

PARTNERSHIP MANAGEMENT GUIDELINES:

Organisational Response to Sexual Assault and Rape

supporting Partnership Policies on Harassment Prevention (2011) and Security Management (2010)
Approved by B Vaneris, Chief People Officer, 18th April 2012

INTRODUCTION:

Sexual assaults (including rape) are among the most frightening and violent forms of physical assault against an individual. Such violence is an increasing risk, especially for women¹, and it has extremely serious physical and psychological consequences. As with any serious security incident, appropriate response and good management are critical in meeting the health and safety needs of WV employees who have been subjected to this form of violence. It is important to understand that in no way is the victim of rape responsible for the assault. The rapists, alone, are responsible for the rape. It can happen to anyone, any time, and any place regardless of age, gender, or behavior.

In 2010, World Vision established a Partnership policy on Security Management and another policy on Harassment Prevention (which was updated in 2011 to make direct reference to sexual assaults). These Partnership Management Guidelines have been written by WVI Global Centre People & Culture and Office of Corporate Security to assist managers in all WV entities in the implementation of these Partnership policies.

PURPOSE:

These guidelines affirm World Vision's commitment to maintain a healthy and safe work environment and establish procedures for WV entities to ensure the appropriate management of sexual assault, including due consideration of medical, legal and emotional concerns. The guidelines require the provision of HIV Post Exposure Prophylaxis (PEP) kits. They outline the circumstances under which the administration of the PEP is warranted. They include broad guidelines for administering PEP and steps that all WV offices should take to ensure that employees of all categories, who may be vulnerable to workplace exposure to HIV, have appropriate access to PEP treatment.

GENERAL APPROACH:

It is very important for all WV entities and their employees to recognise the significance of sexual assault as a type of security incident, and to provide appropriate physical and psychological follow-up, as well as deal with the legal aspects.

Managers have a key role to play and are responsible for ensuring that proper measures are taken in response, as per the World Vision International Security Policy and country or location specific security guidelines.

When such an incident has taken place, it is also essential to give support to all those responding, in order to help them deal with their distress and feelings of guilt at having been powerless to intervene. Staff Care (a unit in WVI GC P&C) and Regional and Partnership critical incident stress management (CISM) peer supporters are available to give further support.

SCOPE:

The guidelines are relevant to all WV employees covering all employment categories including without limitation; local/national, expatriate, contract employees, interns and volunteers (and with reference to local laws regarding HIV).

DEFINITIONS:

For the purpose of these guidelines the following working definitions are used:

- **Sexual Assault:** Any non-consensual sexual act which is forced by one or more persons upon another.
- **Rape:** Sexual intercourse which is achieved without the victim's consent.

Sexual assault and rape are forms of *sexual violence* meaning that force and threats are an integral part of the assault. Rape has nothing to do with sex and everything to do with power over the victim. This form of violence is used to terrorise hurt and humiliate victims, using sex as a weapon.

¹ While the incidence of rape is generally more prevalent among females, World Vision recognises that men can also be at risk. Nevertheless these guidelines usually refer to female staff and use female pronouns.

SPECIFIC GUIDELINES ON THE MANAGEMENT OF SEXUAL ASSAULT:

