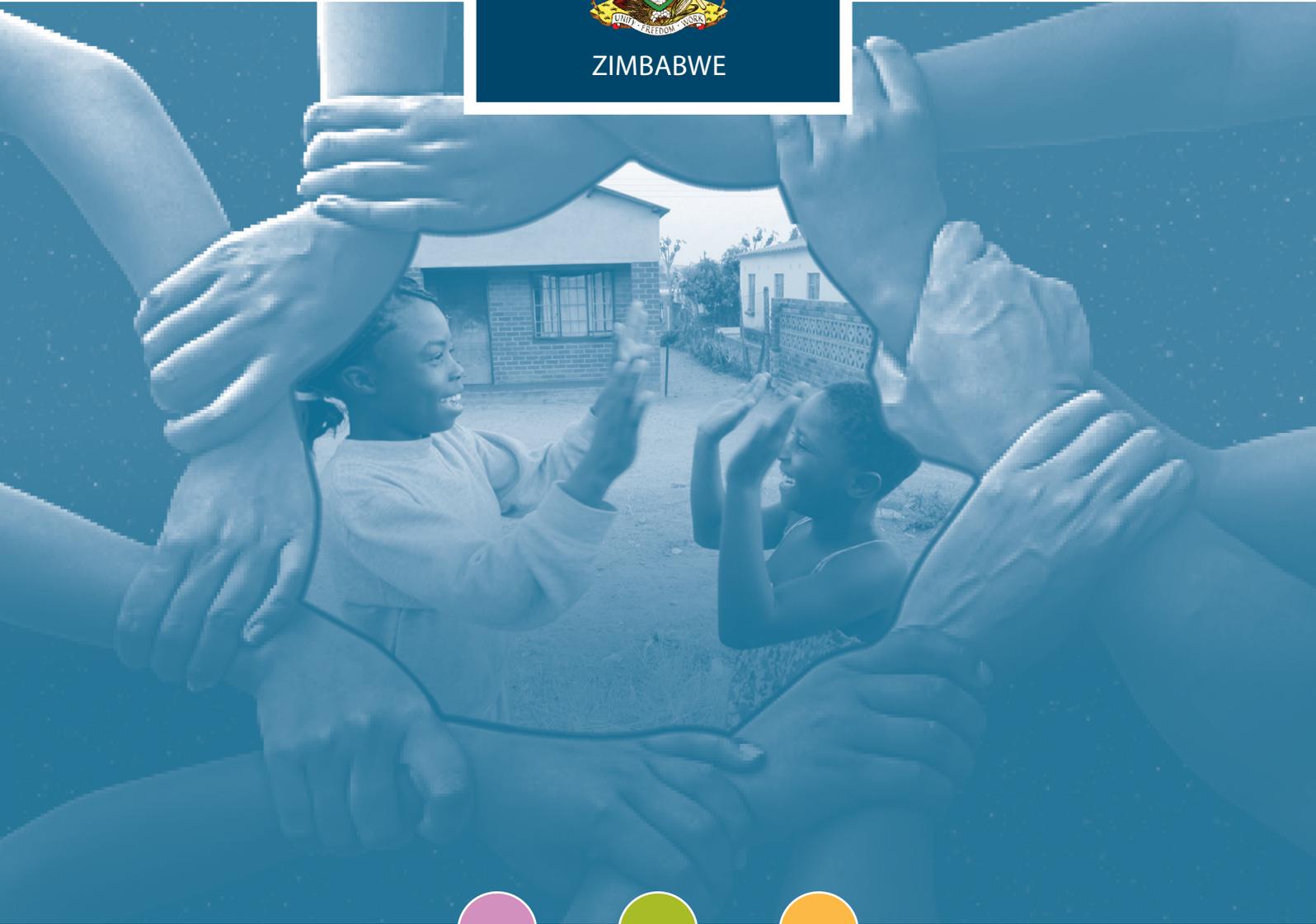




ZIMBABWE



Protocol on the Multi-Sectoral Management of Sexual Abuse and Violence in Zimbabwe

2012

Led by the Judicial Service Commission



ZIMBABWE



Protocol on the Multi-Sectoral Management of Sexual Abuse and Violence in Zimbabwe



2012

Led by the Judicial Service Commission



The Protocol was developed by the following stakeholders:



ZIMBABWE

Judicial Service Commission

The Zimbabwe Republic Police Victim Friendly Unit

Ministry of Health and Child Welfare

Ministry of Education, Sport, Arts and Culture

Ministry of Labour and Social Services

Ministry of Local Government, Rural and Urban Development

Ministry of Women Affairs, Gender and Community Development

Ministry of Justice and Legal Affairs

Ministry of Media, Information and Publicity

Department of Public Prosecutions, Attorney General's Office

Law Society of Zimbabwe

National AIDS Council

Civil Society Organisations

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Kingdom of the Netherlands



With technical and financial support from:



Save the Children



Foreword

The Government of Zimbabwe as a signatory to various national, regional and international declarations on the rights and protection of children has implemented a number of protective policies, legislative instruments and programmes to ensure the fulfilment of all children and women's rights and specifically their right to protection from sexual violence and abuse.

These initiatives resulted in the establishment of the Victim Friendly System (VFS) in 1997 through the amendment of the Criminal Procedure and Evidence Act that aimed at supporting survivors of sexual violence and abuse to pursue their right to access specialized health, justice, welfare and other services. A Protocol on the Multi-Sectoral Management of Child Sexual Abuse was also developed to provide guidance on sector agencies' roles and responsibilities.

The 2nd Edition of that Protocol was issued in June 2003 and since this time, the sector has benefited from a number of policy and legislative changes and the release of evidence, data and research to further inform shifts in programme design.

In 2010, the Chief Magistrate's Office initiated a comprehensive review of the efficacy of the Protocol in the current context and recommended ways in which the Protocol could be further refined, strengthened and where necessary, expanded to be a more effective guidance tool for stakeholders. Consultations were held with government and non-government stakeholders from across the sector and with children and women from eight Districts. Based on their suggestions and the subsequent analysis, a number of recommendations were made to strengthen the 2003 Protocol.

We are particularly proud that the *Protocol on the Multi-Sectoral Management of Sexual Abuse and Violence in Zimbabwe 2012* (called the Protocol from here in this document) has been expanded to include girls and women – who share the brunt of sexual violence as evidenced in the latest Zimbabwe Demographic and Health Survey 2010/2011 published by the National Statistics Agency (ZIMSTAT) in 2012. The Protocol also applies to boys and men.

The protection of children and adults from sexual violence and abuse is a responsibility that all individuals, groups and organisations must share. The Protocol promotes a coordinated and integrated approach to sexual violence and abuse. The Protocol reinforces this responsibility by outlining the principles that guide responses to sexual violence and abuse and setting out the roles and responsibilities of children and adults, professionals, communities and organisations involved. The Protocol will ensure that the necessary action and referrals are made where survivors have experienced physical and emotional abuse.

The Government remains fully committed to ensuring that all children in Zimbabwe and their families have their rights fulfilled in line with national, regional and international requirements to which the country has committed itself.

The Government remains particularly grateful to all communities, families, stakeholders and partners who continue to be the first line of care for all children.

This Revised protocol reflects a strong commitment by Government and other stakeholders to fight sexual abuse and violence and improve the well-being of children and adult survivors of sexual abuse in Zimbabwe. In endorsing this Protocol on the Multi-Sectoral Management of Sexual Abuse in Zimbabwe we commit ourselves and our institutions to its implementation.



The Honourable Mrs R Makarau JA
Secretary, Judicial Service Commission

The Zimbabwe Republic Police Victim Friendly Unit



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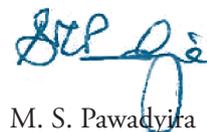
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Ministry of Local Government, Rural and Urban Development



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Law Society of Zimbabwe



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Chief Executive Officer

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Acknowledgements

This 3rd Edition of the *Protocol on the Multi-Sectoral Management of Sexual Abuse in Zimbabwe* has been made possible by the time and efforts of the following multisectoral stakeholders:

Judicial Service Commission	Department of Public Prosecutions, Attorney General's Office
The Zimbabwe Republic Police Victim Friendly Unit	Law Society of Zimbabwe
Ministry of Health and Child Welfare	National Victim Friendly System Committee
Ministry of Education, Sport, Arts and Culture	Victim Friendly System Sub-Committees
Ministry of Labour and Social Services	Child Protection Committees
Ministry of Local Government, Rural and Urban Development	Civil Society Organisations
Ministry of Women Affairs, Gender and Community Development	Traditional and Community Leaders
Ministry of Justice and Legal Affairs	Save the Children
Ministry of Media, Information and Publicity	UNICEF



M. Guvamombe
Chief Magistrate, Judicial Service Commission

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Acronyms

CSO	Civil Society Organisations
CCTV	Closed Circuit Television
DPP	Department of Public Prosecutions
DSS	Department of Social Services
EC	Emergency Contraception
FBO	Faith Based Organisations
GBV	Gender Based Violence
JSC	Judicial Services Commission
MoESAC	Ministry of Education, Sport, Art and Culture
MoHCW	Ministry of Health and Child Welfare
MoJLA	Ministry of Justice and Legal Affairs
MMIP	Ministry of Media, Information and Publicity
MoLSS	Ministry of Labour and Social Services
MoWAGCD	Ministry of Women's Affairs, Gender and Community Development
NBSLEA	National Baseline Survey on the Life Experiences of Adolescents
NVFS	National Victim Friendly System Committee
NGOs	Non-Government Organisations
PEP	Post-Exposure Prophylaxis
SPO	Supportive Police Officer
UNCRC	United Nations Convention on the Rights of the Child
UNICEF	United Nations Children's Fund
VFC	Victim Friendly Court
VFUO	Victim Friendly Unit Officer (Police)
VFS	Victim Friendly System
ZDHS	Zimbabwe Demographic Health Survey
ZRP	Zimbabwe Republic Police

Terms Used in the Protocol

The definitions below are based on globally recognised best practice and current relevant national and international legislation. They provide a consistent, standardised understanding between stakeholders for responding to survivors of sexual abuse and violence and for determining their eligibility for access to justice, medical treatment, care and support.

Actor

Refers to individuals, groups, organisations and institutions directly involved in preventing and responding to sexual violence and abuse because they have an obligation to do so. They differ from stakeholders, a broader term encompassing all parties who have an interest in prevention and response efforts.

Affidavit

A written statement made voluntarily and confirmed by oath or affirmation of the person making it, made before a person authorised to administer such oath or affirmation.

Aggravated indecent assault

The unlawful and intentional assault in an indecent way of either male or female involving the penetration of any part of the person's body or of the perpetrator's body, as outlined in Section 66 of the Criminal Codification and Reform Act [Chapter 9:23]

Anatomically correct dolls

Special dolls that have the same body parts as a real person and assist children to give clear and accurate testimony during interviews or when giving evidence in Court.

Child

Any male or female person under the age of 18 years of age.

Consent

The outcome of making an informed choice to participate in an activity freely and voluntarily. This decision must be made under the following conditions:

- Adequate, correct information is provided on the benefits and consequences of the person's participation and the person has the developmental capacity to undertake their own analysis of this information.
- Without the use of force, threats, coercion, manipulation, deception or misrepresentation
- Without the threatened or actual withholding of an entitlement.
- Without a promise to provide a benefit that unduly influences the persons' decision.

In some cases, the law provides for a minimum age or conditions for consent for particular decisions or in particular contexts.

Emergency contraception

Emergency contraception refers to methods which women can use within the first few days after unprotected intercourse to prevent an unwanted pregnancy. Emergency contraceptives are not suitable for regular use.

Emotional violence/abuse

Infliction of mental or emotional pain or injury. Examples include threats of physical or sexual violence, intimidation, humiliation, forced isolation, stalking, harassment, unwanted attention, remarks, gestures or written words of a sexual and/or menacing nature, destruction of cherished things.

Gender

The social differences between males and females that are learned, and though deeply rooted in culture, are changeable over time and have wide variations both within and between cultures. Gender determines the roles, responsibilities, opportunities, privileges, expectations and limitations of males and females in a given context.

Holistic

Holistic means a comprehensive and tailored package of welfare and justice quality services that are available for survivors as and when required.

Intermediary

A specially trained interpreter who acts as a medium through whom the child communicates with the Court.

PEP

Post-exposure prophylaxis is short-term antiretroviral treatment to reduce the likelihood of HIV infection after potential exposure. To be effective it must be administered generally within 72 hours of potential exposure.

Perpetrator

Person, group or institution that directly inflicts or otherwise supports sexual violence or abuse on another person.

Physical violence/abuse

An act of physical violence that is not sexual in nature. Examples include hitting, slapping, choking, cutting, shoving, burning, shooting or use of any weapons, acid attacks or any other act that results in pain, discomfort or injury.

Rape/Attempted rape

An act of non-consensual sexual intercourse. This can include the invasion of any part of the body with a sexual organ; or the invasion of the genital or anal opening with any object or body part. An effort to commit rape that does not result in penetration is attempted rape. Attempted rape and rape involve the use of force, threat of force and/or coercion. Both attempted rape and rape can occur between a man and a woman, or two people of the same sex. It can occur between married and unmarried persons and involve one or multiple perpetrators.

Rape kit

A large envelope containing instruments that are used by the doctor to obtain swabs and slides, blood, saliva, pubic hair, fingernails and scrapings. It includes detailed instructions on use and is obtained from the Police.

Sexual abuse / Child sexual abuse

An act of actual or threatened physical intrusion of a sexual nature, whether by force or under unequal, exploitative or coercive conditions.

In the case of a child, this refers to the involvement of a child in sexual activity with another person that he or she does not fully comprehend; is unable to give informed consent to; for which the child is not developmentally prepared; or that violates the law or social taboos of a society. Children can be sexually abused by both adults and other children who are in a position of responsibility, trust or power over the survivor by virtue of their age or stage of development.

Sexual exploitation/ Child sexual exploitation

An act of actual or attempted abuse of position of vulnerability, differential power, or trust, for sexual purposes, including but not limited to profiting monetarily, socially, or politically from the sexual exploitation of another.

In the case of a child, this refers to the solicitation or intentional causing of a child to witness or engage in sexual activities for money or any other consideration. This includes child prostitution, child pornography and the sale of children.

Sexual violence / Sexual violence against children)

All sexual acts, attempts to obtain a sexual act, unwanted sexual comments or advances, or acts to traffic a person's sexuality through the use of force, coercion or threats, regardless of the relationship of the survivor or the setting in which the act takes place. It includes completed, threatened or attempted violence of a sexual nature. It includes rape, sexual abuse, and sexual exploitation. For the purposes of the Protocol, the term sexual violence and abuse is used throughout for clarity and in line with the Protocol's focus on all forms of sexual violence.

In the case of a child, sexual violence refers to the abuse or exploitation of children for sexual purposes. It occurs in many different settings. The perpetrators of sexual violence against children may be; parents or other family members; caregivers; friends; acquaintances; strangers; others in authority—such as teachers, soldiers, police officers and clergy; employers; health care workers; or other children.

Statutory rape

Refers to an act of sexual intercourse between two people, one of whom is over the legal age of consent and the other who is under the legal age of consent. Whilst this act does not require the overt or visible use of force, threats or coercion but is based on an assumption that the younger participant lacks the developmental capacity to provide consent.

Support person

A person appointed by the Court as such, who shall be a parent, guardian, relative, or any other person the court considers able to give moral support to a vulnerable witness while the witness gives evidence.

Survivor

A person who has experienced, and survived, sexual violence or abuse.

Survivor Friendly Clinic

A health facility that offers specialised care and support to survivors of violence, particularly sexual violence. The facilities provide medical care, psycho social support services and ensure referrals to other services to ensure a continuum of comprehensive care.

Victim

Historically, this term was used interchangeably with survivor and continues to be used in legal and medical sectors. Over time, it is expected that this term will be largely replaced with 'survivor' because the latter recognises resilience, strength, recovery and the person's focus on the future. For the purposes of the Protocol, the term 'victim' is used to only in relation to the Victim Friendly System and its structures, and to the operation of the Police Victim Friendly Unit.

Victim Friendly Court

A specialised Court that has been enacted by law to allow vulnerable witnesses to give evidence through closed circuit television and other special survivor sensitive measures.

Vulnerable witness

A person who is or will give evidence in criminal proceedings and is likely to suffer substantial emotional stress from giving evidence, or to be intimidated, whether by the accused or any other person or by the nature of the proceedings or by the place where they are being conducted, so as not to be able to give evidence fully and truthfully. The vulnerable witness is entitled to access special measures by a court.

Women, girls and boys are particularly more likely to fall into this category. However, vulnerability is ultimately determined by factors that result in the individual being less powerful, visible or more dependent on others for their survival and well-being.



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Background to the Protocol

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1. *The Victim Friendly System*

The Victim Friendly System (VFS) in Zimbabwe is the set of measures designed to ensure the protection and active participation of survivors in the criminal justice system. The system was initiated by the Government and women and children's rights activists in the early 1990's. This resulted in a multisectoral approach to offering welfare and judicial services to survivors of sexual violence and abuse.

In 1997 the amendment to section 319 of the Criminal Procedure and Evidence Act (9:07) addressed the needs of all witnesses deemed as vulnerable witnesses during criminal proceedings in the Victim Friendly Court (VFC).

