi	Fiji Police Force
13	Salesitino Luba	Fiji Police Force
14	Miliano Tuilawakai	Fiji Police Force
15	Sairusi Nalerea	Fiji Police Force
16	Lanieta Tagicakibau	Ministry of Health and Medical Services
17	Merelita Tuiserua	Ministry of Health and Medical Services
18	Ajesh Vigyaan Sen	Ministry of Health and Medical Services
19	Pooja Sharma	Ministry of Health and Medical Services
20	Talei Tamaka	Ministry of Health and Medical Services
21	Saurogo Rasuo	Ministry of Health and Medical Services
22	Sala Burenitu	Ministry of Health and Medical Services
23	Michelle	Ministry of Health and Medical Services
24	Litiana Volau	Legal Aid Commission
25	William Nainima	Legal Aid Commission
26	Nimita Sharma	Legal Aid Commission
27	Anulesh Ram	Judicial Department
28	Naomi Virivirisai	Judicial Department
29	Kinivuwai Naba	Ministry of Youth and Sports
30	Samuela Tabakau	Fiji Red Cross
31	Abigail Erikson	UN Women
32	Sandrine Tonoukouin	UN Women



33	Shamima Ali	Fiji Women's Crisis Centre
34	Reshmi Singh	Fiji Women's Crisis Centre
35	Varea Teretuma Rika	Salvation Army
36	Anna Drui	Salvation Army
37	Elenoa Adi	Salvation Army
38	Meranda Emos	Empower Pacific
39	Sa'a Miriama Foster	Empower Pacific
40	Litiana Tabucala	Department of Social Welfare
41	Anareta Apole	Department of Women
42	Glenn Davies	Ministry of Women, Children and Poverty Alleviation
43	Renu Dayal	Department of Women
44	Sera Dugu	Department of Women
45	Karalaini Raisele	Department of Women

Central/Eastern Divisions

1	Akesh Narayan	Ministry of Health and Medical Services
2	Sheetal Raj	Ministry of Health and Medical Services
3	Salome Dauwali	Ministry of Health and Medical Services
4	Loreni Cama	Ministry of Health and Medical Services
5	Semi Baroi	Ministry of Health and Medical Services
6	Rajen Prasad	Fiji Police Force
7	Visha Latchmi Reddy	Fiji Police Force
8	Waisele Tomu	Fiji Police Force
9	Silio Lilicama	Fiji Police Force
10	Ulamila Sereivalu	Fiji Police Force
11	Matelita Mainukusa	Fiji Police Force
12	Waisake Radekedeke	Fiji Police Force
13	Vilikesa Nakadavotu	Fiji Police Force
14	Vitalina Sautu	Fiji Police Force
15	Joseva Naitini	Fiji Police Force
16	Pasemaca Daugunu	Fiji Police Force
17	Laisiasa Tuibeqa	Fiji Police Force
18	Orisi Tukana	Fiji Police Force
19	Helen Vuidreketi	Fiji Police Force
18	Aarti Prakash	Legal Aid Commission
19	Kavshik R. Prasad	Legal Aid Commission



20	Sokoveti Daunivesi	Legal Aid Commission
21	Moape Tau	Fiji Blue
22	Karolina Ravolaca	Fiji Blue
23	Jiokapeci Baledrokadroka	Medical Services Pacific
24	Iliseva Kalouniviti	Department of Women
25	Glenn Davies	Ministry of Women, Children and Poverty Alleviation
26	Raijieli Mawa	Department of Women
27	Sandrine Tonoukouin	UN Women
28	Abigail Erikson	UN Women
29	Sisilia Siga	Empower Pacific
30	Patrick Morgan	Empower Pacific
31	Bimla Madhavan	Empower Pacific
32	Seremaia Waqanisau	Legal Aid Commission
33	Ela Tukutukulevu	Department of Women
34	Ilisapeci Veibuli	Fiji Women's Crisis Centre
35	Turenga Nakalevu	Homes of Hope
36	Lynnie Roche	Homes of Hope
37	Ema Asioli	House of Sarah, Anglican Diocese of Polynesia
38	Tomasi Vunicagi	Judicial Department
39	Sr. Karolina Tamani	Ministry of Health and Medical Services
40	Dr. Torika Tamani	Ministry of Health and Medical Services
41	Viliame Cativakalakeba	Ministry of Itaukei Affairs
42	Ro Aca Mataitini	Ministry of Itaukei Affairs

