



**ISLAMIC CHARITY FOUNDATION
FOR EDUCATION AND SOCIAL WELFARE**

ICFESW

GBV Referral and Survivor-Centred Response Procedure

Ref: ICFESW/GBV/2026
Version: 1.0 — 2026
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GBV REFERRAL AND SURVIVOR-CENTRED RESPONSE PROCEDURE

Providing safe, dignified and confidential support to GBV survivors across ICFESW programmes

Document Reference	ICFESW/GBV/2026
Version	1.0
Effective Date	January 2026
Status	Approuvé
Approved by	Bureau Exécutif ICFESW Mme FIRIDA FALAINA EPOUSE HARA
Next Review	January 2027

1. PURPOSE

This procedure provides clear guidance to all ICFESW staff and volunteers on how to identify, respond to and refer cases of gender-based violence (GBV) in a manner that is safe, confidential, dignified and survivor-centred. It applies in all ICFESW programme contexts, including the orphanage, schools, vocational training and community outreach.

2. KEY PRINCIPLES

Principle	Application in ICFESW Practice
Safety	The physical and emotional safety of the survivor is the top priority at every stage.
Confidentiality	Information about a survivor is shared only on a need-to-know basis and only with the survivor's informed consent, except in cases of immediate risk to life.
Respect & Non-discrimination	Survivors are treated with dignity regardless of gender, age, religion, disability or marital status. No victim-blaming language is ever used.
Informed Choice	Survivors decide whether to access services, report to authorities, or pursue other options. ICFESW supports, it does not direct their choices.
Do No Harm	Actions taken do not expose survivors to additional risks. ICFESW does not collect information that is not necessary for providing support.
Best Interests of the Child	When the survivor is a child, decisions are made in their best interest and in accordance with child protection obligations.

3. TYPES OF GBV RECOGNISED

- Sexual violence (rape, sexual assault, sexual harassment, forced prostitution)
- Intimate partner violence (domestic violence, physical or psychological abuse by a partner)
- Early, forced or child marriage
- Female genital mutilation / cutting (FGM/C)
- Economic violence and denial of resources, opportunities or services
- Psychological and emotional abuse
- Gender-based harassment in educational or occupational settings

4. STEP-BY-STEP RESPONSE PROCEDURE

Step 1 — Initial Contact

- Greet the survivor calmly and with empathy.
- Ensure a private, safe space for the conversation.

- Do not ask intrusive questions about the incident, focus on what support the survivor needs now.
- Use active listening: affirm, validate, do not judge.

Step 2 — Immediate Safety Assessment

- Assess whether the survivor is in immediate danger.
- If yes: prioritise safety, move to a safe location, contact emergency services if consented to.
- Assess medical needs for sexual violence cases, urgent medical care (within 72 hours) is critical.

Step 3 — Informed Consent

- Explain what information you will record and who may see it.
- Explain the referral options available (medical, legal, psychosocial, shelter).
- Obtain oral or written consent before taking any action.
- For children: obtain consent from parent/guardian unless doing so puts the child at greater risk.

Step 4 — Documentation

- Record only essential information required for referral and follow-up.
- Store records in a locked file accessible only to the Safeguarding Focal Point.
- Use a code or case number, do not write the survivor's full name on shared documents.
- Never share GBV case information in group meetings, over unsecured platforms or with unauthorised persons.

Step 5 — Referral

- Identify the most appropriate services based on the survivor's needs and consent.
- Accompany or arrange safe transport to services if the survivor cannot travel alone.
- Provide the survivor with the names and contacts of referred services in writing.
- Notify the receiving service with the survivor's consent before transfer.

5. REFERRAL PATHWAY

Service Type	When to Refer	Key Information
Medical care	Sexual violence (within 72 hours); physical injury; pregnancy risk	PEP kit, emergency contraception, clinical examination, hospital or health centre
Psychosocial support	Emotional distress, trauma, anxiety, depression	Counsellor, psychologist or trained social worker
Legal / judicial	Survivor wishes to report to police or pursue legal action	Community legal aid, police, MINPROFF
Safe shelter	Survivor at risk at home or displaced	Women's centre, shelter or safe house, ALVF-EN, ALDEPA or MINPROFF



Child protection	Child is the survivor or is at risk	MINAS, child protection services, local authorities
Economic support	Survivor in economic precarity due to violence	ICFESW livelihood programme, microfinance, AGR

6. FOLLOW-UP

- Follow up with the survivor (with their consent) at 1 week, 1 month and 3 months after initial referral.
- Record follow-up contacts in the case file.
- Assess whether the referral was successfully completed and whether additional needs have arisen.
- Close the case only when the survivor is safe and their immediate needs have been addressed.

7. CONFIDENTIALITY OBLIGATIONS

- GBV case information is never shared with family members, community leaders or employers without explicit survivor consent.
- All GBV records are stored separately from general programme files in a locked cabinet.
- Electronic records are password-protected and encrypted.
- Case data is anonymised in any aggregate reports or evaluations.

8. TRAINING REQUIREMENTS

- All staff working directly with beneficiaries complete GBV awareness and referral training before deployment.
- Psychosocial support staff receive specialised GBV case management training.
- This procedure is reviewed and tested annually with frontline staff.