The specific provisions of the amendment include:

- Having a support person during Court proceedings.
- Availability of closed circuit television (CCTV) in all specialized Courts.
- Use of an Intermediary, a specialist interpreter to work with vulnerable witnesses.
- Establishment of the Multi-Sectoral Victim Friendly Court Sub-Committees, referred to in the Protocol as the National Victim Friendly System Committee (NVFSC) and Subcommittees (VFSCC).
- Use of anatomically correct dolls for child survivors and witnesses.
- Provision of witness expenses by Government.
- In camera trial.
- Allowing judicial staff to behave less formally before and during trial.
- Awareness raising campaigns.

The provisions also enabled the development of the Protocol on the Multi-Sectoral Management of Child Sexual Abuse in Zimbabwe. The original Protocol described stakeholders' roles and responsibilities with respect to the delivery of medical, care, support and judicial services to survivors of sexual violence and abuse. The 2nd Edition of the Protocol was issued in June 2003 and strengthened the focus of the Protocol on the rights of child survivors of sexual violence and abuse.

2. The National Baseline Survey on the Life Experiences of Adolescents

The National Baseline Survey on the Life Experiences of Adolescents (NBSLEA) was a nationally representative study in which males and females aged 13 to 24 years were interviewed on their experiences of sexual, physical, and emotional abuse. In the preliminary report, May 2012, the prevalence and 12-month victimization rates for various types of violence against children are reported. So this year, for the first time, there is baseline data on sexual abuse and violence against children and young people that can inform the design of critical policy and programmes, including the Protocol.

In the survey, sexual violence was defined as any unwanted sexual touching, attempted non-consensual sex, physically forced sex or pressured sex prior to turning 18 years of age. Sexual touching included kissing, grabbing, or fondling. Unwanted attempted sex was defined as a time when someone tried to have sex with the respondent against his or her will (through pressure or force), but sex did not happen. Pressured sex included threatening, harassing, luring, or tricking the respondent into having sex.

Tables 1 and 2 below show:

- Almost one third of females (32.5 percent) and 1 in 10 males (8.9 percent) aged 18 to 24 years reported experiencing sexual violence in childhood.
- Of respondents aged 13 to 24 years, approximately 9 percent of girls and 2 percent of boys reported experiencing sexual violence in the 12 months preceding the survey.
- Nearly 1 in 10 females (9 percent) and less than 1 percent of males aged 18-24 years reported experiencing physically forced sex (rape) prior to age 18.
- Approximately 9 percent of girls aged 13-17 years reported experiencing physically forced sex in the past 12 months.

Table 1:
Summary of the NBSLEA Preliminary Report Results on Sexual Violence prevalence among males and females aged 18-24

NBSLEA Indicator	Female (%)	Male (%)
Sexual Violence Prior to Age 18	32.5	8.9
Unwanted Sexual Touching Prior to Age 18	20.2	5.6
Unwanted Attempted Sex Prior to Age 18	15	3.8
Pressured Sex Prior to Age 18	7.4	1.4
Physically Forced Sex Prior to Age 18	9	0.4
Unwanted Completed Sex Prior to Age 18	13.5	1.8
Sexual Violence by an Older Perpetrator – perpetrator of the first incident of sexual violence perceived to be 10 or more years older than the respondent	29.3	35
Sexual Violence (More than One Incident) – among those who experienced sexual violence	62.7	47.9

Table 2:
Summary of the NBSLEA Preliminary Report Results on Sexual Violence past 12-month victimization rates for males and females aged 13-24

NBSLEA Indicator	Female (%)	Male (%)
Sexual Violence in Past 12 Months	8.5	1.8
Unwanted Sexual Touching in Past 12 Months	5.4	1.1
Unwanted Attempted Sex in Past 12 Months	3.3	0.7
Pressured Sex in Past 12 Months	1.9	0
Physically Forced Sex in Past 12 Months	9	0.4
Unwanted Completed Sex in Past 12 Months	0.9	0

Data from similar studies in other African countries demonstrate that sexual violence against children is a serious issue throughout the region. In Swaziland, 1 in 3 females experienced sexual violence prior to 18 years of age (article by Reza et al in the 2009 Lancet). The findings of the August 2011 UNICEF and CDC supported study on Violence Against Children in Tanzania were similar, where 3 in 10 (27.9 percent) of females and 13.4 percent of males reported experiencing sexual violence prior to 18 years of age. In Tanzania, 4 in 10, (37.7 percent) females who experienced sexual violence prior to 18 years of age perceived the perpetrator to be 10 or more years older than they were. In addition, most respondents aged 13-17 years, 62.1 percent females and 75.6 percent male who reported experiencing any sexual violence reported experiencing more than one incident of sexual violence during childhood.

Findings from the recently released *Zimbabwe Demographic and Health Survey 2010-2011* (ZDHS) further illuminate the issue of sexual violence in Zimbabwe. The survey presents the prevalence of sexual violence against women aged 15-49 years.

- Approximately 27 per cent of women reported to have experienced sexual violence at some point in their lives.
- Approximately 22 per cent of women who ever had sex reported that their first sexual intercourse was against their will.¹

The survey also established the vulnerability of adolescent girls to sexual violence.

- 49 percent of women age 15-49 years who have ever experienced sexual violence reported that the first experience of sexual violence was between 15-19 years of age.
- 9 percent of women age 15-49 years who have ever experienced sexual violence reported that the first experience of sexual violence was prior to 14 years of age.
- Among women aged 15-19 years who report sexual violence, 34 percent) experienced the violence before age 15.

1. Zimbabwe Demographic and Health Survey 2010-11 p. 255-256

Given the magnitude of the prevalence rates indicated in the ZDHS and the NBSLEA, it appears that the rates of reporting and the national response falls far short of reaching the universal coverage that is expected in the delivery of other social services, such as immunization and education.

- Around 3,448 cases of sexual violence were reported to the Police Victim Friendly Unit (VFU) in 2009. Around 60 percent of these survivors were children of which the overwhelming majority were girls.
- Around 3,500 children have been supported to access Victim Friendly Courts (VFC) since 2009 of which the overwhelming majority were girls.
- Around 3,300 children were supported to access specialized clinics in 2011 of which the overwhelming majority were girls.

The limited access to medical, legal, care and support services was also highlighted by the two surveys.

- The NBSLEA showed only 2.7 percent of girl survivors and 2.4 percent of boy survivors received professional help from institutions such as clinics or Non-Government Organisations (NGOs) in the last year.
- The ZDHS showed that only 20 percent of women who experienced sexual violence and 37 percent of women who experienced physical violence sought help.

3. The Protocol on the Multi-Sectoral Management of Sexual Abuse and Violence in Zimbabwe

As a result of a Government commissioned review in 2011/2012, the scope and title of the Protocol was changed. The new Protocol replaces the 2003 Protocol.

The Protocol is a guidance tool for stakeholders that further refines and strengthens the holistic, effective and efficient service delivery for survivors of sexual violence and abuse.

It offers a renewed opportunity to ensure that survivors of sexual violence and abuse are afforded their right to coordinated, comprehensive, quality care and support.

It sets out minimum standards and key procedures for all relevant stakeholders to provide survivor-centered services to survivors of sexual violence and abuse.

Most importantly, the new Protocol champions an age, disability and gender sensitive approach and the special measures that subsequently are required for all stakeholders engaged in preventing and responding to survivors of sexual violence and abuse.

This protocol will be revised in line with developments on the multisectoral management of sexual violence and abuse. However when new laws or policies are developed in relation to sexual violence and abuse, new laws and policies will over-rule the Protocol. The changes will be annexed to the Protocol and the annex will be considered as an integral part of this Protocol.

Purpose of the Protocol

- i. To safeguard the rights of survivors of sexual violence and abuse, guaranteeing that they receive a holistic package of age and gender sensitive, survivor-centred services for their psychosocial well-being and protection by the welfare and justice systems.
- ii. To provide a standard set of age and gender-sensitive procedures that must be undertaken to ensure this holistic response to child and women survivors of sexual abuse.
- iii. To strengthen and clarify the roles and responsibilities between service providers and agencies that have statutory and thus obligatory responsibilities in the delivery of age and gender sensitive, survivor-centred services thereby enhancing their accountability and credibility.

Addressing other forms of abuse and violence

The Protocol focuses on sexual violence and abuse. However, where it is relevant and applicable, the response system and guiding principles set out in the Protocol will be used to support survivors of other forms of violence, such as physical and emotional violence.

Who is bound by the protocol?

All Ministries and Departments that signatories to the Protocol and Civil Society Organisations (CSOs) committed to the management of sexual violence and abuse are bound by the Protocol.

Where an organisation or individual service provider fails to meet their obligations under the Protocol, any stakeholder or interested party can alert the NVFSC or their respective VFSSC at the Provincial and District Levels through the Chief Magistrate's Office.

Chief Magistrate's Office

Phone: 263 4 – 722995 /6

Address: Block A, Third Floor, New Government Complex,
Samora Machel, P. Bag 7704, Causeway, Harare



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Guiding Principles of the Protocol and Overview of the Response System

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4. Guiding Principles

The Protocol is steered by survivor centred and child sensitive guiding principles drawn from international legislation ratified by Zimbabwe² as well as national legislation, policy and practice. The principles of “do no harm” principle and “duty to respond or act” will be applied together with the guiding principles below to ensure accountability in the provision of quality service by each partner in the Protocol.

Best interest

The best interests of the *survivor (child or adult)* is the paramount consideration in all decisions made regarding a survivor and/or alleged child offender and/or witness.

Age-sensitivity

Responses must therefore ensure that referrals, services, processes and strategies are sensitive to survivors of all ages. In the NBSLEA, 62.7 percent of women and 47.9 percent of men aged between 18 and 24 years experienced sexual violence during their childhood with many experiencing more than one incident.

Gender-sensitivity

Services, processes and strategies for responding to survivors of sexual violence and abuse must ensure that they address the specific needs of women and girls and have the flexibility to also respond to men and boy survivors. The NSBLEA found that 32.5 percent of women and 8.9 percent of men experienced sexual abuse as a child, while 8.5 percent of girls and 1.8 percent of boys had experienced sexual abuse in the past 12 months.

Dignity

All survivors are to be treated as individuals, in a way that acknowledges their value and worth.

Differently abled / Disability

All survivors who are differently abled are entitled to all necessary support to enable their equitable access to all relevant services (medical, legal, psychosocial).

Non-discriminatory

All processes, referrals and services must be delivered without discrimination on the basis of, but not limited to, gender, age, disability, colour, social class, race, religion, language or political beliefs. Responses must be rights based.

Participatory

Survivors must be supported to actively and meaningfully participate throughout the response process (through justice, health, education, the community of social welfare) and their views must be considered in accordance with their age and maturity. All stakeholders are responsible for ensuring that survivors, and where relevant, their families, are well informed and have all relevant information necessary to make an informed decision on available services.

2. Convention on the Elimination of All Forms of Discrimination Against Women, the Convention on the Rights of the Child and the African Charter on the Rights and Welfare of the Child

Individualised

While acknowledging that many survivors share common experiences and circumstances, the individual needs of the survivor must be considered and supported, for example, the specialist requirements of survivors with disabilities.

Quality services

Support and services will be governed by minimum standards; be holistic; free of charge to survivors of sexual violence and abuse; and survivor-centred.

Ensuring safety

All actions taken on behalf of a survivor should be aimed at restoring or maintaining their personal safety.

Confidentiality

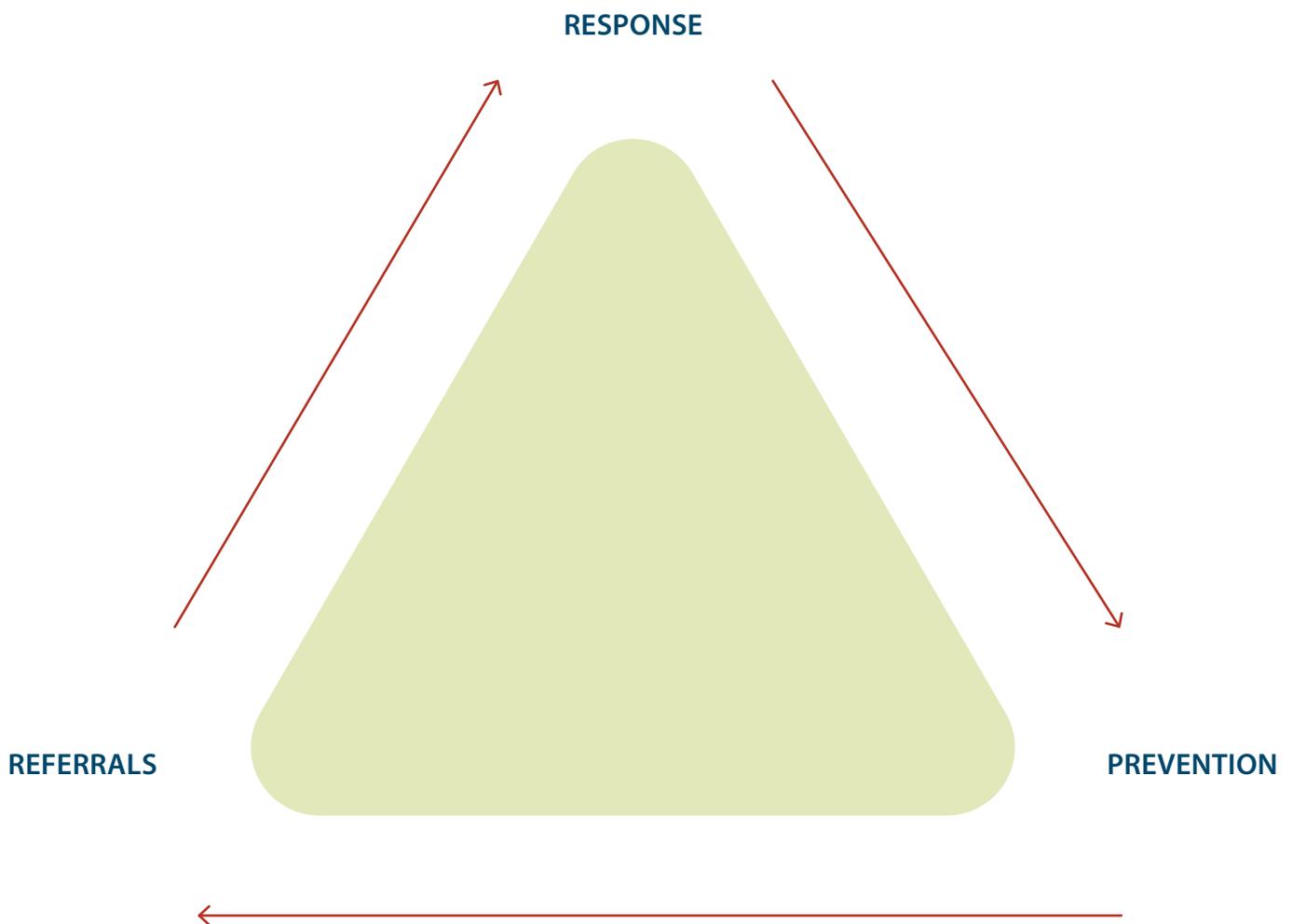
Confidentiality of the affected person(s) and their families should be respected at all times. This means sharing only the necessary information as requested, with the consent of the survivor, and with those actors involved in providing assistance. In addition, special precautions to protect the rights of young children must be taken in close collaboration with a trusted parent or guardian.

5. Operational Framework for the Protocol

Key Strategies

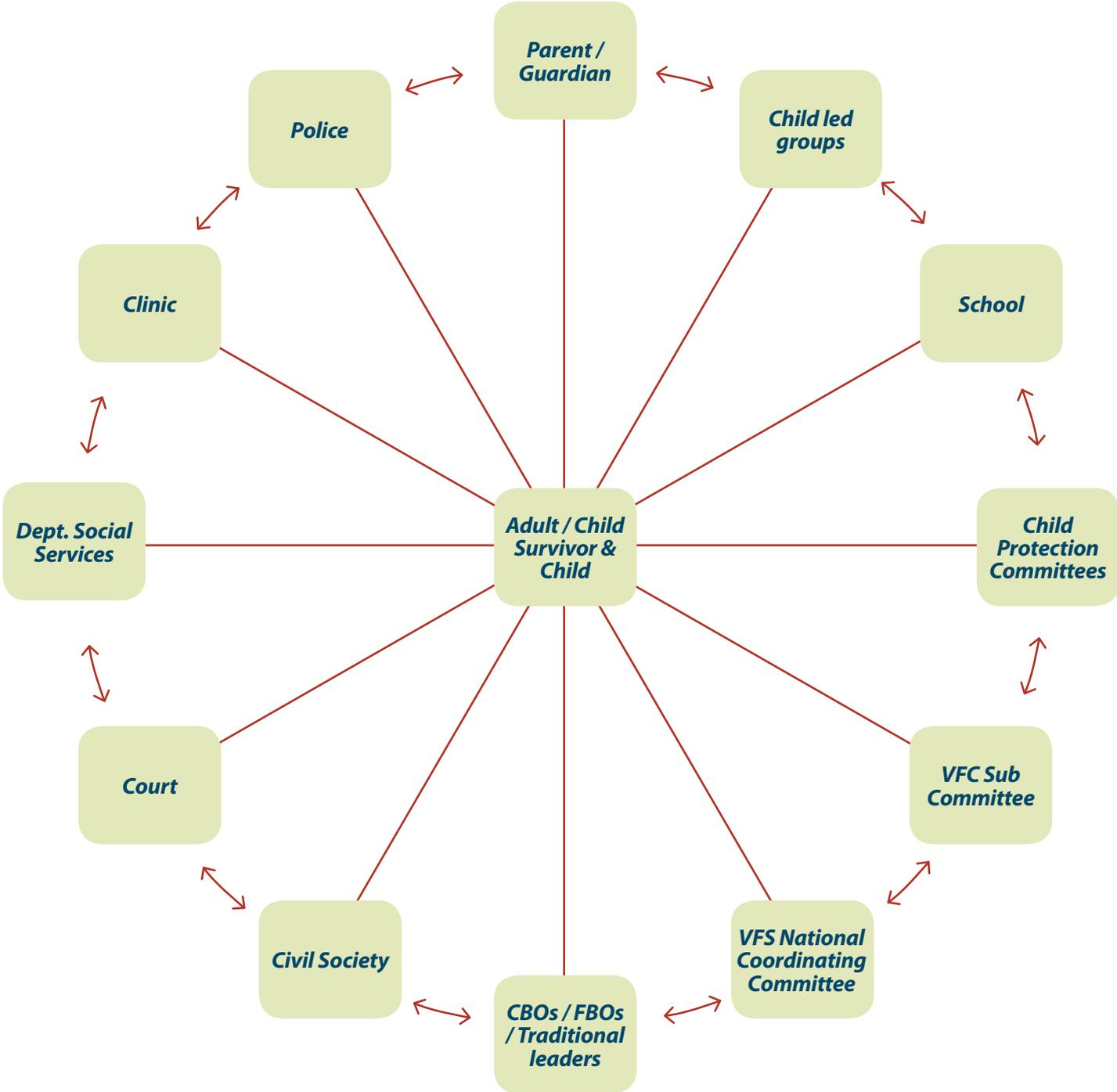
Diagram 1 below indicates the three key strategies of prevention, referrals and response in management of sexual violence and abuse by service providers in the Protocol.