General Preparation

- **PEP kits:** National Directors/CEOs need to make sure they have adequate provisions in place to provide PEP kits – see detailed guidelines below.
- **Legal Requirements and Procedures:** National Directors/CEOs should be familiar with the general requirements for prosecution and for gathering evidence at their work location. They should establish an easily accessible file describing (in detail) current local forensic medical requirements and legal procedures for prosecution of the alleged assailant in the case of a rape or attempted rape (with advice from a criminal lawyer).
- **Identify Local Legal Counsel:** National Directors/CEOs should identify a local attorney who can be contacted for emergency consultation. Every attempt should be made to build and maintain a relationship with an attorney before a crisis occurs. The attorney's name, address and telephone numbers (office and home) should be kept with the forensic and legal information collected and updated annually.
- **Emergency Contact numbers:** Ensure relevant contact details (leadership team, security, communications, staff care, etc.) are up to date and easily accessible for all staff (preferably on laminated pocket card).
- **Disclosure of Risks during recruitment:** In high risk locations, WV recruiters are to ensure that candidates are aware of security risks at their assigned location. This includes spelling out the risk of sexual assault and rape, and the subsequent security protocols established to mitigate the risk, during recruitment.
- **Orientation and Training:** Pre-departure and in-country orientations should address the safety and security needs of all WV employees. As a minimum, all staff should be familiar with what actions to take to reduce individual risk of sexual assault and/or rape and the protocols established at their work location in the event such an incident occurs, including:
 - Designated Staff Care and Safety focal point and other emergency contact numbers
 - Access to PEP treatment including counseling, testing and emergency contraception
 - Confidentiality protocols, legal procedures, and reporting requirements, and
 - Medical evacuation procedures

Managing a Case of Sexual Assault

- **Confidentiality:** It is essential to respect a sexual assault or rape victim's need for confidentiality. All information is to be managed confidentially. WV employees should be assured that while others may have to be informed of pertinent circumstances surrounding the rape (if it is determined other WV employees may be at risk) the victim's name will be protected to the *maximum extent possible*.
- **Personal Files:** The individual's name should not be entered on any incident report form (including *EthicsPoint*). As in all cases of psychological trauma, no mention of the security incident or of the violence inflicted on the victim is to appear in her personnel file. She alone decides who is to know about any trauma suffered. Consider placing a confidential note in her file, in a sealed envelope, which should only be opened by a WV-designated medical doctor bound to medical secrecy.
- **Medical Decisions:** Medical decisions are made with the help of a medical professional in the country where the incident occurred and in consultation with the National (WV) Office P&C Director. The desires of the victim should take precedence in any actions even though there may be cases where the victim's wishes are challenged on medical grounds. Privacy issues and institutional policy will guide the amount of interaction with the victim's family and significant others. (See section below on the National Office Responsibilities for PEP).
- **Notification Protocol:** Any rape or attempted rape is a security incident and a report should be completed and sent to the National Director. The National Office Security Officer should also send a security incident report through the Corporate Security reporting system. Additionally, the National Office P&C Director should report a **Code Red** incident through the Employee Relations (ER) reporting system:
 - Type of assault.
 - Date and time of day and the exact location (name of the town or city the assault occurred)
 - Whether the assault was related to the program
 - Whether assailant was known (and whether there was more than one assailant)
 - Whether a weapon(s) was involved

Post Incident Care:

- **Compassionate Response.** The trauma suffered by victims of sexual assault affects every facet of their lives. Individuals who report that they have been sexually assaulted should be treated in a compassionate, non-judgmental manner, befitting that of an employee of WV.
- **EthicsPoint.** The recovery from sexual assault is a long and hard journey. A reporting and case management system database called *EthicsPoint* is maintained at national, regional and Partnership level to assist National Directors in offering emotional support to employees experiencing guilt, anger, or anxiety.
- **Staff Care.** One function of GC P&C Staff Care is to provide appropriate critical incident stress management to those in need. They manage *EthicsPoint* data regarding critical incident responses and will work with the locally designated Staff Care point person to ensure that all options are discussed with the staff member involved and appropriate support given, including organisational options of medical evacuation for counseling and recuperation (where such counseling and psychotherapy services are available and appropriate) and/or leave of absence from work.
- **Point of Contact.** Updated lists of Staff Care and Safety focal points are kept by P&C in each regional office.