Northern Division

1	Peni Moi	Fiji Police Force
2	Ilisapeci Ranadi	Fiji Police Force
3	Jeremaia Navabale	Fiji Police Force
4	Apisai Radravu	Fiji Police Force
5	Eroni Soqosoqotabua	Fiji Police Force
6	Peni Lebaivalu	Fiji Police Force
7	Monal Chand	Fiji Police Force
8	Suliasi Dreinatewa	Fiji Police Force
9	Saimoni Kunagone	Fiji Police Force
10	Joeli Tikowale	Fiji Police Force
11	Laleet Vikash Chand	Fiji Police Force



12	Mereseini Adivunusalusalu	Fiji Police Force
13	Vasemaca Ralaca	Fiji Police Force
14	Maca Baleinamoto	Fiji Police Force
15	Merewalesi Salaivalu	Fiji Police Force
16	Jona Semo	Fiji Police Force
17	Tomasi Vunicagi	Judicial Department
18	Avelina Rayasi	Department of Social Welfare
19	Salanieta Galuvakadua	Department of Social Welfare
20	Litea Salacakau	The Salvation Army
21	Esiteri Turagabeci	Repro. Family Health
22	Amelia Vavadakua	Office of the Director of Public Prosecution
23	Dr. Kulae Tuisabeto	Ministry of Health and Medical Services
24	Tiko Saumalua	Ministry of Health and Medical Services
25	Dinesh Lingam	Ministry of Health and Medical Services
26	Ashneel Prasad	Ministry of Health and Medical Services
27	Inoke Drauna	Empower Pacific
28	Sera Bogitini	Fiji Women's Crisis Centre
29	Adi Asenaca Watibula	Family Care Centre
30	Christine Atalifo	Department of Women
31	Mere Makulau	Department of Women
32	Stephanie Dunn	Legal Aid Commission

Annex 3: Domestic Violence Restraining Order (DVRO) FORM

SCHEDULE

1. The forms to be used under the Decree are prescribed in the Schedule to these Rules.

SCHEDULE

Form No. 1

APPLICATION FOR DOMESTIC VIOLENCE RESTRAINING ORDER

(Section 19)

IN THE MAGISTRATES' COURT/FAMILY DIVISION
OF THE MAGISTRATES' COURT/FAMILY
DIVISION OF THE HIGH COURT/JUVENILE
COURT/HIGH COURT*
AT

Application No.

BETWEEN:
(Applicant's full name, address and occupation)

AND:
(Respondent's full name, address and occupation)

I,
(Applicant's full name, address and occupation)

apply on notice/without notice*

for a Domestic Violence Restraining Order ("DVRO") against:

.....
(Respondent's full name, address and occupation)

and against:

.....
(Full name, address and occupation of any associates of the Respondent)

for the benefit of:

.....
(Full name, address and occupation of persons for whose protection the DVRO is being sought, that is "the protected person or persons")

SECTION A - DETAILS OF THE APPLICANT

This section need only be filled out if a person other than the victim or aggrieved person, is making the application.

A. Police Officer:

Full Name:

Rank:

Station:

Registered Number:

B. Any Other Authorised Person Under The Decree

Full Name:

Address:

Occupation:

(If you do not wish for the address to be disclosed to the Respondent, then please write that information on a separate piece of paper and give it to the Court when the application for DVRO is lodged)

SECTION B - DETAILS OF THE PROTECTED PERSON OR PERSONS

Full Name:

Gender:

Date of Birth:

Current Address:

Current Employment and address of employer:

Phone Numbers:

Home:

Work:

Mobile:

Other:

(If the Protected person does not wish for the address and other information in italics above to be disclosed to the Respondent, then this information should be written on a separate piece of paper and given to the Court when the application for DVRO is lodged)

Full Name, Gender and Date of Birth of other persons for whose protection the DVRO is being sought:

SECTION C - DETAILS OF THE RESPONDENT

Full Name:

Gender:

Date of Birth:

Current Address:

Current Employment and address of employer:

Phone Numbers:

Home:

Work:

Mobile:

Other:

Vehicle Registration and details:

Name and location of any place where the respondent may go regularly:

.....