Diagram 1:



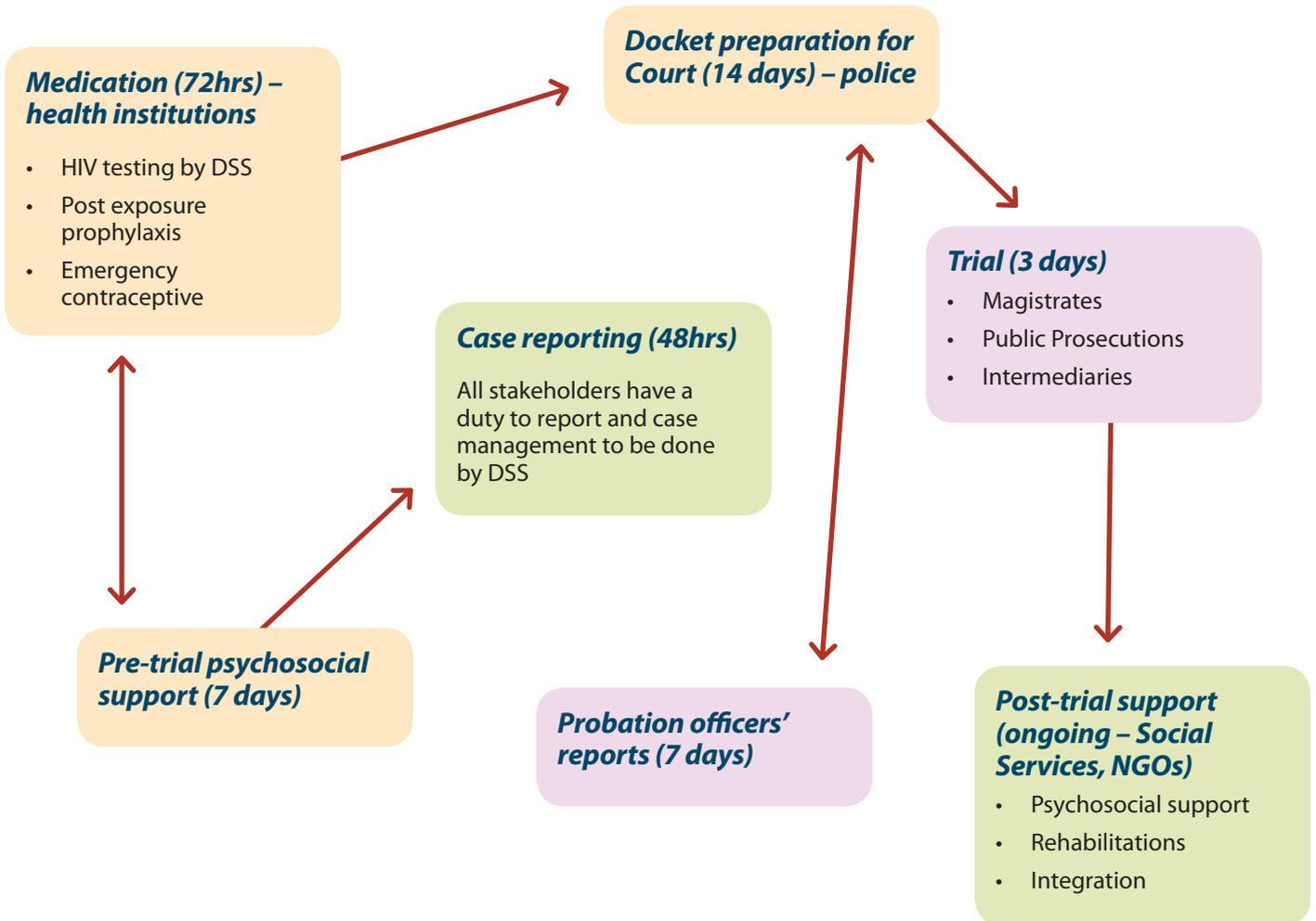
The Victim Family System

Diagram 2: The multisectoral network of service providers for survivors and others accessing the Victim Friendly System.



Minimum package of survivor centred services of sexual abuse and time frame for service provision

The Protocol outlines steps or actions and time frames that must be completed at each stage of providing services to survivors of sexual violence and abuse from prevention to referral to response.



Referral Pathway for Incidents of Sexual Violence

Key Guidelines for Service Provision

- No decision is made without the INFORMED CONSENT of the survivor
- Conduct discussions in private settings with same-sex staff
- Be a good listener, and non-judgmental
- Be patient: don't press for information she doesn't want to share
- Ask only relevant questions
- Avoid the survivor having to repeat her story in multiple interviews
- Do not laugh, show disrespect or disbelief
- NEVER blame the survivor
- At all times, prioritize survivor and staff safety and security
- By law, all incidents of rape and sexual abuse of children MUST be reported to the police
- Always observe the guiding principles of CONFIDENTIALITY, SAFETY, RESPECT, AND DIGNITY
- By law, rape TREATMENT CAN BE INITIATED BEFORE INFORMING THE POLICE

Possible Results of Seeking Health Services for Survivor

Benefits

- Treatment of injuries
- Access to medical care including Emergency contraception, post- Exposure Prophylaxis for HIV, STI prophylaxis or treatment, Hepatitis and tetanus vaccinations
- Access to emotional and psychosocial support
- Collection of forensic evidence to support case with police and court.

Consequences

- Compromised confidentiality and safety
- Possible inappropriate treatment by service providers
- Incident may be reported to others such as police and community leaders
- Legal recourse instituted against perpetrator may cause family discord if abuser is family member.

According to the law NURSES can now treat survivors AND are AUTHORIZED to fill out the MEDICAL AFFIDAVIT.

PRIORITIES FOR REFERRALS

(1) Health care

- Survivors of rape and sexual abuse are encouraged to seek health care as quickly as possible
- Female survivors will get emergency contraceptives within 5 days of incident
- Post exposure prophylaxis for HIV within 3 days of incident
- STI prophylaxis within 5 days of incident
- Termination of pregnancy in the event of pregnancy after sexual abuse. This termination is done after authority is granted by a magistrate.
- Survivors of sexual violence can access services at a hospital or clinic nearest to them.

(2) Psychosocial support

- Its never too late to seek emotional and psychosocial support.
- Helps adult survivor to make decision about reporting to the police.
- Helps survivor to move on.
- Involve Department of Social Welfare on cases involving children.
- Assists in safety planning with the survivor.

(3) Legal/ justice aid

- Victim friendly units – ZRP have been trained on appropriate interaction and treatment of survivors of sexual violence
- Department of social services is called in for cases involving children and vulnerable adults as probation officers
- Cases of sexual violence tried before a victim friendly court
- Legal aid service organizations help survivors through the court process.

6. Working with Child Survivors of Sexual Violence and Abuse in Zimbabwe

Mandatory Reporting

The Children's Act [Chapter 5:06] provides for protection and care of children in need of care, including mandatory reporting of sexual violence cases against children.

First contact / interview with a child³

- Remember that clients are usually afraid, ashamed and often in a state of shock on arrival. Children have also often been intimidated to try to stop them disclosing the abuse. Where possible, service providers should seek to provide an officer who is the same sex as the survivor. Introduce yourself *and attend to the client's immediate needs*, for instance offer a glass of water and a biscuit;
- The interviewer should have trained and have *skills and knowledge on how to communicate with children*;
- An initial interview with the child *should take place as soon as possible after the suspicion of abuse* has been disclosed so that the child's statements are not affected by memory loss or influenced by talking to others. *Due consideration should be given to the child's readiness and ability to talk, the child's physical and emotional needs*, and the time of the last suspected incident;
- The child has a *right to have a parent or trusted adult with them throughout the process*, and this may be essential for the child's sense of safety and willingness to disclose the abuse. However, in some situations, *having a parent or guardian part of the interview may distract a child* or affect their comfort levels in disclosing the abuse, particularly if the abuse is occurring within the family context. To the greatest extent possible, *a child be interviewed privately, in a safe, confidential and familiar space*

Informed consent to the service

- Prior to any service provisions, service providers *must explain to the child* (and their parent or guardian) *the processes and services that will be provided* and which aspects of their participation can be withdrawn. . They should also explain any *consequences* that may arise as a result of their participation. The consent for each part of health care and treatment should be *obtained at every step*.
- For child survivors, a consent form is signed by the child's parent or caregiver, unless the child's parent is unavailable, or has been identified as the suspected perpetrator. *If the parent cannot give the consent, a consent form can be signed by a Probation Officer*. The most crucial aspect to consent, however, is: while children are unable to give legal consent to services, *they should not be compelled or forced to undergo an examination or treatment, unless it is necessary to save the life of the child*.

3. For more details on interviewing children (not only for medical but other service providers), read the "Guidelines for Health workers – Management of sexual Violence" i.e. chapter 4 and 5

- Remember that the child is normally in a state of shock after the incident and may be confused. *A skilled and experienced person is required to determine the child's capacity to make or contribute to decisions that affect them.* Ultimately, *the weight of the views of the child should be made on a case by case basis* depending upon his/her age, level of maturity, developmental stage, and cultural, traditional and environmental factors. As a very general guide:

Children 16 years and older are generally sufficiently mature to make decisions.

Children between 14 and 16 are presumed to be mature enough to make a major contribution.

Children between 9 and 14 can meaningfully participate in the decision-making procedure, but maturity must be assessed on an individual basis.

Children younger than 9 have the right to give their informed opinion and be heard. They may be able to participate in the decision-making procedure to a certain degree, but caution should be advised to avoid burdening them by giving them a feeling of becoming decision makers⁴.

What to do when a parent is the suspected abuser

Consent

Social Worker can consent on behalf of the child in line with provisions of the Children's Act.

Safety

The court can issue a protection order and direct the suspected abuser to be away from the family⁵. In determining a response, the safety of other family members (e.g. mother, siblings etc.) should also be considered. Any police officer, health officer, education officer or probation officer may, as a last resort, remove a child or young person from any place to a place of safety. In the event that the police officer, education officer or health officer remove the child in need to a place of safety, the probation officer must be notified immediately⁶. It should be noted, however, that is generally in the best interest of the child to support them to remain in their home, and remove the perpetrator.

Case management of child survivors of sexual violence⁷

In the absence of national minimum standards, which are forthcoming in 2012, the following interim guidance is provided.

Case management is defined as a set of actions (case identification, clients and family assessment, case planning, implementation of the plan, monitoring the case, client advocacy, case closure) that are provided by individuals to help a child (or adult survivor) of gender based violence and abuse get their needs met and case management is central and critical to an effective response for children experiencing any form of abuse. The Department of Social Services is currently developing minimum standards for case management system. Once in place, it is important to follow these minimum standards.

4. UNHCR, Best Interest Determination guidelines, 2008

5. Part III of Domestic Violence and abuse Act [Chapter 5:16]

6. Section 14 (1) Children's Act [Chapter 5:06] notes that the Probation Officer is to be notified as soon as possible and at a maximum, within 5 days.

7. See "Care for child survivors of sexual violence in humanitarian setting", IRC, UNICEF, 2011 for more details on case management of child survivors of sexual violence.

A case manager conducts the above mentioned tasks but the most important role for a case manager to build trust and supportive relationship with the child based on empathy, respect and genuineness. Key differences in case management of adults survivors and child are:

- how to engage with/develop a trusting, helping relationship with a child survivor of sexual abuse;
- understanding child development and child reactions in the context of sexual abuse;
- how to manage safety issues for children experiencing violence and abuse at home and/or in close community contexts;
- how to incorporate the family in case management and psychosocial care;
- how to address families' and communities' negative reactions to child sexual abuse, including impact of parental history of victimization and strong social norms regarding virginity (in the case of girls) and homosexuality (in the case of boys) that can result in severe stigmatization, further abuse, and ostracism;

Case managers need to

1. have key knowledge on child development and sexual abuse;
2. demonstrate child-sensitive verbal and non-verbal communication skills/strategies; and
3. Incorporate psychosocial interventions during case management process.



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Roles and Responsibilities – Key Government Stakeholders

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7. Introduction

This section of the Protocol outlines the specific actions to be taken by key Government stakeholders. The section:

- Defines the purpose and scope of the interagency co-ordination and collaboration.
- Describes the roles and responsibilities of different officers in the key Government Ministries and Departments.
- Defines the actions that must be completed at each stage from prevention to referral to response to fulfil these roles and responsibilities.
- Defines the time frames for completion of each action.
- Describes concrete and practical procedures for handling special issues that may arise.
- Protects stakeholders from allegations of favouritism or other biases in their handling of cases by promoting accountability and transparency of service provision to survivors and the communities they serve.
- Informs the community of what they can expect to happen when alleged abuse is reported.

The Zimbabwe Republic Police Victim Friendly Unit

Background

The Zimbabwe Republic Police Victim Friendly Unit (VFU) was established towards the end of 1995 as a pilot project. The VFU is mandated to police violence against women and children, particularly sexual offences and domestic violence. It is staffed by personnel specifically trained to handle vulnerable witnesses. VFU investigators are responsible for investigation, arrest of offenders, docket compilation and any necessary referrals. During the investigation process the investigators ensure that the reporting environment is conducive, private and friendly and that confidentiality is maintained.

General guidance

1. Every report of sexual violence or abuse or domestic violence should be treated as a priority crime and should be attended to in accordance with the minimum standard outlined in the Police Service Charter.
2. Emergency medical care is to be given and, where necessary, Police will prioritise supporting victims with timely access to medical examination, treatment and access to Post Exposure Prophylaxis (PEP) and Emergency Contraception (EC) within 72 hours of the incident.
3. A victim may report at any Police Station at any time. No victim may be turned away. Even where a matter is alleged to have occurred in another jurisdiction the receiving officer must deal with the case as if the offence occurred in their jurisdiction for the purposes of opening a docket and ensuring appropriate medical care.
4. All sexual violence and abuse and domestic violence cases should be investigated by a Victim Friendly Unit Officer and investigations must not be unnecessarily delayed for any reason.
5. The privacy of a victim should be respected by all parties, at all times. The Police must take all reasonable steps to ensure that the identity of a victim and the details of their matter are protected and remain confidential. It is however, permissible and encouraged, to have a trusted family member (or other appropriate adult) present to support a victim throughout their participation in the investigation and subsequent processes.
6. Throughout the investigation and subsequent processes, efforts must be made to promote the safety of the victim and reduce trauma.
7. In cases where a child victim, witness or alleged offender has a disability or is a minor, specific measures should be taken to ensure that they are supported to actively participate in the justice process.
8. Where an alleged perpetrator lives in the same home or community as a victim, it is preferable for the victim to be supported to remain in their home. However, the Court may order the perpetrator to find alternative accommodation or bail may be denied. Removal of a child to a place of safety should be considered a last resort. Where the perpetrator has been granted bail, the Investigating Officer should ensure the safety of the victim.
9. The Investigating Officer should follow a matter through to the finalisation of the trial. Regardless of whether the trial is heard in an ordinary or specialised Victim Friendly Court (VFC) sensitivity should be maintained at all times.
10. Where the alleged perpetrator is a child, special measures must be taken by the investigating officer in liaison with the Probation Officer to ensure that the Protocol's guiding principles, including the 'best interest of the child' are applied. The child's right to privacy, dignity and safety must be respected.