Immediate Aftermath of an Assault

- **Investigation.** It is a natural and reasonable tendency for victims of attacks to want to fully cleanse themselves and the scene of the crime, and to blame themselves for the attack having happened at all. Most victims are reluctant or too traumatised to report the incident while the evidence is still intact. If you are assisting a staff member try to overcome these understandable, but undesirable reactions. Remember, do not clean up or otherwise alter the scene of the attack until it has been reported and investigated.
- **Staff Care and Safety personnel** will provide initial crisis intervention including:
 - ensuring the safety of the staff members involved in the attack and others
 - emotional support to the victims of attacks and, where appropriate, their families
 - seeking immediate medical help from the nearest approved medical centre
 - explaining the importance of having a general medical and forensic examination to assure relevant items at the scene and clothing are tested for the presence of semen, DNA tissue, physical signs of rape/sexual assault, for sexually transmitted diseases STD and (for women) pregnancy
 - reporting the attack to the National Director/CEO, P&C Director, and Security Office
 - acting as custodian of PEP starter kits at approved WV offices as part of an integrated package of post-rape or HIV prevention services that includes sexually transmitted infections (STI) treatment, tetanus, hepatitis, antibiotics, emergency contraception. The decision on whether or not to use the full contents of a PEP kit will always be made by the individual staff member.
 - HIV testing facilities and counseling services, and assessing the risk of exposure to HIV to determine whether evacuation for further medical or psychological treatment or Post-Exposure Prophylaxis (PEP) Treatment (for HIV or STDs) is recommended, particularly in remote locations.
- **PEP Treatment.** There is now the need to provide post-exposure prophylaxis (PEP) treatment for HIV infection in the event of rape occurring in-country. This should be considered immediately after exposure. The decision on whether or not to use the full contents of a PEP kit will always be made by the individual staff member.

Ongoing Support

- **Counseling.** National Directors/CEOs (with Global Centre, Regional or National Staff Care support) should continue to help all WV employees, both local/national and international, by offering professional counseling.
- **WV CISM trained staff.** Many offices now have staff trained in critical incident stress management (CISM). The kind of support offered by such counseling should include the following:
 - Working with employees to consider available options including medical evacuation for counseling and recuperation and/or leave of absence from the program and/or a return to one's own culture to facilitate the healing and emotional reorganisation associated with such traumatic events.
 - Assisting staff members in making their own decisions to regain control of their life - start with the small decisions, such as what to take home, etc.
 - Gradually beginning to discuss options:

- Returning home for additional medical or psychological support
- Notifying family or friends
- A willing and able member on staff to provide companionship and support
- Concerns about returning to previous position

SPECIFIC GUIDELINES ON THE USE OF HIV POST EXPOSURE PROPHYLAXIS (PEP)

WV requires that the Security and P&C strategy for all WV offices include information on HIV exposure for all employees (local/national and international) and ensures that pre-packaged PEP starter kits be provided for those who choose to be treated. Details of how to procure PEP kits will be available from Regional P&C Directors.

What is post exposure prophylaxis (PEP)?

- Post Exposure Prophylaxis is an emergency medical response for those who may have been exposed to the HIV virus. Post Exposure Prophylaxis consists of medication, laboratory tests and counseling. Ideally PEP should be initiated within 2 hours, but no later than 72 hours of possible exposure to HIV, and must continue for approximately four weeks. PEP is not 100% effective though it has been proven to reduce the risk subsequently of becoming HIV positive by around two thirds.
- For the purpose of this document, PEP is provided to individuals exposed to HIV through sexual assault or work related accident.

What is in the PEP kit?

- The World Health Organization staff PEP starter kit contains: anti-retroviral (ARV) medication required for the first 5 days of PEP, a pregnancy test kit and emergency oral contraception (Levonorgetrel), plus guidelines for the attending physician and the patient, and a consent form.
- In addition to the above and in the event local hospitals do not carry sufficient stock, a Post Rape Kit would also ensure that Azithromycin and Cefixime are readily available for presumptive treatment of STI.

