Post-assault management in the field: prepare well

Yourself and Colleagues	 All things prevention, e.g. minimise exposure of colleagues by analysing sexual assault cases you know of: where / with who / under which conditions did they take place, can you recognise any patterns? Extend your advisory, general security briefing, contingency plans, SOPs Think through the scenarios and the steps in the algorithm: what would you need support with if? Call COPE – for preparation and in case the worst happens: to be guided and supported Remember: when an assault happens, it was the perpetrator who did it – the survivor is not to blame
Medical	 Identify actors that can provide PEP kits (UNWOMEN, UNICEF, ICRC, Red Cross/Crescent, local women's shelters etc.) and discuss if and how you can use them in emergencies Identify suitably qualified medical actors who can provide sensitive treatment and support in a timely fashion If medical treatment options are low in your country (locations), adjust MedEvac/contingency plans
Criminal Justice	 Familiarise yourself with sexual assault laws in your country especially with regard to victim punishment and requirements for criminal prosecution Check if GIZ has a retained lawyer, if/how you can use them, and if they are knowledgeable with sexual assault prosecution (if not: find/retain other legal advise and support)
•	 Check whether going to the police is safe for a survivor in general and whether they can come by for reporting
Forensics	 Identify actors (police) who provide the needed services and discuss how you can reach them in emergencies Consider corruption and protocol e.g. hardly any judge will convict on DNA by outside labs due to chain of evidence abuse
Reporting	 Clarify with your country director the protocol for confidential reporting: confidentiality > duty to report in assault cases

Post-assault management in the field: support well

Is the survivor in a safe place?

Does s/he want medical treatment?

What place is perceived as safe depends on the survivor's experience

Try to respond to the survivor's proposal

Being in a place where the affected person feels safe and comfortable might ease the situation a lot

Offer your company and stay present if asked for it First response: check if any prior illnesses, chronic illnesses, etc. are to be respected

Pep kits need usually to be prescribed by a doctor

Involving internal medical services: to offer the best treatment options, also regarding pre-existing conditions Does s/he want criminal justice involved?

Be aware and prepare the survivor that the criminal investigation can contain challenging parts

Is sh/e in a good place to reiterate the story once more?

Ask what you need to know, not what happened – your job is not to investigate

Repeatedly being asked to describe the incident may lead to re-traumatisation, including that shame felt by survivors can be increased by others involvement Do for tak

Does s/he want forensic evidence to be taken?

Be aware and prepare the survivor that thas medical check can contain challenging parts

Taking forensic evidence requires a very intimate medical examination

It might be of great importance for further prosecution but emphatically assuring that the survivor is really already capable to stand the necessary procedures is key

If the survivor e.g. reacts sensitively to physical closeness or contact, intimate examination might not be advised Does s/he want to report or initiate an internal investigation?

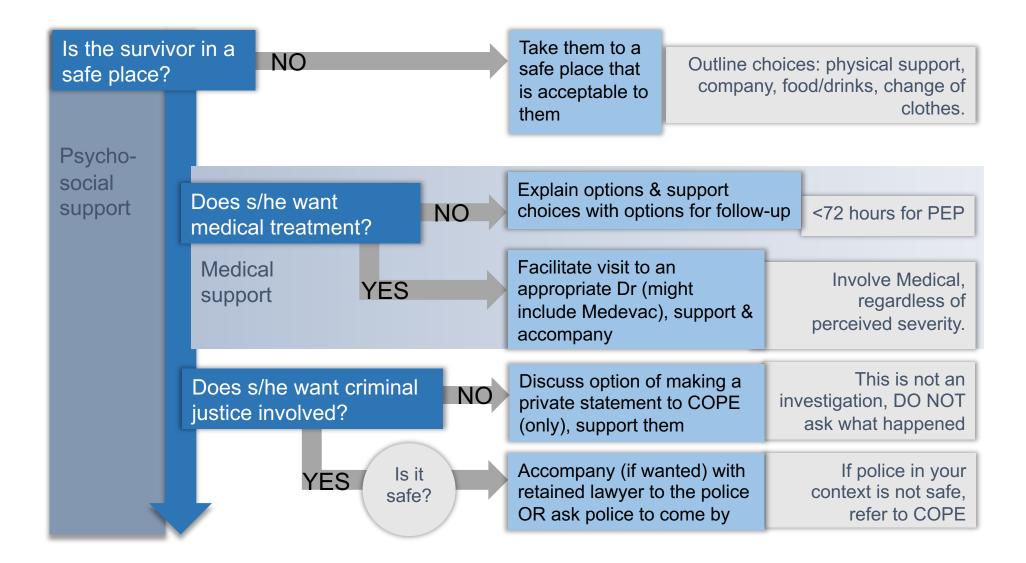
For many survivors, the sentiment of preventing others from suffering the same helps their own coping

At the same time, an internal investigation can draw a lot of unwanted attention and might create pressure from colleagues to explain oneself (beware of the blaming)

Consider anonymous reporting and – in any case – respect the wish for confidentiality

Note: others' attention can make coping more difficult

Algorithm for post-assault management in the field (I)



Algorithm for post-assault management in the field (II)