Receiving Reports

1. Where a report is received by phone, the officer receiving the call must immediately seek to ascertain where the caller is phoning from and whether there is any imminent danger.
2. The officer receiving the call should take all necessary steps to have the scene attended immediately and if necessary, ensure emergency medical services are sent.
3. The Officer-in-Charge of a station must ensure that scenes of crime are attended to in accordance with the police minimum standards.
4. Where a report is received in person, the front desk must immediately take the victim into a private room for interviewing.
5. Wherever possible, a VFU Officer should conduct an in-depth interview and explain the procedures and what is expected of the victim during the process.
6. The Officer-in-Charge should take all necessary steps to enable or provide continuity and the IO should see the matter to its finalisation.

Interviewing the victim

1. Prior to interview, an officer must create rapport with the victim and explain the process and services that the Police can offer.
2. The Investigating Officer should be aware that children have a short attention span, therefore, the interview should be kept short and interesting.
3. Victims are at times traumatised and are often in a state of shock following an incident of sexual or domestic violence. Children are also often subjected to intimidation in any effort to try and stop them from disclosing the abuse. So officers need to be sensitive and empathetic. A Police officer of the same sex preferably should interview the child or adult victim.
4. Victims can change their mind and take break of interview any time they want.
5. A child victim should be interviewed in the presence of a trusted support person who may be a parent or guardian, provided that person is not a material witness or perpetrator in the case under investigation. However, in some situations, having a parent or guardian as part of the interview may distract or put pressure on the child. This affects the quality of evidence that is obtained from the child.
6. Victims should be interviewed in a private, safe and friendly space.
7. Where a victim appears reluctant, or explicitly refuses to open up, the VFU Officer is responsible for ensuring that the victim is referred to a counsellor, social worker or psychologist. No victim is to be forced, coerced or pressured to give evidence.

Medical Care and Support

1. It is the responsibility of the VFU Officer to escort the victim for medical examination and to explain to the victim what to expect and the process which will be followed.
2. Specialized clinics, such as the Family Support Clinics, may be used where available. Where these are not available, cases should be referred to the local Health Centre.
3. The escorting officer is responsible for ensuring the maintenance of the chain of evidence.
4. Where a Government Health Centre does not offer free medical treatment, the matter should be brought to the attention of the VFSC Chairperson who is to immediately contact the Provincial Medical Director.

5. It is not the responsibility of the VFU Officer to disclose medical examination results to the victim or the family. This is the responsibility of the medical doctor or delegated clinic staff.

Investigation and Referrals to Court

1. Where a victim is deemed to have the capacity to make an informed decision about whether to have a matter investigated and/or prosecuted, the VFU Officer should provide information that will enable the victim to make an informed decision.
2. In the case of an adult victim, the decision to investigate and/or prosecute a matter should proceed with the consent of the victim.
3. All allegations of sexual violence or abuse or domestic violence must be investigated and where there is sufficient evidence the matter should be taken to Court.
4. It is the responsibility of the Investigating Officer to gather sufficient evidence and properly preserve it.
5. Where an Investigating Officer determines that a child is being coerced, forced or otherwise pressured to withdraw charges, or lacks the capacity to make an informed decision regarding prosecution, this should be brought to the attention of the Public Prosecutor.
6. The VFU Officer should also support the victim to access other relevant services if required.

Bail and Remand

1. Where the alleged offender is a child, the child's parents or guardians and the Probation Officer should be notified immediately.
2. Under the Criminal Procedure and Evidence Act [Chapter 9:07], Police cannot release an alleged perpetrator of a sexual offence on bail. However, if the alleged offender is a child, they must not be placed in the same detention cells with adults, and boys must not be mixed with girls.
3. The Investigating Officer is responsible for gathering all information that will be relevant to a bail application in the form of an affidavit covering the best interest of the child among other grounds for opposing or granting bail.
4. The VFU Officer is responsible for informing the victim and the family of bail conditions granted to the perpetrator.

Support throughout the Justice Process

1. The VFU Officer is responsible for ensuring that a victim or witness is adequately prepared for their first Court appearance. The purpose of this preparation is to ensure that the victim or witness becomes familiar with the layout of the building and the procedures in which they are expected to participate.
2. Where the alleged offender is a child, efforts must be made to ensure that the child receives timely legal assistance and is supported to remain in regular contact with their family.
3. Regardless of the outcome, the VFU Officer is responsible for ensuring that the child and their family know the names and contact details of the Investigating Officer who can be contacted in the future should further information or protection be required.

The Ministry of Health and Child Welfare

Background

The Ministry of Health and Child Welfare (MoHCW) is responsible for ensuring that all survivors of sexual violence and abuse receive the free medical care and support necessary to mitigate the negative health effects that result from their sexual violence and abuse experience. This includes the provision of emergency medical examinations and enabling survivors to secure a medical affidavit to support criminal prosecution of the perpetrator.

General guidance

1. The emergency room is the standard entry point for a survivor. However, survivors can seek assistance from any medical staff member or section in any Health Centre.
2. On receiving a survivor of sexual violence or abuse, the staff member must accompany the survivor to a specified Survivor Friendly Clinic at the Centre or the unit offering equivalent services for response to their immediate medical, care and support needs according to the Guidelines for Health Workers – Management of Sexual Violence, 2008. In cases where the appropriate referral point is unknown or unclear, the survivor is to be accompanied directly to the who may be a doctor or a nurse who is qualified to carry out a forensic examination on child or adult survivors as provided in section 278 of the Criminal Procedure and Evidence Act Amendment [Chapter 9:07].
3. Centres must always attend to survivors received. If the necessary medical supplies or services are not available at the centre, it is the responsibility of the Health Worker in Charge of the Centre to ensure that the survivor is actively supported to access an appropriate facility.
4. Emergency medical care is to be given absolute priority, including ensuring access to PEP within 72 hours and EC within 5 days. While the EC can be administered up to 5 days following the incident, please note that this should also be administered to the extent possible, within the same period as PEP, that is within 72 hours. Investigations should be undertaken, including medical examinations and treatment in the absence of a medical report.
5. While it is essential that all cases of child sexual abuse or violence or abuse are reported to the Police, a Police report is not a requirement for receiving treatment and a referral to the Police can be made after emergency medical care has been provided.
6. All reports are to be treated as worthy of thorough medical investigation regardless of whether the medical service personnel believe that an offence has taken place. If medical personnel are concerned that the request for treatment of a child survivor is in violation of the best interest of the child, or if medical treatment is being denied and this refusal is not in the best interests of the child, the case should be referred to the Health Worker in Charge of the Centre who in turn will consult with the Department of Social Services (DSS) or the Public Prosecutor to determine the most appropriate course of action.
7. All sexual violence and abuse cases are to be treated as a priority. The Health Worker in Charge of the Centre is responsible for ensuring that, to the fullest extent possible, survivors are attended to immediately upon their presentation at the health centre. Front office workers should be equipped with skills for handling survivors and expedite referrals to the Health Worker in Charge of the Centre.
8. Medical examinations and medical affidavits are to be provided to the survivor for free, with other service costs in line with MoHCW guidelines on free access to treatment for survivors of sexual violence. The MoHCW is no longer using Circular 1 of 2008. The MoHCW will soon advise on revised operational guidelines on access to free treatment of adult and child survivors of sexual violence and abuse. These will be annexed to the Protocol.

9. The same degree of urgency is to be applied to the completion of a detailed and clear medical report as per requirement. The Health Worker in Charge of the Centre of the attending Health Centre is responsible for ensuring all medical reports are completed and available for collection by the police. The Health Worker in Charge of the Centre should ensure that all medical affidavits are commissioned.
10. The privacy of a survivor is to be respected by all parties at all times. All health professionals must take all reasonable steps to ensure that the identity of a survivor and the details of their matter are protected and remain confidential. It is however, permissible and encouraged, to have a trusted family member present to support a survivor throughout their participation in the investigation and subsequent processes.
11. Wherever available, survivors should be managed at a Survivor Friendly Clinic or other specialised clinic for examination and treatment.
12. In cases where a child survivor, witness or alleged offender has a disability or is a minor, specific measures should be taken to ensure that they are supported to actively participate in the justice process
13. Throughout investigation and subsequent processes, efforts must be made to promote the safety of the survivor.
14. Efforts must also be made to limit the number of times a survivor must describe the series of events leading to the violent act to the extent possible.
15. Related to the above, it is important that:
 - a. Contact between the survivor and the alleged offender is minimized prior to, en route to the court, at the court and at home to the fullest possible extent. Where an alleged perpetrator lives in the same home or community as a survivor, it is preferable for the survivor to be supported to remain in their home and alternative arrangements be made for the accommodation of the alleged perpetrator, for example, through securing Protection Orders with conditions requiring the perpetrator to leave the home. Any Police Officer, Health Officer, Education Officer or Probation Officer may remove a child from any place to a place of safety. In the event that the Police Officer, Education Officer or Health Officer remove the child in need to a place of safety, the Probation Officer must be notified immediately or no later than within five days as per Section 14 (1) of the Children's Act [Chapter 5:06] It should be noted, however, that is generally in the best interest of the child to support them to remain in their home, and remove the perpetrator. Removal of a child to a place of safety should be considered a last resort. The Probation Officer and VFU Officer should work closely in order to monitor the protection of the survivor particularly where the perpetrator has been granted bail.
 - b. To the extent possible, the same medical staff should follow a matter from the initial contact with the Centre, through to the finalisation of the survivor's contact with the health care system.
 - c. The number of times a survivor has to return to medical and other service providers should be minimised unless follow-up care is required, for example, after administration of PEP survivors require follow-up care often to ensure HIV testing at three and six month periods.
 - d. The use of survivor-friendly measures is promoted, regardless of whether the survivor is accessing an ordinary or specialised Survivor Friendly Clinic.

Receiving a survivor

1. When a survivor presents at a Health Centre, the receiving officer must immediately take the survivor into a confidential space for completion of the survivor intake and medical examinations. Survivors must not be left waiting in the general waiting area.

2. The Health Worker in Charge of the Centre is to be notified immediately and, wherever possible, is to meet with the survivor to explain the services that are available to the survivor.
3. The Health Worker in Charge of the Centre is responsible for ensuring that the survivor is provided with the information necessary to be able to make an informed decision about examination and treatment and that the survivor is aware of their right to receive free medical services. Where the survivor is a child, this requires that the parent or guardian of the child is also provided with the information necessary to provide informed consent.
4. Where it is not possible to secure consent for medical treatment including PEP and EC for a child survivor, a registered Medical Officer can direct the parents or guardian to consent to medical treatment (Section 9 of the Children's Act [Chapter 5:06]). Where this direction is not complied with, the Health Worker in Charge of the Centre is responsible for ensuring that the matter is referred by the Medical Officer to the Magistrate's Court (Section 6 of the Children's Act [Chapter 5:06]).
5. The medical examination is to be undertaken by a Doctor or a State Registered Nurse, in line with the provisions made in the Criminal Law (Codification and Reform) Act [Chapter 9:23] and at the first available moment.
6. It is the responsibility of the Health Worker in Charge of the Centre to ensure that adequate medical supplies, such as rape kits, PEP kits and EC are always available. The Health Worker in Charge of the Centre is also responsible for undertaking periodic review of the Survivor Friendly Clinic inventory to ensure supplies are replenished before stocks are exhausted.
7. The Health Worker in Charge of the Centre is responsible for ensuring that the survivor is linked with a social worker, supportive Police Officer or other trained, professional support person (and if necessary, actively facilitate linking the survivor and support person) before the survivor leaves the clinic.
8. The Health Worker in Charge of the Centre is responsible for ensuring that the survivor (and in the case of a child, their parent or guardian) is informed about all options regarding termination of pregnancy in line with the Termination of Pregnancy Act [Chapter 15:10] and the Guidelines for Health Workers. This includes:
 - a. The requirement for a court-ordered termination certificate by a provincial magistrate for pregnancies of less than 10 weeks (and the possibility of exceptional authorisations up to 28 weeks).
 - b. That termination certificates can be sought at any stage before or after trial is commenced or finalized.
9. If the survivor wishes to proceed with the termination, the Health Worker in Charge of the Centre will ensure that she is informed on how to make an application to Court and is responsible for ensuring that the survivor is referred to a legal assistance service provider who will facilitate a Court application for Termination of Pregnancy. Once a Court order is secured, the Health Worker in Charge of the Centre is responsible for facilitating the termination.
10. In the case of a child survivor and their family failing to reach an agreement regarding termination of pregnancy, the Health Worker in Charge of the Centre will refer the family to the DSS and the best interest of the child should take primary consideration by all actors who seek to resolve the decision regarding termination.
11. Health workers undertaking medical examinations service are to act as expert witnesses in Court proceedings.

Ministry of Women Affairs, Gender and Community Development

Background

The Ministry of Women Affairs, Gender and Community Development (MoWAGCD) is the lead Ministry in coordinating Gender Based Violence (GBV) policies and programmes through a multisectoral approach. It has also been mandated to administer the Domestic Violence Act [Chapter 5:16]. The Anti-Domestic Violence Council was established under section 16 of the Act to oversee the implementation of the Domestic Violence Act. The Ministry is decentralised to Provincial, District and Ward levels, making it accessible to all especially women and other vulnerable groups at the community level. Due to its accessibility, the Ministry is usually the first port of call for survivors of GBV including domestic and sexual violence.

The Ministry is responsible for:

- Development of National GBV strategies and policies.
- Coordination of stakeholders working on GBV at National, Provincial and District level
- Awareness raising on causes and effects of GVB violence to communities through campaigns, for example the 4Ps Campaign on Zero Tolerance to Domestic Violence (Prevention, Protection, Programmes and Participation).
- Community education on the referral system and reporting procedures on GBV including case management.
- Spearheading prevention and protection measures for survivors including safe shelters and economic empowerment initiatives for women.
- Monitoring GBV through a coordinated data collection system.
- Spearhead commemorations of International Women's Day, International Day of Families and 16 Days of Activism against GBV in line with national , regional and international requirements.

General guidance

1. All reports are to be treated as a priority, regardless of the alleged time of offence.
2. There is no time limit on when a survivor can make a report or a matter can be prosecuted. All sexual violence and abuse cases are to be treated as a priority case, therefore the Community Development Officer must work with other service providers such as the VFU, Health Workers and Probation Officers in the case management for survivors to strengthen delivery of quality services for survivors and ensure that a survivor's case is prioritised.
3. The privacy of a survivor or alleged child offender is to be respected by all parties, at all times. Ministry staff must take all reasonable steps to ensure that the identity of a survivor and the details of their matter are protected and remain confidential. It is however, permissible and encouraged, to have a trusted family member or guardian present to support a survivor throughout their participation in the investigation and subsequent processes.
4. Throughout the investigation and subsequent processes, efforts must be made to promote the safety of, and limit the hardship on, the survivor.
5. In cases where a child survivor, witness or alleged offender has a disability or is a minor, specific measures should be taken to ensure that they are supported to actively participate in the justice process.

6. Related to the above, it is important that:
 - a. The Ministry's Department of Gender is responsible for ensuring that all Ministry staff who have contact with vulnerable survivors and witnesses have the skills and knowledge required to deal sensitively with these people upon entry and throughout their service.
 - b. To the extent possible, the same District Gender Officer or Community Development Officer should follow a matter from its referral through to the finalisation of the matter. The number of separate hearings and rescheduling of court hearings and visits to service providers should be minimized.
 - c. The use of survivor-friendly measures is to be promoted by all service providers.
7. Special measures must be taken to ensure that the Protocol's guiding principles, including the 'best interest of the child' are applied when dealing with an alleged or convicted child perpetrator. Confidentiality and safety must be respected and the child must be supported to actively and meaningfully participate in the justice process.
8. Where bail is granted, the Public Prosecutor should seek to ensure that measures, including Protection Orders, are put in place to ensure the safety of the survivor. The District Gender Officer or Community Development Officer should take the lead in supporting survivors to navigate the Protection Order application process.

Receiving a survivor

1. When a survivor presents at a Department of Gender Office in MoWAGCD at a National, Provincial or District level, the receiving officer must immediately take the survivor into a confidential space for completion of the survivor intake form. Survivors must not be left waiting in the general waiting area.
2. The Community Development Officer is to be notified immediately and, wherever possible, is to meet with the survivor to explain the services that are available to the survivor.
3. The Community Development Officer is responsible for ensuring that the survivor is provided with the information necessary to be able to make an informed decision about services available to him or her. Where the survivor is a child, the officer should also refer him or her to the Probation Officer in the DSS and ensure that the parent or guardian of the child is also provided with the information necessary to provide informed consent.
4. The Community Development Officer is to ensure that the necessary and speedy referrals are made to other service providers to include immediate medical treatment.
5. Where a Protection Order is requested by the survivor, the Community Development Officer is to provide the necessary support to ensure that the application process is expedited.

Interviewing a survivor

1. Wherever possible, interviews should be done in a private, confidential and relaxed environment and by a Probation Officer of the same sex.
2. A child should also be interviewed in the presence of a trusted caregiver and/or the Probation Officer.
3. No survivor is to be forced, coerced or pressured to give information.

Coordination of gender-based violence services

At a ward level, the Ward Development Coordinator is responsible for:

1. Continuously carrying out community awareness on gender based violence including domestic and sexual violence.
2. Identifying areas for skills enhancement for women at community level and implementing relevant economic empowerment programmes.
3. Attending relevant coordination forums, including the VFSSCs and child protection committees.