SECTION D - DETAILS OF ANY ASSOCIATES OF THE RESPONDENT

Name:

Gender:

Date of Birth:

Current Address:

Current Employment and address of employer:

Phone Numbers:

Home:

Work:

Mobile:

Other:

Vehicle Registration and details:

Name and location of any place where he or she may go regularly:

.....

SECTION E – RELATIONSHIP OF THE PROTECTED PERSON(S) TO THE RESPONDENT

What is the relationship of the person or persons sought to be protected by a DVRO to the Respondent?

- (i) Spouse:
 - married:
 - married but separated:
 - divorced:
 - de facto relationship:
- (ii) Other family member:
Please specify relationship:
- (iii) Boyfriend or girlfriend:
- (iv) Person residing in same household or residence:
- (v) Person who is wholly or partly dependent on paid or unpaid care or a person who provides such

SECTION E - BASIS OF APPLICATION

Details of most recent incident of domestic violence (include dates if possible):

.....

.....

.....

.....

.....

Details of history of domestic violence (include dates if possible):

.....

.....

.....

.....

.....

Why do you believe that domestic violence is likely to occur again or a threat is likely to be carried out?

.....

.....

.....

.....

.....

SECTION F – CONDITIONS OF THE DVRO**Standard Non-molestation Conditions**

Under section 27 of the Decree, the following standard non-molestation conditions apply to every DVRO:

The Respondent must not:

- (a) physically assault or sexually abuse the protected person;*
- (b) threaten to physically assault or sexually abuse the protection person;*
- (c) damage or threaten to damage any property of the protected person;*
- (d) threaten, intimidate, or harass the protected person;*
- (e) behave in an abusive, provocative or offensive manner towards the protected person;*
- (f) encourage any person to engage in behaviour against a protected person, where the behaviour if engaged in by the respondent would be prohibited by the order.*

Under section 28 of the Decree, if a DVRO is made for the safety and wellbeing of a person and that person has a child or children in their care, then, unless otherwise ordered by the Court, the standard non-molestation conditions apply for the protection of that child or those children.

Additional Conditions

I also apply for the following additional conditions *(please tick as appropriate)*:

1. NON-CONTACT

Under section 29, the Court when making a DVRO for safety and wellbeing of a person (protected person), may include non-contact provisions, as a result of which the Respondent must not:

- (a) watch, loiter near, or prevent or hinder access to or from, the protected person's place of residence, business, employment, educational institution or any other place that the protected person visits often; or*
- (b) follow the protected person about or stop or accost the protected person in any place; or*
- (c) enter or remain on any land or building occupied by the protected person; or*
- (d) enter any land or building or remain there when the protected person is also on the land or in the building;*
- (e) make any other contact with the protected person (whether by telephone, correspondence or otherwise) except such contact that is permitted by the Court and such contact that is reasonably necessary in an emergency.*

2. PROTECTION OF SPOUSE

Under section 30, the Court when making a DVRO for safety and wellbeing of a person (protected person), may direct that DVRO also apply for the benefit, of a person, not being the Respondent, who is the spouse of the protected person.

3. CONDITIONS FOR CHILDREN

Under section 31, the Court when making a DVRO for safety and wellbeing of a person (protected person), may include provisions for the safety and wellbeing of a child or children, including matters in relation to:

- (a) where the child should live;*
- (b) who should care for the child;*
- (c) a child being delivered to the person who should care for the child;*
- (d) arrangements for contact in relation to the child or*
- (e) other issues relating to the safety and wellbeing of the child.*

4. USE OF POSSESSIONS

Under section 32, the Court when making a DVRO for safety and wellbeing of a person (protected person), may make provision for the use of personal property, including provisions that the Respondent:

- (a) must deliver specified personal property to the protected person or to another person or location specified in the order;*
- (b) must allow the protected person, or another person on their behalf, to collect specified personal property from the respondent or from a specified location;*
- (c) must allow the protected person, or another person of their behalf, access to premises for the purpose of collecting specified personal property;*
- (d) must leave specified personal property in the home, or at another specified location, for use by the protected person;*
- (e) must not remove or attempt to remove specified personal property from the protected person;*
- (f) must comply with directions by the court regarding arrangements for transfer of specified personal property.*