Guidelines for Administering PEP (See Annexes 2 and 3)

- WV offices should adapt the guidelines according to national protocols and country context. Where possible:
 - PEP should be prescribed by a qualified physician who can assess the risk of the exposure, discuss this risk with the patient, and perform the needed laboratory tests, before discussing and prescribing an appropriate treatment. It is very important that benefits, side effects, and risk-benefit issues be discussed in detail. When needed, consider working with appropriate interpreters.
 - Identify a medical professional experienced with managing patients on PEP, as well as a reliable source of the medications required. National Offices are asked to liaise with the HIV/AIDS in-country teams and/or Ministry of Health representatives for the most up-to-date PEP protocol information, and contact Regional P&C or Global Centre P&C for a list of local and/or international service providers.

National Entity Responsibilities for PEP

All National Offices (NOs) should take the following steps to make PEP available to employees:

- Identify existing national guidelines and procedures and develop a national PEP protocol that aligns with the World Vision International guidelines (as appropriate).
- Identify doctors, health facilities or health NGOs who have experience administering PEP. Ideally, each NO should identify qualified providers within a two-hour radius of the head office and each sub-office/ADP location.
- If the sub-office/ADP or main office area is in a location with no medical practitioners who have been trained in administration of PEP, the NO should contact the National AIDS Commission or Ministry of Health for guidance.
- Establish a partnership with an appropriately trained provider/facility to serve as the provider of PEP for employees.
 - Fast-tracking should be available, i.e., employees should be able to go directly to the provider to access PEP without first receiving permission or authorisation from the NO,
 - PEP services should include counseling, HIV testing, medicines, follow-up support to include treatment for side effects or further counseling during the course of PEP, and follow-up testing at six weeks,

- three months and six months after exposure,
- A system should be established for the provider to charge the NO for PEP that ensures the patient's confidentiality. For local/national employees, the WVI Health Plan can be used to pay for PEP. For international employees, health insurance or WVI international worker's compensation plan (depending on the circumstances of exposure) can typically be used to reimburse PEP charges.
- Develop educational information for all employees. Translate into local language(s) if needed. The educational information should include, at a minimum:
 - What is PEP
 - When it should be used
 - When it should not be used (in cases of people living with HIV)
 - That PEP is not a substitute for behavior that reduces risk of exposure to HIV (e.g., safer sexual practices, including condom use and steps to reduce occupational exposure)
 - Potential side effects
 - Guidelines for pregnant women, breastfeeding mothers, sexually active adults
 - Process for accessing PEP
- Determine how to ensure that ALL employees receive information about when and how to access PEP.
- Inform new employees of PEP policy and local implementation plan during the orientation process.
- In very rare circumstances, where field offices may not have immediate access to qualified health facilities, NO's may consider keeping PEP starter kits (as opposed to full kits) so that exposed employees (local/national and international) can begin PEP within the recommended window of time. The starter kits serve as a bridge between exposure and full PEP and NOs must consult with Regional P&C Director or Global Centre P&C and appropriate medical staff about keeping PEP starter kits in WV offices.
- Any employee using a PEP starter kit MUST be seen by a qualified health professional as soon as possible after the incident when he/she was potentially exposed to HIV.

FURTHER INFORMATION AND SOURCES:

The guidelines are compiled from documents provided by various agencies working in the field of humanitarian relief and development. Information on avoiding situations where assault may occur and on responding appropriately if an unwanted event occurs utilize The United States Department of State and Office of Diplomatic Security, the International Committee of Red Cross and UN Department of Safety and Security as sources.

FACTS² ABOUT SEXUAL ASSAULT AND RAPE:

Sexual assault and rape are very sensitive and difficult issues to discuss, but this is why we must discuss these issues:

- In recent years rape has been increasingly used as a means of terror by armed groups in conflicts around the world. Incidents in which humanitarian personnel have been sexually violated are increasing.
- Research indicates that at least one female in three over the age of 14 has been sexually assaulted, regardless of her nationality, location, economic condition, or educational status.
- Rape is the most under reported of all violent crime. For every case reported it is estimated 20 to 50 cases go unreported.
- About one third of rape victims are assaulted in their own homes, often by someone they know.

² UNODC Report on Sexual Violence and Rape at the National level 2010