At a District level, the District Development Officer is responsible for:

1. Coordinating monthly meetings with all stakeholders in the District and to record minutes of the proceedings.
2. Attending other relevant coordination forums, including the VFSSC and child protection committees.
3. Establishing a referral mechanism, in accordance with the Protocol and ensure that all survivors who come into contact with the District Office are referred and supported to access the relevant service.
4. Continuously raising awareness on issues of gender based violence, including domestic and sexual violence.
5. Developing and conducting economic empowerment programmes for women.
6. Disseminating and then collecting the monthly GBV data collection tool from all stakeholders and prepare monthly consolidated data for the Provincial Office.

At a Provincial level, the Provincial Development Officer is responsible for:

1. Coordinating monthly meetings with all stakeholders in the Province and to record minutes of the proceedings.
2. Attending other relevant coordination forums, including the VFSSC and child protection committees
3. Establishing a referral mechanism, in accordance with the Protocol and ensure that all survivors who come into contact with the Provincial Office are referred and supported to access the relevant services.
4. Continuously raising awareness on issues of gender based violence, including domestic and sexual violence.
5. Collecting monthly data returns from District Development Officers and submitting them to the National Office monthly.

Department of Public Prosecutions, Attorney General's Office

Background

The Department of Public Prosecution (DPP) is ultimately responsible for the quality of the docket of alleged sexual violence and abuse and the subsequent prosecution of the alleged offence through the Courts. The DPP also plays a key role in promoting a just and fair system for all persons who are participating in the justice process, making it easier for survivors to access justice by removing barriers and avoidable hardship throughout their contact with the system, and promoting due process for persons accused of criminal offences. More broadly, the quality and success of prosecutions is an important factor in maintaining public confidence in the justice delivery system⁸.

General guidance

1. There is no time limit on when a survivor can make a report or a matter can be prosecuted. All reports are to be treated as a priority, regardless of the alleged time of offence.
2. All sexual violence and abuse cases are to be treated as a priority case. The Area Public Prosecutor is responsible for ensuring that a docket is brought before the Court at the earliest possible time and to advocate for the prioritization of the matter in the Courts.
3. The privacy of a survivor or minor offender is to be respected by all parties, at all times. The DPP must take all reasonable steps to ensure that the identity of a survivor and the details of their matter are protected and remain confidential. It is however, permissible and encouraged, to have a trusted family member or guardian present to support a survivor throughout their participation in the investigation and subsequent processes.
4. Separate and appropriate transportation arrangements for survivors and perpetrators to and from the Court should be ensured.
5. In cases where a child survivor, witness or alleged offender has a disability or is a minor, specific measures should be taken to ensure that they are supported to actively participate in the justice process.
6. Throughout the investigation and subsequent processes, efforts must be made to promote the safety of, and limit the hardship on, the survivor.
7. Related to the above, it is important that:
 - a. Contact between the survivor and the alleged offender be minimized en route to the court, at the court and at home to the fullest possible extent. Where an alleged perpetrator lives in the same home or community as a survivor, it is preferable for the survivor to be supported to remain in their home and alternative arrangements be made for the accommodation of the alleged perpetrator, for example, through securing Protection Orders with conditions requiring the perpetrator to leave the home. The removal of a child to a place of safety should be considered a last resort. Any police officer, health officer, education officer or probation officer may, as a last resort, remove a child from any place to a place of safety. In the event that the police officer, education officer or health officer remove the child in need to a place of safety, the Probation Officer must be notified immediately, at maximum within 5 days Section 14 (1) Children's Act [Chapter 5:06]). However, it is generally in the best interest of the child to support them to remain in their home, and remove

8. The rule of law principles of are applied thereby setting conditions for a fair trial

- the perpetrator. The Probation Officer and VFU Officer should work closely in order to monitor the protection of the survivor particularly where the perpetrator has been granted bail.
- b. The DPP is responsible for ensuring that all Prosecutors have the skills and knowledge required to deal sensitively with these people, upon entry and throughout their service.
 - c. The same Prosecutor should follow a matter from its referral through to the finalisation of the trial to the extent possible. The number of separate hearings and rescheduling of hearings should be minimized.
 - d. The use of survivor-friendly measures is to be promoted, regardless of whether the trial is heard in an ordinary or a specialised VFC. A separate waiting room should be available for survivors throughout the trial process.
 - e. Survivors should be oriented to the Court surroundings and trial process by Intermediaries and receive psychosocial support from the Probation Officer or recognised counsellor prior to being referred to the trial Court.
8. Where the alleged or convicted perpetrator is also a child, specific, special measures must be taken to ensure that the Protocol's guiding principles, including the 'best interest of the child' are applied. Confidentiality and safety must be respected and the child must be supported to actively and meaningfully participate in the justice process.

Receiving a Referral from the Police

1. The Investigating Officer is expected to contact the DPP as soon as practical after a case is reported.
2. The DPP must immediately allocate a Prosecutor to the case.
3. This Prosecutor must provide technical guidance to Police throughout the investigation and take overall responsibility for the quality of the docket.
4. Where it comes to the attention of the Prosecutor that an alleged child offender has not been provided legal assistance, they must notify the Legal Aid Directorate and provide the details of the child, including their name and location so that legal assistance can be arranged.
5. The Prosecutor must prioritise matters involving vulnerable survivors and witnesses and take all possible measures to fast-track their matters to the Court.
6. Where a matter cannot be fast-tracked, or where the completion of a docket will take more than two weeks, or where the safety of the survivor or witnesses is not assured, the Prosecutor should seek to have any alleged adult perpetrator to be remanded by a Court.

Preparation for Trial

1. Wherever possible, all interviews with survivors or witnesses should be done in a private, confidential and relaxed environment.
2. If they wish, survivors should also be interviewed in the presence of a trusted, support person and/or the presence of the Supportive Police Officer or Probation Officer.
3. Where a Supportive Police Officer fails to adequately prepare a survivor or witness for Court, the Prosecutor must assume this responsibility. At a minimum, this requires that the survivor receive a tour of the Court and an explanation of the expected Court processes.

4. The Prosecutor must determine whether a recommendation should be made to the Court for the use of a separation room or other victim friendly provisions. To determine this, information can be collected from the survivor, witnesses, their family, other service providers and the Police.
5. The Prosecutor must advise the alleged perpetrator or their lawyer of this recommendation and determine whether the use of victim friendly measures will be opposed.
6. The Prosecutor is responsible for ensuring that the survivor and witnesses are given adequate notice to attend Court and provide information on available support services and how to access them (such as the provision of witness expenses).

Trial proceedings

1. The Prosecutor must introduce themselves to the survivor and witnesses upon their arrival and ensure that they are linked with the Intermediary or other appropriate support person.
2. The Prosecutor is responsible for providing all witnesses and the survivor with a copy of their statements and to ask the Intermediary or support person to go through this statement with the survivor or witness.
3. The Prosecutor is responsible for alerting the Clerk of Court (and if necessary, the presiding Magistrate) of the presence of persons requiring victim friendly measures and request their immediate implementation.
4. Where the use of victim friendly measures is opposed, an application is to be made under Section 319B of the Criminal Procedure and Evidence Act [Chapter 9:07]. Where CCTV is unavailable for any reason, alternative measures should be promoted to ensure cases are not unnecessarily delayed.
5. Where a medical practitioner is a State witness, the Prosecutor is responsible for advising the Court of their presence and to request that their evidence be heard immediately.
6. Where a trial is delayed, the Prosecutor is responsible for ensuring that the survivor, witnesses and their guardians are notified at the earliest possible time. The Prosecutor must also ensure that they are notified of the revised Court date.
7. The Prosecutor is responsible for prosecuting the matter professionally.
8. The Prosecutor is responsible for advising the Attorney General of any matter in which fast-tracking has been denied or made impossible. The Attorney General is responsible for taking the matter up with the Commissioner General of Police, the Chief Magistrate, Director of Social Services, Secretary for the Law Society of Zimbabwe or other agency head to resolve the delay.
9. The Prosecutor should make arrangements for the payment of witness expenses to the survivor and witnesses on arrival at the court to enable them to procure refreshments so that the survivor will give evidence on a full stomach.
10. The Prosecutor should avoid any postponement of the trial by opposing all unnecessary deferments, especially where Defence Lawyers have double booked matters to cause these deferments.
11. Regardless of the outcome of the trial, the Prosecutor should advise the survivor and witnesses of the outcome and the possibility of civil action on conviction of the perpetrator where they can claim damages from the civil Courts. Where there is the possibility that the child or woman's safety may still be at risk, the Public Prosecutor is to notify the Probation Officer in the case of a child, or the District Gender Officer or Community Development Officer, in the case of an adult survivor so that additional protective measures can be put in place.

12. Prosecutors are to advise survivors of any available psycho-social services and support their referrals where required. This information can be sought from the District Social Services Officer, the District Gender Officer, or the District Community Development Officer.

Bail and remand

1. Under the Criminal Evidence and Procedure Act [Chapter 9:07] , Police cannot release an alleged perpetrator of a sexual offence on bail.
2. The Prosecutor can receive a requests or recommendations for bail by any interested party. In determining whether to recommend bail or remand, the Prosecutor's recommendation is ultimately to be guided by the best interests of the survivor and other vulnerable witnesses. They can take the following considerations into account:
 - a. The likelihood that the alleged perpetrator will abscond or interfere with the survivor or witnesses.
 - b. The likelihood that the release of the alleged perpetrator will cause additional hardship for the survivor or witnesses, including where release would involve the alleged perpetrator returning to the same home or community as the survivor or witness.
3. Where a Court is amenable to granting bail, the Prosecutor is responsible for advocating for conditions that limit possible hardship or safety concerns for the survivor or witnesses, including seeking Protection Orders, or making alternative accommodation options for the alleged perpetrator and conditions that assure no-contact between the alleged perpetrator and the survivor or witnesses.
4. Where bail is granted, the Prosecutor should seek to ensure that measures, including Protection Orders, are put in place to ensure the safety of the survivor. The District Gender Officer or Community Development Officer can be contacted to support the Protection Order application process.
5. The Prosecutor is responsible for explaining the reasons for, and conditions of, bail to the survivor, witnesses and in the case of children, their parents or guardians.
6. In the case of alleged child offenders, efforts must be made to find a suitable non-custodial option, as soon as possible and for the duration of the trial. It is the responsibility of the DSS to support the Prosecutor in identifying suitable accommodation options in line with the National Residential Child Care Standards 2010 and the Children's Act [Chapter 5:06], paying particular attention to section 84 of the Children's Act [Chapter 5:06 that deals with the detention of a juvenile.

Judicial Services Commission

Background

The Judicial Services Commission (JSC) is responsible for overseeing the functions of Judges and Magistrates who preside over cases involving sexual violence and abuse. They are responsible for ensuring all parties receive a fair trial and ensuring that justice is served in line with the relevant legislation. They are ultimately responsible for ensuring that vulnerable survivors and witnesses are supported to actively and meaningfully participate in the justice process and that all other interested parties meet their obligations.

The Chief Magistrate's Office, as Chair of the National Victim Friendly Committee (NVFC) is also responsible for overall coordination of policy reform and overseeing the implementation of the Protocol.

General guidance

1. All sexual violence and abuse cases are to be treated as a priority case by all stakeholders. For the Courts, this requires that the urgency of these matters be considered in both the scheduling of hearing dates, and the order in which matters are attended to each day.
2. There is no time limit on when a survivor can make a report or a matter can be prosecuted. All reports are to be treated as a priority, regardless of the alleged time of offence.
3. The privacy of a survivor or minor offender is to be respected by all parties, at all times. Magistrates and Judges must take all reasonable steps to ensure that the identity of a survivor and the details of their matter are protected and remain confidential. It is however, permissible and encouraged, to have a trusted family member present to support a survivor throughout their participation in the investigation and subsequent processes.
4. Separate and appropriate transportation arrangements for survivors and perpetrators to and from the Court should be ensured.
5. In cases where a child survivor, witness or alleged offender has a disability or is a minor, specific measures should be taken to ensure that they are supported to actively participate in the justice process.
6. Throughout the justice process, efforts must be made to promote the safety of, and limit the hardship on, the survivor.
7. Related to the above, it is important that:
 - a. Contact between the survivor and the alleged offender be minimized en route to the court, at the court and at home to the fullest possible extent. Where an alleged perpetrator lives in the same home or community as a survivor, it is preferable for the survivor to be supported to remain in their home and alternative arrangements be made for the accommodation of the alleged perpetrator, for example, through securing protection orders with conditions requiring the perpetrator to leave the home. Circumstances requiring the removal of a child to a place of safety should be considered a last resort. Any Police Officer, Health Officer, Education Officer or Probation Officer may, as a last resort, remove a child from any place to a place of safety. In the event that the Police Officer, Education Officer or Health Officer removes the child in need to a place of safety, the Probation Officer must be notified immediately, at a maximum within 5 days (Section 14 (1) Children's Act [Chapter 5:06]) However, it is generally in the best interest of the child to support them to remain in their home, and remove the perpetrator. The Probation Officer and

- VFU Officer should work closely in order to monitor the protection of the survivor particularly where the perpetrator has been granted bail.
- b. The JSC is responsible for ensuring that all its staff who have contact with vulnerable survivors and witnesses have the skills and knowledge required to deal sensitively with these people upon entry and throughout their service.
 - c. The same Magistrate or Judge should follow a matter from its referral to the Court, through to the finalisation of the trial to the extent possible. The number of separate hearings and rescheduling of hearings should be minimised.
 - d. The use of survivor-friendly measures is to be promoted, regardless of whether the trial is heard in an ordinary or specialised victim friendly system service. A separate waiting room should be available for survivors throughout the trial process.
 - e. Survivors should be oriented to the Court surroundings and trial process by Intermediaries and receive psychosocial support from the Probation Officer or recognised counsellor prior to being referred to the trial Court.
8. Where the alleged or convicted perpetrator is also a child, specific, special measures must be taken to ensure that the Protocol's guiding principles, including the 'best interest of the child' are applied Confidentiality and safety must be respected and that the child be supported to actively and meaningfully participate in the justice process.
 9. Emergency medical care is to be given absolute priority, including ensuring access to PEP and EC within 72 hours of the incident. Investigations can be undertaken in the absence of a medical report and a police report is not required as a pre-requisite for medical treatment.
 10. The JSC should continue to scale up VFCs, including the introduction of innovative special measures to complement CCTV equipment. This will ensure that matters are not unnecessarily delayed when CCTV is not available.
 11. Intermediary and Accounting Officers, Court Recorder, and Clerk of Court should also be familiar with and guided by the Protocol's guiding principles under the JSC.
 12. As Chair of the NVFC the JSC is also responsible for taking the lead in the development of:
 - a. a credible, cost benefit analysis to be developed from which to make Annual Budget submissions; and
 - b. a management information system to be developed to allow stakeholders to monitor (and where necessary activate and ensure) a comprehensive welfare and justice response for survivors.

Trial Proceedings

1. Magistrates and Judges may consider applications for the use of special, survivor sensitive measures that are made under Section 319B of the Criminal Procedure and Evidence Act [Chapter 9:07]. A Magistrate or Judge may initiate the use of these special, survivor sensitive measures regardless of whether a dedicated application is made or not.
2. Magistrates and/or Judges are responsible for clearing the general public from the Court as soon as it becomes apparent that a matter involves vulnerable survivors or witnesses.

3. The Magistrate and/or Judge is responsible for ensuring that all efforts are made to fast-track hearings related to sexual violence and abuse. Where it appears that a matter is being unnecessarily delayed, the Magistrate and/or Judge must take the matter up directly with the Attorney General, Commissioner General of Police, the Director of Social Services or other agency head to resolve the delay. Alternatively, the matter can be referred to the Chief Magistrate and Chief Justice, who can also take the matter up on behalf of the Judiciary.
4. Where a Prosecutor advises that a medical practitioner is present to provide evidence for the State, the Magistrate or Judge is responsible for ensuring that the evidence is heard at the earliest possible moment. The Magistrate or Judge must adjourn other matters, where necessary to accommodate these witnesses.
5. Where an alleged offender is also a child, the Magistrate or Judge must ensure that the child receives legal representation, advice, translation and other necessary support from the Legal Aid Directorate for the names and contact details of legal assistance service providers.
6. When matter is referred to the Court, the child survivor or witness is also to be immediately allocated to an Intermediary. The Intermediary is responsible for:
 - a. Acting as a support person throughout the Court process.
 - b. Maintaining the child friendly separation room.
 - c. Creating and maintain rapport with the child, taking into account the child's age, gender, culture, religion, socialisation and other relevant individual characteristics.
 - d. Ensuring that the child's biological and social needs are met.
 - e. Supporting the referral pathway.
 - f. Facilitating the use of anatomically correct dolls.
 - g. Monitoring the child's fatigue and distress levels, taking into account non-verbal communication; and notifying the Court accordingly.
7. The Court Recorder is responsible for recording all Court proceedings providing in-service training to new recorders.
8. The Court Recorder is also responsible for maintaining all Court equipment and ensuring it is serviced regularly. Any malfunctioning of equipment is to be reported to the Office of the Chief Magistrate immediately.
9. The Accounting Officer is responsible for requesting and daily liquidating witness expenses from the Chief Magistrate's Office, ensuring the continuous availability of witness expenses at the Court. This includes putting in place measures to ensure that witness expenses do not run out at the Court.
10. The Accounting Officer is responsible for liaising with Court Officials periodically on anticipated expenditure and the state of witness expenses. They are also responsible for ensuring that provisions are made in a timely manner to ensure refreshments are available for vulnerable survivors and witnesses who attend the Court.