The protected person must make specified personal property available for use the respondent and comply with directions by the court regarding arrangements for transfer of specified personal property

5. WEAPONS

Under section 33, the Court when making a DVRO for safety and wellbeing of a person (protected person), may make the following provision in relation to weapons:

- (a) that the respondent must not have any weapons or particular weapons specified by the court in their possession, custody or control;*
- (b) that the respondent must not seek to acquire any weapons or particular specified by the court;*
- (c) that the respondent must surrender all weapons and weapons licences or those specified by the court to the police within a specified time;*
- (d) that the respondent must surrender all or any weapons and weapons licences at any time on demand by a police officer;*
- (e) that all weapons licences or those specified by the court held by the respondent is suspended or cancelled and*
- (f) that the respondent is disqualified from holding or seeking to hold any weapons licence or a particular weapons licence specified by the court.*

6. URGENT MONETARY RELIEF

Under section 34, the Court when making a DVRO for safety and wellbeing of a person (protected person), may order that the respondent pay such monetary relief to or in respect of, a person protected by the DVRO.

7. OCCUPATION/TENANCY ORDER

Under section 35 and 36, the Court when making a DVRO for safety and wellbeing of a person (protected person), may make an order that the protected person has the right to occupy a home and that access by the Respondent to the home be restricted, or the court may make an order that vests in the protected person the tenancy of which the Respondent is the sole tenant or is a joint tenant with the protected person.

SECTION G – COURT PROCEDURE

Does the protected person(s) request that a police officer represent him or her at their court appearance?

YES/NO*

SECTION H - DECLARATION

(The Applicant, except if a police officer, must sign this application in the presence of a Justice of the Peace, Commissioner for Oaths, Barrister or Solicitor or a Police Officer above the rank of the inspector.)

I, the applicant in this application, do solemnly and sincerely declare that the information set out in this application is true and correct to the best of my knowledge and belief.

AND I wish to apply for a DVRO against the Respondent named in this application.

AND I make this solemn declaration believing the same to be true and by virtue of the Statutory Declarations Act.

Declared at this]
..... day of 2... before]
me and I certify that the declaration]
was read over in the]
language to the declarant who]
appeared fully to understand the]
meaning thereof: (signature of the Applicant)

.....
(Witness's signature, name and nature of office held)

* delete as appropriate

Annex 4: Domestic Violence Complaints Notice

Form No. 4

COMPLAINTS NOTICE

(Section 14)

Instructions to Complainants

Under section 14 of the Domestic Violence Decree 2009, a police officer must make an application for a domestic violence restraining order (“DVRO”) for the protection of a person who is or may become a victim of domestic violence in the following cases:

- (a) where a person is charged with a domestic violence offence; or*
- (b) where the police officer believes or suspects that a domestic violence offence has recently been committed, is being committed, is imminent or is likely to be committed, and the victims safety or wellbeing is at risk.*

*However, this obligation **does not apply** if the police officer is aware that an application for a DVRO has already been commenced; or if in the special circumstances of the case, a decision has been made by the police officer that there are good reasons why an application should not be made.*

Under this section, if the police officer decides not to make an application, then he must make a written record of the decision and the reasons for the decision, and immediately provide a copy of this written record, together with this Complaints Notice attached to each person for whose protection a DVRO would otherwise have been sought.

By this Complaints Notice, you may make a complaint about the delay by a police officer in applying for a DVRO or a decision by a police officer not to apply for a DVRO.

TO:

- (a) THE COMMISSIONER OF POLICE**
- (b) THE POLICE COMPLAINTS DIVISION**
- (c) PRESIDING JUDICIAL OFFICER HAVING JURISDICTION**
- (d) THE CHIEF REGISTRAR**

Complainant’s Details:

Name of Complainant:

Date of Birth:

Gender:

Address:

Telephone Number:

Details of The Police Officer Against Whom Complaint Made:

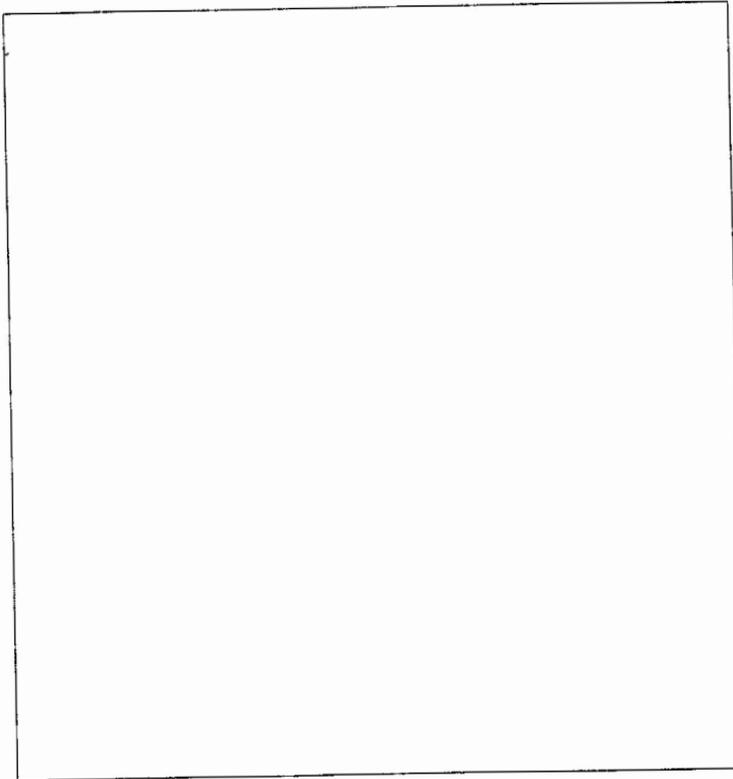
Full Name:

Rank:

Station:

Registered Number:

Nature and Details of the Complaint: *(include details of when an application for a DVRO was made, and the reasons given by the police officer for not applying for a DVRO)*



I hereby request that appropriate investigations and action, as authorised by law, be taken against the afore-mentioned police officer.

Declaration

I,, do solemnly and sincerely declare that the information set out in this notice is true and correct to the best of my knowledge and belief.

AND I make this solemn declaration believing the same to be true and by virtue of the Statutory Declarations Act.

Declared at this]
..... day of 2... before]
me and I certify that the declaration]
was read over in the]
language to the declarant who]
appeared fully to understand the]
meaning thereof:]
(signature of the Applicant)

.....
(Witness's signature, name and nature of office held)

Annex 5: Child Welfare Act Notification Form

CHILD WELFARE DECREE (2010) NOTIFICATION FORM

TO:	The Permanent Secretary Ministry for Women and Social Welfare Suva Fax: 330 3829^	Consultant Paediatrician Health Division _____ Fax Western Division: Fax Northern Division: Fax Eastern/ Central Division:
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In accordance with Section 4 and 5 of the Child Welfare Decree 2010, I hereby notify you the details of the harm/likely harm suffered by the under mentioned child.

- a) CHILD'S NAME.....
- b) CHILD'S DATE OF BIRTH.....
- c) PRESENT RESIDENCE OF CHILD.....
- d) NAMES OF CHILD'S PARENTS :
 - i) Father's Name.....
 - ii) Mother's Name.....
 - iii) Guardian's Name.....
- e) RESIDENTIAL ADDRESS OF PARENTS AND THEIR PHONE CONTACTS
 - i) Father- Home (landline).....mobile.....office.....
 - ii) Mother-Home (landline).....mobile.....office.....
 - iii) Guardian-Home (landline).....mobile.....office.....
- f) DETAILS OF THE HARM THE PROFESSIONAL IS AWARE OR THE PROFESSIONAL SUSPECTS (Include additional details on another page):

.....

g) PROFESSIONAL'S NAME, ADDRESS & TELEPHONE NUMBER:

Rank.....No*.....Name.....TelNo.....EDP#.....

h) OTHER DETAILS

- i) Date and time reported.....
- ii) By whom.....
- iii) Report number.....