Bail and remand

1. Where a Court is asked to decide bail or remand, the Court's decision is ultimately to be guided by the best interests of the survivor, minor offender and other vulnerable witnesses. The equality before the law principle applies. However in cases of minors, the best interest of the child takes primary consideration in

- application of the law. The Court can take the following considerations into account:
- a. The likelihood that the alleged perpetrator will abscond or interfere with the survivor or witnesses.
 - b. The likelihood that the release of the alleged perpetrator will cause additional hardship for the survivor or witnesses, including where release would involve the alleged perpetrator returning to the same home or community as the survivor or witness.
 - c. Where a Court is amenable to granting bail, the Court can consider conditions that limit possible hardship or safety concerns for the survivor or witnesses, including alternative accommodation options for the alleged perpetrator and conditions that assure no contact between the alleged perpetrator and the child survivor or witnesses.
2. The Court is expected to be guided by the recommendations of the Probation Officer, in line with the relevant provisions of the Children's Act [Chapter 5:06].
 3. In the case of alleged child offenders, the Prosecutor is expected to consult with the DSS to identify a suitable non-custodial option, as soon as possible, for the duration of the trial, and in line with the National Residential Care Standards and the Children's Act paying particular attention to S(84) of the Children's Act that deals with the detention of a juvenile.
 4. Where bail is granted, the Court should seek to ensure that measures, including Protection Orders, are put in place to ensure the safety of the survivor. The District Gender Officer or Community Development Officer can be contacted to support the Protection Order application process.

Judgments and Sentencing

1. The Magistrate or Judge is responsible for making all efforts to prioritise the finalization and delivery of judgments relating to sexual violence and abuse cases. These judgments must be delivered within five working days and in matters where this is not possible, the Magistrate or Judge is responsible for notifying the Head of the Judicial Services Commission of the delay and justification.
2. In matters involving alleged or convicted child offenders, the Magistrate or Judge must require a Probation Report from the DSS (sections 4 and 46 of the Children's Act [Chapter 5:06]). Where capacity constraints do not allow for the timely submission of written reports, the Magistrate or Judge can summons the PO to provide a verbal report.
3. In cases of convicted child offenders, Magistrates and Judges who determine that a custodial sentence is necessary must ensure that the detention facility does not mix adults and children.
4. Where a child has been detained by the Court either on remand or conviction, the Regional Magistrate is responsible for ensuring that a regular Visiting Justice schedule is in place and that regular prison visits are undertaken, in line with Part VII of the Prisons Act [Chapter 7:11]. Where issues relating to the appropriate detention and treatment of children in detention are identified, it is the responsibility of the Regional Magistrate to notify both the child's legal representative and the Chief Magistrate, who is responsible for addressing the matter directly with the Commission of Prisons.

Ministry of Labour and Social Services

Background

The Ministry of Labour and Social Services' Department of Social Services (DSS) is the lead Government department responsible for implementation of the Children's Act [Chapter 5:06] that ensures protection of children from all forms of abuse. Therefore the DSS plays an important role in the protection of children who have experienced abuse, or live in a situation where they are at risk.

DSS has recently launched the second phase of the National Action Plan for Orphans and Vulnerable Children (2011-2015) (NAP II) which includes an explicit focus on access to justice for vulnerable children complemented by a range of other key child protection services, including services for children with a disability, children separated from their families and child survivors of violence.

A key outcome of the NAP II will be the development of a national case management system, a function which is increasingly being recognised as an essential component of the VFS. It is therefore becoming increasingly important for the Ministry of Labour and Social Services to strengthen collaboration at national and sub-national levels with all parties in the Protocol.

General guidance

1. Ensuring the immediate safety and well-being of the child should be a central factor in all decisions and case planning.
2. Emergency medical care is to be given absolute priority, including ensuring access to PEP and EC within 72 hours. Investigations can be undertaken in the absence of a medical report and a Police report is not required as a pre-requisite for medical treatment.
3. All reports of child sexual abuse or violence and abuse must be referred to the Police on the day that the information comes to the attention of the Probation Officer, regardless of the wishes of the child or family; and regardless of whether the PO believes that there is sufficient evidence for a prosecution. Decisions to proceed with prosecution will be made by the DPP, who will take the views of the child and family into account.
4. All child sexual violence and abuse cases are to be treated as a priority case and therefore must take precedence over other referrals to the DSS.
5. There is no time limit on when a survivor can make a report or a matter can be prosecuted. All reports are to be treated as a priority, regardless of the alleged time of offence.
6. The privacy of a survivor is to be respected by all parties, at all times. The Probation Officer must take all reasonable steps to ensure that the identity of a survivor and the details of their matter are protected and remain confidential. It is however, permissible and encouraged, to have a trusted family member present to support a child throughout their participation in the investigation and subsequent processes.
7. In cases where a child survivor, witness or alleged offender has a disability, specific measures should be taken to ensure that they are supported to actively participate in the justice process
8. Throughout investigation and subsequent processes, efforts must be made to ensure the safety of, and limit the hardship on, the survivor.

9. Related to the above, it is important that:
 - a. Contact between the survivor and the alleged offender be minimized en route to the court, at the court and at home to the fullest possible extent. Where an alleged perpetrator lives in the same home or community as a survivor, it is preferable for the survivor to be supported to remain in their home and alternative arrangements be made for the accommodation of the alleged perpetrator, for example, through securing protection orders with conditions requiring the perpetrator to leave the home. The removal of a child to a place of safety should be considered a last resort. Any Police Officer, Health Officer, Education Officer or Probation Officer may, as a last resort, remove a child or young person from any place to a place of safety (Section 14 (1) Children's Act [Chapter 5:06]). However, it is generally best interest of the child to support them to remain in their home, and remove the perpetrator. The Project Officer and VFU Officer should work closely in order to monitor the protection of the survivor particularly where the perpetrator has been granted bail.
 - b. The DSS will ensure that all Probation Officers are equipped with the knowledge and skills to implement their functions, in line with the Children's Act and the Protocol, upon entry and at regular times throughout their service.
 - c. The same Probation Officer should follow a matter from its initial referral, through to the finalisation of the trial to the extent possible. The number of separate times a survivor has to return to the DSS Office or other service providers should be minimised
 - d. The use of survivor-friendly measures are promoted, regardless of whether the trial is heard in an ordinary or specialised victim friendly system service
 - e. Survivors should be oriented to Court surroundings and trial process by intermediaries and receive psychosocial support from the Probation Officer or recognised counsellor prior to being referred to the trial court.
10. Where the alleged or convicted perpetrator is a child offender, efforts must be made to find a suitable non-custodial option, as soon as possible and for the duration of the trial. It is the responsibility of the DSS to support the Prosecutor in identifying suitable accommodation options in line with the National Residential Care Standards and the Children's Act Chapter 5:06.
11. The DSS should ensure that sufficient social workers are available to implement the Children's Act⁹.

Receiving a report

1. The Probation Officer should ensure that all Protocol stakeholders are aware of the 24 hours contact details for Social Services and alternative contact details for times when the Probation Officer is not available or able to fulfil their functions.
2. Where a report is received by phone, the Probation Officer receiving the call must immediately seek to ascertain where the caller is phoning from and whether she or he is in any immediate danger.
3. The Probation Officer must immediately notify the local Police Station, and if necessary, also contact local emergency medical services and provide them with details of the location of the survivor.

9. The 2012 DSS Capacity Audit notes the shortage of Probation Officers that are available throughout the country, largely due to a whole of government freeze on new recruitment and filling of vacant posts. The DSS is currently finalising a statutory instrument that will enable other qualified social workers to undertake some probation functions, in close coordination with existing Probation Officers.

4. Where a report is received in person, the Probation Officer must immediately take the survivor into a private safe and confidential room before commencing an interview or asking any sensitive questions.
5. Where free medical care cannot be secured, the Probation Officer is responsible for assessing eligibility for Assisted Medical Treatment Orders, and where necessary, facilitating access to these Orders.

Interviewing a Survivor

1. Wherever possible, interviews should be done in a private, confidential and relaxed environment and by a Probation Officer of the same sex.
2. A child should also be interviewed in the presence of a trusted caregiver and/or the Probation Officer.
3. No child is to be forced, coerced or pressured to give evidence.
4. The Probation Officer should liaise with the Police Investigating Officer or Support Police Officer to ensure that interviews are complementary and do not interfere with efforts to gather evidence for the criminal case and the DSS's assessment of child safety.

Addressing safety

1. The Probation Officer is responsible for providing overall case management services to the child survivor child witness of child offender. At a minimum, this includes developing a case plan, in line with National Case Management Guidelines¹⁰; and subsequently overseeing its implementation. This case management may be provided by the Probation Officer or another delegate of the DSS.
2. The Probation Officer is ultimately responsible for monitoring all parties implementation of their respective elements of the case plan. Where the Probation Officer identifies a party is unable or unwilling to fulfil their responsibilities, the Probation Officer must address this with the person's immediate supervisor. If a timely resolution cannot be found, the Probation Officer is responsible for advising the Provincial Social Services Officer of the concerns.
3. Where the Provincial Social Services Officer is unable to resolve the concerns, the Provincial Social Services Officer must notify the DSS, who is responsible for further follow up action, in line with the National Case Management Guidelines.
4. Where the alleged offender is also a child, the Investigating Officer will also notify the Probation Officer. The Probation Officer is to treat this as a separate child protection case and dealt with accordingly. Where possible, the alleged child offender should have their case managed by a different Probation Officer.
5. Where a referral is made regarding a family and child who is not in agreement regarding termination of pregnancy, the Probation Officer will undertake an assessment and, if necessary, make the application to the court on behalf of the child.

Bail and remand

6. When requested, the Probation Officer must provide the Prosecutor with information relevant to the determination of the child survivor or witnesses' safety, should the alleged perpetrator be released. This can include an assessment of the possible physical and emotional risks that their release would raise.

10. These Guidelines are currently being finalised by DSS and are expected to be issued in 2012.

7. Where necessary, the Probation Officer should support the survivor to seek a Protection Order. If required, the District Gender Officer or Community Development Officer can provide assistance with this.
8. In the case of alleged child offenders, efforts must be made to find a suitable non-custodial option, as soon as possible and for the duration of the trial. It is the responsibility of the DSS to support the Prosecutor to identify suitable accommodation options in line with the National Residential Care Standards and the Children's Act paying particular attention to S(84) of the Children's Act that deals with the detention of a juvenile.

Case Management Support throughout the Justice and Welfare Process

The DSS is in the process of finalising National Case Management Guidelines which will outline the minimum standards and processes to be undertaken when performing case management functions. This section is intended to provide preliminary guidance.

1. The Probation Officer is responsible for maintaining regular contact with the child survivor, witnesses and their family (and the alleged child offender, if relevant) to ensure that they remain abreast of the case's developments and have the opportunity to ask questions or seek additional support.
2. The Probation Officer is responsible for ensuring that a case plan is developed, in line with national minimum standards.
3. The Probation Officer is responsible for monitoring the implementation of the case plan and regularly reviewing (and where necessary, revising it) together with other stakeholders. Where referrals to other support services are made, the Probation Officer is responsible for ensuring that these referrals are accepted by the receiving agency, and where necessary, advocating for timely, quality service delivery, where necessary.
4. All cases are to remain open and monitored by the Probation Officer until full implementation of the case plan is completed.
5. Where the alleged offender is also a child, the Probation Officer is responsible for advocating that the child receives timely legal assistance and is supported to remain in regular contact with their family.
6. The Probation Officer must also provide the Court with a report, either written or verbal within three days of the final court hearing. This is to enable a sentence to be passed within five days of the conviction.

Ministry of Justice and Legal Affairs

The Ministry of Justice and Legal Affairs (MJLA) has the dual responsibility of leading the development of policy relating to justice for children and for important aspects of justice for children service delivery including legal aid and the management of detention facilities.

Department of Policy and Legal Research

The Department of Policy and Legal Research is responsible for identifying, initiating and supporting policy and legal research initiatives and advising the Ministry on policy and legal priorities. A comprehensive justice for children sector analysis was undertaken in 2011 and finalised in 2012. The final report contains an Action Plan which commits the government to a range of sector reforms.

1. The Department of Policy and Legal Research is responsible for overseeing the implementation of the Justice for Children Sector Analysis Action Plan and providing regular reports on progress to the Permanent Secretary of Justice and Legal Affairs. The Department is also a member of the NVFC and should provide regular updates on progress relating to the implementation of actions relevant to the Protocol.
2. The Department will also establish and support the implementation of a research agenda relating to justice system response to sexual violence against children and women.
3. Matters to be dealt with expeditiously guided by a response plan to sexual violence against children and women
4. Amendment of legislation for provision of fair trial for children.

Legal Aid Directorate

The Legal Aid Directorate (LAD) has the mandate to deliver free legal aid services to indigent persons across the country. It has offices based in Harare and Bulawayo, with a total of 19 lawyers and are guided by the National Legal Assistance for Children Strategy (2012).

1. The LAD is responsible for identifying and assigning alleged child offenders with a qualified legal assistance professional. They can be contacted on 04 797910 or 04 797911.
2. The LAD is responsible for mapping and identifying alternative legal assistance partners across the country who are resourced and willing to receive referrals of children who fall outside the reach of the LAD.
3. Where an alleged child offender is identified to be placed in any form of detention facility, it is the responsibility of the child's legal assistance provider to ensure that conditions of detention are consistent with the Prisons Act [Chapter 7:11] and other national standards. In the absence of other authorised standards, the guidance outlined in the Pre-Trial Diversion Guidelines are to be followed (Annex 6).
4. Where the legal assistance provider is unable to guarantee the appropriate conditions of detention of a child, the LAD is responsible for notifying the Commission of Prisons or the appropriate Regional Magistrate to request that an official 'Visiting Justice' visit be undertaken in line with Part VII of the Prisons Act.

Prison Services

Prison Services are responsible for the management of detention facilities and ensuring the safety and rehabilitation of children who are detained on a Court order. Whilst there is one detention facility specifically designed for children and young people – Whawha Prison in Gweru – a recent justice for children sector analysis noted that capacity constraints are contributing the children being detained in other facilities.

1. The Officer-in-Charge at a Prison Services facility is responsible for ensuring that any alleged or convicted child offender is registered and detained in line with the Prison Act, paying particular attention to the requirements for the separation of prisoners under section 63 (2) of the Act and ensuring that the child has regular contact with their family and legal assistance provider.
2. The Officer-in-Charge is responsible for ensuring the safety and rehabilitation of children who are detained on a Court order. The administration of discipline of a detained child is in accordance with the Prisons Act [Chapter 7:11], particularly in relation to the administration of corporal punishment outlined in Parts XV and XVII of the Prisons Act [Chapter 7:11].
3. The Officer-in-Charge is responsible for facilitating access of visiting justices and official visitors, in line with Part VII of the Prisons Act.
4. Where the Officer-in-Charge identifies that a child is being detained in violation of the Prisons Act (or other relevant legislation), he or she is responsible for facilitating the appropriate transfer or other actions required to bring the treatment of the child into line with the relevant legislation.
5. Where Officer-in-Charge facility cannot rectify the unlawful detention of a child, they are to notify the Head Office who is responsible for liaising with other National level stakeholders to expedite a resolution.

Ministry of Education, Sport, Arts and Culture

Background

The Ministry of Education, Sport, Arts and Culture (MoESAC) is in a unique position to ensure children's awareness of their right to protection from sexual violence and abuse and to identify children who may have had this right violated. The Ministry is well structured to ensure prevention and management of child sexual abuse. As education officials spend a considerable amount of time with children, Teachers, Heads of Schools, Psychosocial support teams, Hearing Committees, senior education managers and investigation teams who are equipped with appropriate knowledge and skills are well placed to prevent sexual violence and abuse and provide a critical support function to child survivors.

The Ministry's administrative justice system is also in a position to ensure that members who commit sexual violence and abuse offences are also subject to appropriate administrative sanctions. This system is designed to work simultaneously with the criminal system, where applicable.

The Protocol applies to all children and learners in education institutions, including:

- Nursery schools.
- Pre-schools.
- Day-care centres.
- Any other Early Childhood Development Centres.
- Primary Schools (day and boarding).
- Secondary schools (day and boarding).
- Multi-level special education institutions.
- Correspondence schools and other non-formal educational facilities for children aged 0-18 years.

All principles and actions outlined in the Protocol apply equally to children enrolled in school, attending school or those who are out-of school learners.

General Guidance

HEAD OFFICE

1. Ensure that child abuse cases receive priority treatment.
2. Ensure that a school child survivor of abuse accesses essential services such as food and health and receives continuous psychosocial support throughout the administrative justice process with support from the guidance and counselling teachers at a school level and other education officials.
3. Ensure adherence to referral protocols to facilitate reporting of child abuse cases.
4. Protect teachers who report child abuse cases and those who are witnesses in Courts during administrative justice processes from victimization in liaison with the Police.
5. Clearly outline the roles of education officials in the management of child abuse cases.
6. Increase staff training on child abuse.
7. Develop standard guidelines for administrative justice processes involving child abuse.
8. Provide an effective policy framework for psychosocial support and staff discipline in the management of child abuse cases.