.....
 (Signature of professional)

.....
 (Date)

^Permanent Secretary's office phone 3312199

* Refers to practicing licence registration, include if profession is licensed

EDP refers to Electronic Data Processing number, relevant for all public sector employees

CARE AND TREATMENT ORDER

To: The Permanent Secretary, Ministry for Social Welfare, Women and Poverty Alleviation

Fax: 3303829 Department of Social Welfare Permanent Secretary's Office Fax¹

Copy to: _____ Person in charge of the health facility

In accordance with Part 3 of the Child Welfare Decree 2010, I hereby notify you of the care and treatment order (CTO) for the under mentioned child.

- A) Child's Name: _____
- B) Child's Date of Birth: _____
- C) Child's National Health Number: _____
- D) Child's MCH Clinic: _____

CTO start		CTO ends (<i>Up to 48 hours from CTO start</i>)	
Date:	Time:	Date:	Time:

Details of the child's condition:

Reasons for the CTO:

Health facility where the child is currently held: _____

- Designated Medical Officer has explained to the child and carer the purpose and effect of the CTO

Name Designated Medical Officer: _____

Medical Registration Number²: _____

Signature: _____

Telephone Number: _____

¹ Department of Social Welfare Permanent Secretary's Office Phone: 3312199

² Registered under the Fiji Medical and Dental Practitioners Decree (2010)

Annex 6: GBV Referral Pathway Developed for Emergencies/Disasters

FIJI National GBV Sub Cluster Guidance on GBV Case Referral Guide for Referrals of GBV Survivors – TC Winston

Ensure a **survivor centered approach**. Refer survivors of GBV to essential services, using key guiding principles of **respect, safety, confidentiality and non-discrimination**. This is not intended to replace existing protocols, but rather to guide first responders in TC Winston.

A survivor discloses an incident of gender-based violence (rape, sexual assault, domestic violence, exploitation, stalking, verbal abuse): Please take the following steps:

DO'S

- Provide immediate emotional support.** Comfort the survivor and tell her it is not her fault. Believe her.
- Provide a safe environment for her.** If a woman is with her partner it will not be safe for her. Do not talk to her partner.
- Be attentive and listen carefully,** give the person time to say what they want to say.
- Remember confidentiality** is crucial to her safety. Keep her personal information confidential. Do not share with friends, family, and acquaintance.
- Respect the woman's right to decide for herself** what action she wishes to take.
- The safety of the survivor is paramount at all times.**
- Refer the survivors** trained professionals as per the GBV referral guidelines.

If the woman is extremely vulnerable (woman with disability, pregnant, lesbian/transgender, and/or elderly) and needs support to take action, with her permission, accompany her to a designated service provider or appropriate leader

DON'TS

- Don't ignore the disclosure
- Don't blame the survivor
- Don't make choices for her
- Don't offer advice under any circumstance or attempt reconciliation
- Don't insist on joint meeting with her and her partner
- Don't recommend couple counselling
- Don't discriminate for any reason such as age, disability, religion, ethnicity, class and sexual orientation.
- When children disclose, don't ignore.
- Don't touch survivors.
- Stay calm, don't overreact.
- Do not take photos of the survivor or call the media

Handling Child Cases (18 years and younger):

Call Child Help Line (1325)

- Ensure the child is referred to a mandated professional (Social Welfare Officer, Medical practitioners, Police, School teachers) s4 Child Welfare Decree
- Follow the referral process below

Benefits and Risks for Seeking Help: For survivor information/informed consent:

BENEFITS

- Immediate help and support from a trained GBV Counsellor
- Medical care within 3 days for Post-Exposure Prophylaxis, and within 5 days for Emergency Contraception/STI prevention
- Immediate help with safety and security

RISKS

- Possibility that confidentiality will be compromised in the referral process. Referral to trained providers can help to lessen this risk.
- Possible safety risk so need to discuss with survivors themselves about their situation.
- Possible insensitive response by service providers who are not trained properly.

IF THE SURVIVOR HAS GIVEN PERMISSION TO REFER: FOLLOW GUIDELINES BELOW FOR PRIORITISING CARE REFERRALS



After an immediate response, follow up actions and services may include:

- Ongoing counselling and support
- Police
- Access to legal aid.
- Medical, counselling
- Legal aid
- Livelihood opportunities for rehabilitation