9. Liaise with all relevant stakeholders to ensure effective child protection and child abuse cases management systems.
10. Establish and maintain a child abuse database to assist in making informed decisions on child abuse issues.
11. Provide an effective Gender Based Violence and Abuse Policy to regulate the conduct of members.
12. Monitor and evaluate compliance to legal and policy provisions on child abuse in accordance with the Education Act [Chapter 25:04], the Children's Act [Chapter 5:06] and relevant policies.

THE PROVINCIAL EDUCATION DIRECTOR

1. Ensure consistency and effective handling of child abuse cases throughout the Province.
2. Provide guidance to all Districts in the Province.
3. Monitor and follow up cases.
4. Ensure staff report to DEOs on procedures and policy.
5. Participate in all child protection, welfare and victim friendly platforms at Provincial level.
6. Discipline staff perpetrators of child abuse.
7. Liaise with all relevant stakeholders in the management of child abuse cases.

DISTRICT EDUCATION OFFICERS

1. Advise and support the School Head.
2. Keep a Child Abuse Register and submit it to the Provincial Education Director.
3. Ensure staff report to School Heads on prevention and management of child abuse cases.
4. Ensure that all abused children receive appropriate psychosocial support.
5. Liaise with all relevant stakeholders in case management.
6. Monitor and follow up cases, both administrative and criminal.
7. Ensure compliance to legal and policy provisions on child abuse and sexual harassment.
8. Actively participate in child protection, welfare and victim friendly initiatives at District level.

THE SCHOOL

1. Train staff members on the Child Protection Policy and ensure adherence to its provisions.
2. Advise school children of the protection mechanism and reporting procedures on child abuse
3. Establish and maintain a child led Child Protection Committee at the school and properly communicate its mandate.
4. Educate children on their rights and responsibilities through various mechanisms including in the standard curriculum (e.g. Life Skills) and through the promotion of after-school clubs.
5. Promote peer support for abused children.

6. Institute appropriate disciplinary measures for both staff members and students who perpetrate abuse of students.
7. Liaise with all relevant stakeholders in cases of child abuse; parents, Police, Courts, Health, DSS and relevant CSOs.
8. Facilitate reporting of criminal child abuse cases to the Police.
9. Consult specialists and teachers or other dedicated school staff who are responsible for counselling and guidance of children, before considering transferring the survivor.
10. Ensure that all criminal child abuse cases brought to their attention are urgently reported to the Police.
11. Ensure investigations for child abuse cases are timely and are conducted by personnel who are trained in survivor friendly procedures.
12. Make efforts to meet witness expenses for child abuse cases that occur in the school.
13. Put in place measures to protect children from abuse.
14. Rehabilitate abused school children.
15. Ensure that at all times, the abused child is handled in a friendly manner, with dignity, confidentiality and empathy.
16. In handling child abuse cases, the school should establish and maintain close liaison with all relevant stakeholders, that is, parents or guardians, Clinic or Hospital, DSS, the Police, the Courts and relevant CSOs.
17. Ensure that girl learners who fall pregnant continue with their education during pregnancy and take breaks where applicable, and that they are reintegrated into the education system after delivery.

THE SCHOOL HEAD

1. Facilitate formulation of an effective Child Protection Policy.
2. Establish clear communication channels for the reporting of cases.
3. Put practical measures in place to prevent child abuse.
4. Report criminal sexual abuse cases to the Police (or those acting in loco parentis)
5. Facilitate proper investigation of cases.
6. Take appropriate disciplinary measures on staff and learners who perpetrate child abuse and sexual harassment.
7. Treat cases of child abuse with the urgency they deserve.
8. Report all child abuse cases to the District Office.
9. Follow up child abuse cases and facilitate onward referrals.
10. Ensure that abused children receive proper psychosocial support and that they are adequately rehabilitated and reintegrated in the school system.
11. Liaise with all the relevant stakeholders as appropriate for each case.
12. Actively participate in child protection, welfare and survivor friendly initiatives in the community.
13. Establish rapport between parents and guardians in order to educate them on prevention and management of child sexual abuse

THE CLASS TEACHER

1. Monitor children's social, physical and psychological welfare and identify cases of child abuse.
2. Educate children on measures for protecting themselves from abuse within the school setting and outside the school environment.
3. Report cases of child abuse to the Head as soon as possible.
4. Offer psychosocial and moral support to the abused child.
5. Avoid gender discrimination and enlighten children on the importance of gender parity.
6. Liaise with the parents /guardians

PARENTS AND GUARDIANS

1. Advise the school, DSS and VFU on issues affecting the child's wellbeing.
2. Report sexual abuse cases (those acting in *loco parentis*).
3. Cooperate with and assist the school in the best interest of the child.
4. Conscientise children on abuse.
5. Seek professional advice for handling child sexual abuse cases

DOCUMENTATION REQUIREMENTS FOR CHILD ABUSE CASES

1. Child Protection Policy.
2. Investigation report.
3. Psychologist's report.
4. Police report where necessary.
5. Court judgment where appropriate.
6. Record of evidence led at the hearing.

Handling of Child Abuse Reports

Reports can come from the child, a peer, a caregiver or a trusted adult. These reports may come from within the school or the community. The School Head is responsible for ensuring that a report is made to the Probation Officer or the VFU Officer, regardless of where the alleged abuse took place.

1. Upon receiving a notification of abuse the School Head must immediately attend to the requirements of the child, including making the appropriate notifications to a trusted caregiver and either a Health Officer, Probation Officer or VFU Officer.
2. The school head shall also report the matter to the District Education Office.
3. The school shall ensure that, the abused child receives adequate psychosocial support.
4. The school authorities should prefer charges of misconduct and suspend the member alleged to have committed the crime after carrying out investigations.
5. The school should liaise with the police on proceedings.
6. The school must follow up proceedings with the Police and the Courts.
7. Where a staff member is victimized for reporting child abuse or being a witness in a child abuse case, the school shall advise and support the member to report to the Police.

8. Where staff members are subpoenaed as witnesses, the school should assist them with related expenses.
9. Where a member commits abuse and has been granted bail the school shall endeavour to obtain the bail conditions from the Court.
10. Where the Court has handed a judgment, the school shall request for a copy of the judgment or summary jurisdiction from the Court.
11. Notwithstanding Court proceedings, the administrative justice processes should be concluded expeditiously.

Handling Disciplinary Cases for Child Sexual Abuse

1. The school should always watch out for signs of abuse among students/pupils, that is emotional, psychological and physical signs.
2. The school should treat all suspicions and reports of abuse seriously.
3. Where child abuse is suspected, an appropriate investigation team should be appointed immediately, conforming to gender, training and experience.
4. Where it is established that a member of the service has a case to answer, he/she should be put to his or her defence and if necessary in terms of the regulations, the same member may be suspended.
5. The member shall appear before a Disciplinary Committee where the abused child shall be subpoenaed as a key witness.
6. The child witness shall always be accompanied by trained personnel, specifically a school psychologist.
7. The set up during the hearing shall be survivor friendly.
8. The Disciplinary Committee shall comprise personnel who are trained to conduct survivor friendly hearings.
9. Child abuse cases should always be expedited.
10. The school should give continual psychosocial support to the abused child.

Abuse Between and Among Students

1. The MoESAC at all levels should refer cases of sexual violence and abuse involving minor offenders to the Probation Officer in the DSS to ensure a child sensitive process of the cases for both the child survivor and the alleged child offender.
2. The immediate and overriding consideration must be the safety of students.
3. Counselling should be provided for both survivor and perpetrator.
4. Meaningful involvement of the parents should be facilitated.
5. Disciplinary action has to be taken on the perpetrator(s).
6. Criminal cases should be reported to the Police.
7. Continuous psychosocial support should be offered to child survivors and the child perpetrators if they are to remain in the school.



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Other Key Stakeholders – Roles and Responsibilities

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Civil Society Organisations

Background

Civil Society Organisations (CSOs), including Faith Based Organisations (FBOs)¹¹ and Non-Government Organisations (NGOs), play a critical role in the early identification of abuse: supporting survivors to access statutory services; assisting survivors and their families to cope with the effects of the abuse; facilitating the safe and dignified reintegration of survivors back to their communities; and holding service providers accountable.

In some cases, CSOs also deliver services together with, or on behalf of government. They can act as an early warning for when service delivery quality slips, and provide a strong advocacy voice for survivors in policy reform and programme development and securing their rights under this Protocol. They also have the ability to establish strong linkages with service providers from which they can negotiate and leverage social, economic and psychological resources that can address the root causes of violence and abuse.

General guidance

1. All child sexual abuse cases are to be treated as a priority case by all stakeholders where the survivor's immediate safety is of paramount concern. This requires that the urgency of these matters be considered when receiving and responding to referrals and in determining the eligibility of survivors to access services. Emergency medical care is to be given absolute priority, including ensuring access to PEP and EC within 72 hours.
2. In cases where a survivor's family is refusing to report the case to the Police, it shall be the responsibility of the CSO to ensure that the case is reported on the day that the information comes to the organisation's attention. In the case where a survivor is reluctant to report to the police, the CSO is responsible for informing the survivor of the laws of Zimbabwe, including mandatory reporting in the case of children, and the role and mandate of key Government sectors in ensuring justice and welfare delivery to the survivor. In the case of adult survivors, the CSO must ensure the survivor is supported with the necessary information to make informed decisions about how to deal with their experience of sexual violence. Where necessary, the CSO will assist survivors in reporting to the Police, in line with the guiding principles of the protocol.
3. Where survivors are failing to secure their rights under the Protocol CSOs should provide the necessary advocacy and logistical or technical support to service providers to ensure that a rapid and comprehensive response is provided by all stakeholders in adherence to government policies and procedures.
4. The CSO or an individual representing the CSO shall ensure that the survivor of abuse and the family are supported throughout the process according to the case plan supervised by the DSS, including keeping clear case records for all support provided.
5. There is no time limit on when a survivor can make a report or a matter can be prosecuted. All reports are to be treated as a priority, regardless of the alleged time of offence and civil society organisations should continue to ensure that this information reaches survivors, and that survivors are supported, when necessary, to have their matter taken up by other partners to the Protocol.

11. Faith based organizations (FBOs) are organizations affiliated to specific religion or denominations based at community level. They usually offer support to followers or persons of affiliation and the larger community based on the principles of their belief system.

6. The privacy of a survivor is to be respected by all parties, at all times. All civil society partners must take all reasonable steps to ensure that the identity of a survivor and the details of their matter are protected and remain confidential. It is however, permissible and encouraged, to have a trusted family member present to support a child throughout their participation in the investigation and subsequent processes.
7. Throughout the justice process, efforts must be made to promote the safety of, and limit the hardship on, the survivor.
8. In cases where a child survivor, witness or alleged offender has a disability, specific measures should be taken to ensure that they are supported to actively participate in the justice process.
9. Civil society should develop and implement prevention programmes with communities and promote the development and strengthening of community-based response mechanisms, in collaboration with local leadership structures.
10. CSOs working in the area of preventing and responding to sexual violence and abuse should contact the Regional Magistrate and seek an invitation to join their local VFSC.
11. Whilst local custom is, where possible, to be respected, civil society is to respect and support the criminal investigation of sexual violence. Conflict resolution mechanisms that are harmful to or otherwise not in the best interests of the survivor, such as mediation or marriage are not to be encouraged or facilitated.
12. CSOs must take steps to ensure that their staff do not perpetrate sexual or other forms of violence. At a minimum, CSOs should develop and implement child protection policies, guided by the National Child Protection and Participation Guidelines, issued by the DSS.
13. The Children's Act [Chapter 5:06] prohibits civil society members from directly managing cases of child abuse, including sexual violence, unless otherwise mandated through statutory or other legally binding agreements. They do, however, play a critical role in supporting the overall child protection system by:
 - a. Advocating for the prevention of, and appropriate response to, child abuse and sexual violence in communities.
 - b. Ensuring timely and confidential reporting of cases to the relevant authorities.
 - c. Supporting survivors and their families to remain informed of the status of their cases.
 - d. Providing support and advocacy to survivors and their families to ensure that service providers meet their obligations under this Protocol and other protective legislation and policy and to ensure that survivors' medical, care, support and legal rights are honoured.
 - e. Monitoring the safety of survivors when they return to their communities.

Traditional and Community Leaders

Background

Traditional leaders are governed by the Traditional Leaders Act [Chapter 29:17] and have an obligation to protect children from traditional harmful practices and to channel criminal cases of sexual violence and abuse to the criminal justice system. Traditional leaders have a role in ensuring timely reporting of cases by their communities. As with civil society organisations, traditional leaders also have the ability to establish strong linkages with service providers from which they can negotiate and leverage social, economic and psychological resources that can address the root causes of violence and abuse.

General Guidance

1. All child sexual abuse cases are to be treated as a priority case by all stakeholders. This requires that the urgency of these matters be considered when receiving and responding to referrals and in determining the eligibility of survivors to access services.
2. In the case of sexual offences against children, if a family is refusing to report the case to the Police, it shall be the responsibility of the traditional leader to ensure that the case is reported on the day that the information comes to the leader's attention.
3. The traditional leader shall ensure that the survivor of abuse and the family are supported throughout their contact with the justice system and, where necessary, during the post-trial period.
4. There is no time limit on when a survivor can make a report or a matter can be prosecuted. All reports are to be treated as a priority, regardless of the alleged time of offence and civil society organisations should continue to ensure that this information reaches survivors; and that survivors are supported, when necessary, to have their matter taken up by other partners to the Protocol.
5. Whilst local custom is, where possible, to be respected, traditional leaders are to respect and support the criminal investigation of sexual violence. Conflict resolution mechanisms that are harmful to or otherwise not in the best interests of the survivor, such as mediation or marriage as a response to sexual violence are not to be encouraged or facilitated.
6. The privacy of a survivor is to be respected by all parties, at all times. All civil society partners must take all reasonable steps to ensure that the identity of a survivor and the details of their matter are protected and remain confidential. It is however, permissible and encouraged, to have a trusted family member present to support a child throughout their participation in the investigation and subsequent processes.
7. Throughout the justice process, efforts must be made to promote the safety of, and limit the hardship on, the survivor.
8. In cases where a child survivor, witness or alleged offender has a disability, specific measures should be taken to ensure that they are supported to actively participate in the justice process
9. The Children's Act prohibits civil society members from directly managing cases of child abuse, including sexual violence, unless otherwise mandated through statutory or other legally binding agreements. Traditional leaders, however, play a critical role in supporting the overall child protection system by:

- a. Advocating for the prevention of, and appropriate response to, child abuse and sexual violence in communities, including through community awareness and grassroots campaigns.
- b. Promote positive values in society and advocate for the protection of women and children through prevention of harmful traditional practices and social norms.
- c. Ensuring timely and confidential reporting of cases to the relevant authorities.
- d. Supporting survivors and their families to remain informed of the status of their cases.
- e. Providing support and advocacy to survivors and their families to ensure that service providers meet their obligations under this Protocol and other protective legislation and policy and to ensure that survivors' medical, care, support and legal rights are honoured.
- f. Advising the formal justice system on matters of sexual violence and abuse and participating as members of the VFCs, where possible.
- g. Through their role in customary law courts, ensuring referrals of criminal cases are made to the formal justice system.
- h. Providing peer support to survivors and ensuring that there are other social support systems for survivors.
- i. Monitoring the safety of survivors when they return to their communities.





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Coordination and oversight

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8. Coordination and Oversight

Coordination Structure, Principles and Responsibilities

The National Victim Friendly System Committee (NVFC) has the overall responsibility to coordinate implementation of the Protocol. The Chief Magistrate's Office will ensure the management of the NVFC and coordination with other relevant bodies or systems.

Under the NVFC, Victim Friendly System Sub-Committees (VFSSC) have been established to implement the Protocol at the District level. The Regional Magistrates are responsible for ensuring management of the VFSC and the related coordination with other relevant bodies or systems.

There are other committees coordinating issues closely related to the Protocol. The Anti-Domestic Violence Council is mandated to coordinate implementation of the Domestic Violence Act [Chapter5:16]. The Child Protection Committees, established and supported by the DSS are also mandated to coordinate broader child protection issues at Provincial, District and Ward levels. It is the responsibility of the VFSSCs to ensure the close coordination of the implementation of the Protocol with these other important coordination mechanisms.

Key Principles in Coordination

VFSCs are required to:

1. Extend the fullest cooperation and assistance to among agencies and service providers in preventing and responding to sexual abuse. This includes sharing situation analysis and assessment information to avoid duplication and maximise a shared understanding of the situation.
2. Engage the community fully in understanding and promoting gender equality and power relations that protect and respect the rights of women and girls.
3. Ensure equal and active participation by women and men, girls and boys in assessing, planning, implementing, monitoring, and evaluating programmes through the systematic use of participatory methods.
4. Integrate and mainstream sexual abuse interventions into all members' programmes and all sectors.
5. Ensure accountability at all levels.
6. Ensure effective case management among stakeholders to reduce survivor's burden to testify the incident through the process.

Coordination Responsibilities for All Sectors:

1. All Ministries and partners covered by this Protocol are expected to attend the Victim Friendly Court Committee or Sub-Committee.
2. All Ministries and relevant CSOs shall appoint a focal person and alternative person for the VFSCs at National and District levels.
3. The NVFSC will meet at least every quarter. The Chief Magistrate's Office will be responsible for organizing the meeting.
4. The VFSSC at District level will meet every month. The Regional Magistrate will be responsible for organizing the meeting.
5. All Sub-Committees shall adopt the Information Sharing Protocol (Annex 4) to ensure information is shared ethically among members.

6. A chair or a delegated member of the VFSCs shall attend other relevant forums, such as the Child Protection Committees and Anti-Domestic Violence Council to represent the VFSCs. The chair or delegated member will make sure that other members are aware of the relevant information from other fora.

Implementation, Monitoring and Evaluation

1. The NVFSC shall ensure the implementation of the Protocol at National level and ensure accountability by all members to the Protocol.
2. The VFSSCs shall ensure the implementation of this Protocol at Provincial and District levels.
3. The National Secretariat, within the Chief Magistrate's Office, shall ensure that an annual action plan with measurable time frames is put in place, and that sector specific monitoring and evaluation mechanisms are developed and implemented.
4. The VFSSCs shall submit quarterly monthly reports to the NVFSC indicating progress achieved in the implementation of the measures agreed in the Protocol for consideration. Monthly data is also to be forwarded directly to members' national offices.
5. The National Secretariat shall analyse VFSSC reports and present the consolidated analysis at each quarterly meeting. The National Secretariat will also compile an annual report.

Review and Revision of the Protocol

1. The Protocol will be revised after five years (or earlier if deemed necessary).
2. However, if any member of the NVFSC proposes any significant and urgent changes required in this Protocol, the member shall submit a proposal for revision to the National Secretariat.
3. A proposal for revision shall be adopted by the majority of partners of NVFSC.
4. Any minor changes (to include changes required only for one sector) in procedures due to new policies or legislation, will be effected in the respective sector and the amended procedures will be annexed to this Protocol in line with the amendments. The new Annex will replace the existing procedure in this Protocol.





Annexures

Annexure 1.

Sample Consent to Share Information Form

This form should be read to the client or guardian in her/his first language. It should be clearly explained to the client that she / he can choose any or none of the options listed.

I, _____, give my permission for (*Name of Your Organisation* eg. *XX Clinic*) to share information about the incident I have reported to them as explained below:

1. I understand that in giving my authorization below, I am giving (*Name of Your Organisation*) permission to share the specific case information from my incident report with the service provider(s) I have indicated, so that I can receive help with safety, health, psychosocial, and/or legal needs.

I understand that shared information will be treated with confidentiality and respect, and shared only as needed to provide the assistance I request.

I understand that releasing this information means that a person from the agency or service ticked below may come to talk to me. At any point, I have the right to change my mind about sharing information with the designated agency/focal point listed below.

I need following assistance:

(Tick all that apply, and specify name, facility and agency/organisation as applicable)

<input checked="" type="checkbox"/> Services	Specification
<input type="checkbox"/>	Security service
<input type="checkbox"/>	Psychosocial service
<input type="checkbox"/>	Health service
<input type="checkbox"/>	Safe house / shelter service
<input type="checkbox"/>	Legal assistance service
<input type="checkbox"/>	Livelihoods service
<input type="checkbox"/>	Other services

Authorization to be marked by client (*and/or parent/guardian if client is under 18*): Yes No

2. I have been informed and understand that some non-identifiable information may also be shared for reporting. Any information shared will not be specific to me or the incident. There will be no way for someone to identify me based on the information that is shared. I understand that shared information will be treated with confidentiality and respect.

Authorization to be marked by client (*and/or parent/guardian if client is under 18*): Yes No

Signature/Thumbprint of client:

(or parent/guardian if client is under 18)

Caseworker Code:

Date:

INFORMATION FOR CASE MANAGEMENT (*optional – delete if not necessary*)

Client's Name:

Name of Caregiver (if survivor is a minor):

Contact Number:

Address:

Annexure 2.

Information Sharing Protocol

Purpose

This information sharing protocol is to set out the guiding principles and describe procedures for sharing anonymous consolidated data on reported cases of sexual violence with the Judicial Service Commission in its capacity as coordinator of the Victim Friendly System Sub-committee lead for GBV prevention and response work in Zimbabwe.

The organisations attending to the Victim Friendly System Sub-committee recognize that sharing and receiving consolidated data will contribute towards improved inter-agency coordination, identifying and targeting gaps, prioritization of actions, and improved programming of prevention and response efforts. It may also result in improved advocacy efforts, increased leverage for fund raising and resource mobilization, and improved monitoring. All agencies will protect information to ensure that no harm comes to any survivor or the community from information sharing efforts.

Ground Rules

Information submitted by organisations to the JSC will only be submitted in the agreed-upon format and will not contain any identifying information of survivors or agencies.

The information shared by organisations will be consolidated by the JSC into a report. This report can be shared externally, meaning with others outside those adhering to this information sharing protocol, only with written authorization and agreement from all organisations.

Refer to the Victim Friendly Directory for Service Providers for the list of organisations participating in the Victim Friendly System Committee/Sub-committee to specified by province and district:

All survivor-specific information that can lead to identification of the survivor will not be shared, e.g., name, initials, sub-county, date of birth, etc.

When written authorization for external data sharing is attained, the JSC must share the data along with the following relevant caveats:

- The data is only from *reported cases*. The consolidated data is in no way representative of the total incidence or prevalence of sexual violence in any one location or group of locations.
- The aggregate data is based on monthly consolidated reports submitted from a database partners for the purposes of:
 - prevention and response program planning, monitoring and evaluation
 - Identification of programming and service delivery gaps
 - Prioritization of actions and next steps
 - Improved service delivery
 - Policy and advocacy
 - Resource mobilization

Monthly Reports and Information Sharing Procedure

1. All organisations will submit the monthly report to the JSC Chief Magistrate's Office for the National Victim Friendly System Committee interventions or at the Regional Magistrates Court for the VFS Sub committees level interventions.
2. The reports will be submitted by the agreed date set by the Victim Friendly Sub Committee each month.
3. The reports will include information defined in the Monthly Reporting Tables.
4. Two (2) weeks after receipt of the reports from organisations, the JSC will have consolidated all reports, including a brief analysis of the data received. The aggregate report will be sent back to all the data gathering organisations, with all data gathering organisations' identifying information deleted.

Geographical areas of coverage by member organisations of VFS Subcommittee as per the VFS Directory for Service Providers

Data Security

The JSC and the participating organisations will ensure that all data is safe and secure and will implement appropriate procedures to maintain confidentiality of the data. Organizations will submit a Word document in 'read only' form and will employ password protection. The password for these submitted files has been agreed among all agencies.

The JSC has outlined during the creation of this protocol how the data will be:

- Received
- Stored/deleted
- Protected in the computer
- Used by whom (who has access to the data and the computer)

Judicial Service Commission

The monthly reports are shared with the JSC in its capacity as lead organisation. In the event that the leadership changes hands, the information sharing protocol will be reviewed by each of the data gathering organisations.

When Others Request the Information

Each time external agencies or actors, not already approved for data sharing by the data gathering organisations, submit a request for the information, the JSC will issue a written request to each of the data gathering organisations for authorization to share data. Each request for authorization to share consolidated data will specify: the reason/purpose for the request for information, what the information will be used for, how the information will be used, and how the information produced with the consolidated data and analysis will be fed back to the data gathering organisations.

The consolidated data will be shared only after receiving authorization from all of the data gathering organisations. When a request for authorization to share data is submitted by the JSC, the data gathering organisations will respond to the request within five (5) working days.

A party that has been authorized to receive consolidated data must direct any requests they receive for access to this shared data to the JSC. For example, if the Ministry of Women Affairs receives the consolidated data from the consolidation agency and then the Ministry of Justice requests to receive that same information from the Ministry of Women

Affairs, then the Ministry of Women Affairs needs to refer the Ministry of Justice back to the JSC who will be responsible for getting in touch with the data gathering organisations before sending out the consolidated data to the Ministry of Justice.

The Ministries and organisations that approved to access consolidated data in this protocol include:

- Judicial Service Commission
- The Zimbabwe Republic Police Victim Friendly Unit
- Ministry of Health and Child Welfare
- Ministry of Education, Sport, Arts and Culture
- Ministry of Labour and Social Services
- Ministry of Local Government, Rural and Urban Development
- Ministry of Women Affairs, Gender and Community Development
- Ministry of Justice and Legal Affairs
- Ministry of Media, Information and Publicity
- Funding and Technical partners identified in this Protocol

By this information sharing protocol, the data gathering organisations understand that they can refer any request for the consolidated information to the JSC who can then share the data after receiving authorization from all data gathering organisations in response to the written request.

Time Limit

Once agreed, this information sharing protocol will take effect on 5th December 2012, and will be on trial basis until six months], upon which the organisations will review the effectiveness of, use of and adherence to the protocol.

Data gathering organisations reserve the right to stop sharing data for any reason at any time, and will inform the JSC in writing if/when they do so.

Breaches

In cases of breach by any of those participating in this information sharing protocol, information sharing will cease until resolved, responsible parties will be held accountable and the information sharing protocol will be reviewed.

The data gathering organisations reserve the right to refuse sharing information about reported cases to any external actor.

Annexure 3.

Terms of Reference for Victim Friendly System Committee and Sub-Committee

National Victim Friendly System Committee

Background

The National Victim Friendly System Committee is a critical player within the Victim Friendly System. It is drawn from all stakeholders within child protection and child justice sector and consists of members who have knowledge and skills that can comprehensively support all areas of child protection and child justice. The following make up the National Coordinating Committee:

- The Zimbabwe Republic Police Victim Friendly Unit
- Ministry of Health and Child Welfare
- Department of Social Services, Ministry of Labour and Social Services
- Department of Public Prosecutions
- Chief Magistrate's Office
- Ministry of Education, Arts Sport, and Culture
- Ministry of Women's Affairs, Gender and Community Development
- Non-Governmental Organizations
- Faith Based Organizations
- Traditional and Community Leaders
- Traditional Leaders
- Other relevant actors identified by the Committee
- Development partners (UNICEF, UNFPA, UN Women, Save the Children and other identified agencies)
- Child and youth representatives

Roles and responsibilities

The overall mandate of the National Office shall be to coordinate the VFS multi-sectoral partners on the management of sexual violence and abuse in Zimbabwe. The specific roles are:

1. Coordinate, monitor and oversee the implementation of the 2012 Multi-Sectoral Protocol on the Management of Sexual Abuse and Violence
2. Identify and disseminate implementation successes and lessons learned; and identify and resolve challenges and barriers to implementation
3. Lead the development of policy, standards and other regulatory frameworks relating to the implementation of the Protocol
4. Lead the development and implementation of specialised training initiatives to equip partners with the knowledge and skills to meet their responsibilities under the Protocol and associated legislation and regulatory frameworks

5. Consolidate, analyse and share member agencies' data relating to the implementation of the Protocol
6. Promote and strengthen inter-agency collaboration and accountability
7. Establish and promote linkages with other coordination and related initiatives, such as the Child Welfare council

Meetings will be held quarterly, chaired and coordinated by the Chief Magistrate's Office. Secretariat support will be provided by the National Victim Friendly System Coordinator.

Victim Friendly System Sub-Committee

Background

The Victim Friendly System Subcommittee is a decentralized multisectoral committee located at the Regional Magistrate's Court and is chaired by the Regional Magistrate. The subcommittee has the overall responsibility to ensure implementation of the Protocol at the sub-national level.

Roles and Responsibilities

1. Coordinate and support the implementation of the 2012 Multi-Sectoral Protocol on the Management of Sexual Abuse and Violence, including the review of relevant agency data.
2. Identify and disseminate implementation successes and lessons learned; and identify and resolve challenges and barriers to implementation. This should include regular, confidential review of individual cases to monitor adherence to the Protocol and immediately identify and resolve barriers and challenges.
3. Consolidate, analyse and share member agencies' data relating to the implementation of the Protocol and transmit to the National VFS Committee on a monthly basis
4. Promote and strengthen inter-agency collaboration and accountability
5. Establish and promote linkages with other coordination and related initiatives, such as the Child Protection Committees and Anti-Domestic Violence Councils
6. Conduct community awareness campaigns and other initiatives to ensure that communities have the knowledge and skills to support implementation of the Protocol

VFC Sub-Committees are to meet monthly. Meetings are to be minuted and records of the meetings are to be forwarded to the National VFS Committee, together with monthly data summaries.

Annexure 4.

Pre-Trial Diversion Guiding Principles

When children are alleged to have infringed the law, the importance of diversion (i.e dealing with them outside the formal justice system) is clearly highlighted in the international guidelines which have been incorporated in the domestic guidelines for Prosecutors, Magistrates, the Police and Diversion Officers.

Given that this is a pilot programme, stakeholders working with children in conflict with the law are expected to follow the guidelines. However, where a particular problem is experienced or guidelines are insufficient, decisions should first and foremost, be guided by the following principles.

a) ***The best interests of the young person are to be the paramount consideration.***

Children and young people differ from adults in their physical and psychological development, and their emotional and educational needs. Such differences constitute the basis for the lesser culpability of children in conflict with the law. These and other differences are the reasons for a separate juvenile justice system and require different treatment from children.

In practice, the protection of the best interests of the child means, for example:

- That the traditional objectives of criminal justice, such as repression/retribution, must give way to rehabilitation and restorative justice objectives in dealing with young people.
- Priority should be given to respecting the rights of the child or young person when determining the best solution or response.

b) ***Detention is to be used as a last resort, and for the shortest possible period of time***

Every young person who is alleged to have committed a minor or non-violent offence should NOT be detained. Instead, the diversion programme requires the support of well-trained probation service to promote measures such as guidance and supervision orders, probation, community monitoring or day report centers, and the possibility of early release from detention. Detention should be reserved for exceptional cases only, most of which would not be suitable for diversion.

c) ***To the greatest extent possible, a young person's contact with the formal justice system should be minimized***

Diversion is intended to minimize contact with the formal justice system. In practice, this means that children and young people who are eligible for diversion should not:

- Spend time in police stations (or at least only the minimum required period of time).
- Go to court

They should spend as little time as possible in government official's offices, rather, supervision and support services should be provided at their home or in their communities.

Detention facilities are to be avoided to the greatest extent possible.

d) ***The young person's right to protection from abuse, exploitation and violence is to be respected at all times, including protection from unlawful corporal punishment as a response to alleged criminal behavior.***

The intention of diversion is to help the child to take responsibility for their behavior, rather than have the matter dealt with in a punitive manner. In practice, this means that:

- Police should not use force on a child.
- Corporal punishment is only permissible if court ordered and based on a conviction-convictions are avoided in diversion cases.
- No child is to experience violence whilst in custody or by a justice official.

e) ***All children are to be separated from alleged and convicted adult offenders throughout their contact with the justice system***

It is well documented that detaining a child in the same place as adults has many repercussions:

- Children are more likely to experience violence or abuse at the hands of adult prisoners
- Children learn new criminal behaviors from adult prisoners.

f) ***A young person's right to due process is to be respected at all times***

Diversion is not intended to replace due process. Certain procedures must still be followed;

- Young people who want to have their matter contested in court are entitled to do so.
- Young people must be given legal assistance and understand their legal rights.

g) ***No young person is to be penalized for capacity constraints that exist in the system, which are beyond his control***

Many capacity constraints continue to hamper the efforts of the justice system actors, including lack of transport, financial resources and training. These should not be used to punish or disadvantage a young person (who has no control over the system, resource allocation- indeed, they cannot even vote!) in practice, for example:

- No young person to be detained because the probation officer is not available or does not have a car to find their young person's family.
- No young person to be required to pay a monetary bail because the probation officer or police do not have resources to conduct adequate supervision.

h) ***Boys and girls are to be treated differently, where necessary, to ensure maximum benefit from their participation in the diversion process.***

For example, alleged girl offenders should be addressed by female officers and other professional, where possible, and must only be placed in a detention if their separation from boys and men is secured.

Annexure 5.

List of documents referenced during preparation of the Protocol

1. Protocol for the Multi-Sectoral Management of Child Sexual Abuse in Zimbabwe (2003)
2. Children's Act Chapter 5:06
3. Domestic Violence Act (Chapter
4. Criminal Law (Codification and Reform) Act [Chapter 9:23]
5. Criminal Procedure and Evidence Act [Chapter 9:07]
6. Education Act Chapter (25:04)
7. Lancet June, 2009, 'Sexual Violence and its Consequences for female children in Swaziland: a cluster survey study, Reza, A et al
8. Termination of Pregnancy Act [Chapter 15:10]
9. Prisons Act [Chapter 7:11]
10. Public Health Act [Chapter 15:09]
11. National Baseline Survey on the Life Experiences of Adolescents Preliminary Report of 2011
12. National Programme of Action for Children (1992)
13. National Action Plan for Orphans and Vulnerable Children II
14. Guidelines on Pre-trial Diversion Programme in Zimbabwe (2012)
15. Guidelines for Health Personnel on Sexual Violence
16. National Legal Assistance for Children Strategy (2012)
17. 'Violence Against Children Study in Tanzania Findings from a National Survey 2009, UNICEF, U.S Centers for Disease Control and Prevention, Muhimbili University of Health and Allied Sciences
18. UN Convention on the Rights of the Child
19. Convention on the Elimination of All Forms of Discrimination against Women
20. African Charter on the Rights and Welfare of the Child
21. UN Guidelines on Justice Matters involving Child Victims and Witnesses of Crime, ECOSOC Resolution 2005
22. WHO Fact sheet on Emergency Contraception, 2005
23. Zimbabwe Demographic and Health Survey 2010/2011 published by the National Statistics Agency (ZIMSTAT) in 2012



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2012

Led by the Judicial Service Commission

