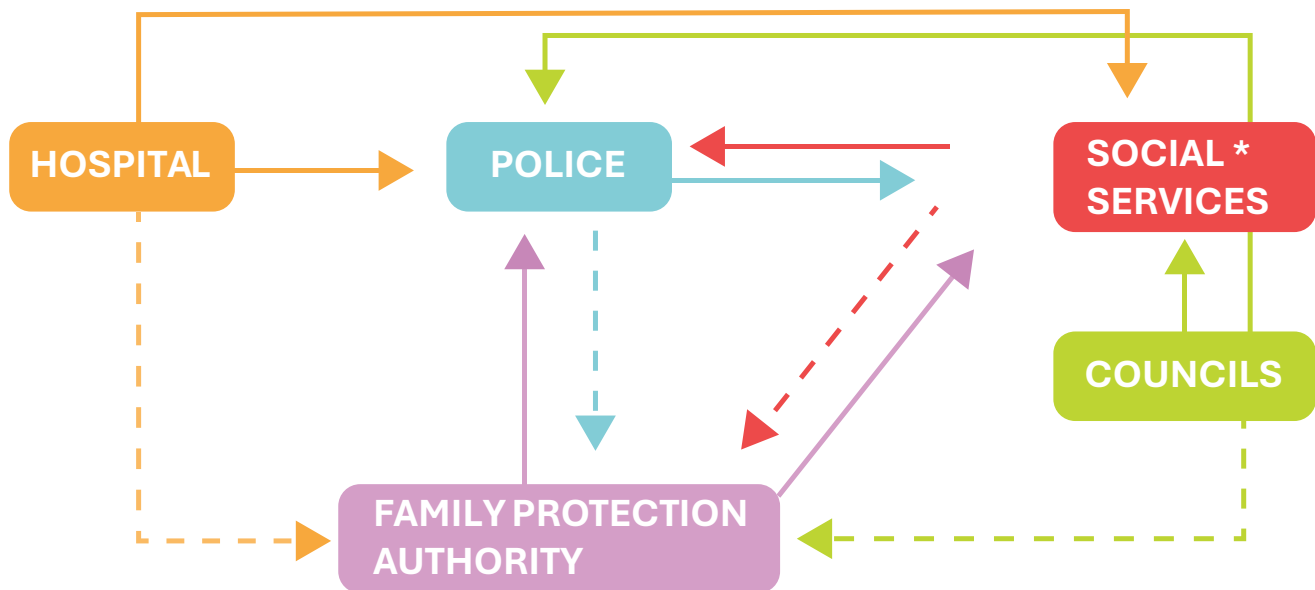


Referral Pathway for Gender-Based Violence and Domestic Violence Cases



Referral Pathway for GBV / DV cases



*Ministry of Family and Social Development, and Family and Children Services Centre

CIVIL* SOCIETY ORGANIZATION

* When a victim contacts a CSO to report an incident or seek assistance, the CSO should ensure the victim is fully informed about all the services available to them through state institutions and other CSOs. If the victim wishes to seek assistance from CSOs in reporting their case to state institutions, they can use the referral form provided.

KEY:



The dotted arrows indicate that the FPA must be CC-ed on all reports sent to other service providers as FPA maintains the national domestic violence statistics



The solid continuous lines indicate direct reports to those providing services to the victims.

Services available to DV victims by FPA

- Counseling Services for victims
- Perpetrator Rehabilitation Program
- Legal Aid for victims

Services available to DV victims by CSOs



Other CSOs that provide assistance in DV/GBV cases

- Advocating the Rights of Children (ARC)
- Journey
- Women in Fuvahmulah (WIF)
- Aged Care Maldives
- Rise Up
- Southern Community Empowerment Association of Maldives (SCEAM)
- Public Interest Law Centre (PILC)
- Equal Right Initiative (ERI)

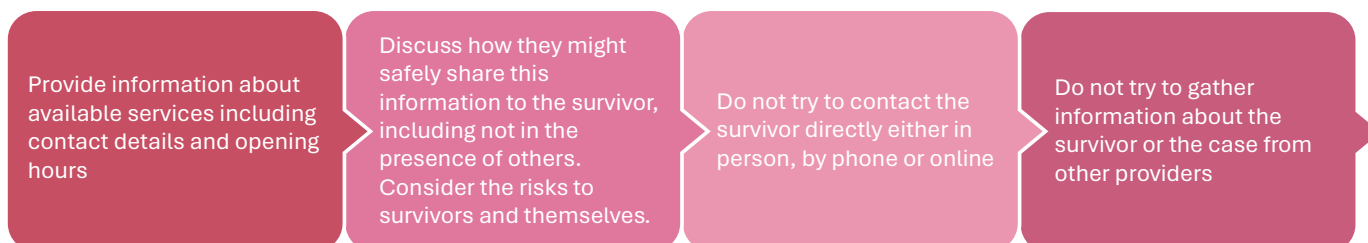
Reporting and Referral Flow Chart

(from Inter-Agency Standard Referral Operating Procedures compiled by UNFPA)

Third Party Reporting

Someone who is not the survivor reports a survivor/incident without the survivor’s knowledge or consent to a service provider or in a public forum such as online or in media. Service providers receive, hear about or read this report. Third party reporting should not be practiced, encouraged or acted upon. It places the survivor as well as others at significant risk of further harm, compromises their right confidentiality and violates their rights.

Steps



STEP 01

DISCLOSURE

Survivor tells someone about the incident (eg. family or friend). This person should accompany them to health, social work, psychosocial or police services as needed and in line with survivor's wishes OR survivor seeks help themselves and shares their story directly with any service provider

PROVIDE PSYCHOLOGICAL FIRST AID

- Provide immediate emotional support
- Provide a safe and confidential environment

STEP 02

STEP 03

OBTAIN INFORMED CONSENT

- Share accurate and up-to-date information on available services
- Explain confidentiality and any limits to confidentiality, including mandatory reporting requirements
- Explain their rights
- Ask the survivor if they have any questions
- Obtain informed consent to proceed with services or referral in line with their wishes

Mandatory reporting is not recommended for GBV. Information on mandatory reporting must be given to survivors as part of the initial informed consent process. Where mandatory requirements apply, the survivor's safety and wellbeing should always be prioritized. Address immediate and urgent needs through services or referral first. Only when this has been sufficiently done, proceed with mandatory reporting.

Discuss and plan for potential risks related to mandatory reporting with the survivor and incorporate this into their safety plan. Discuss safety concerns related to mandatory reporting with police or Authority and collectively mitigate these risks.

STEP 04

IMMEDIATE RESPONSE & REFERRAL

Medical: Rape is a time-sensitive medical emergency. HIV PEP administered within 72 hours and emergency contraception within 5 days post-incident. For sexual or physical violence, injuries may require treatment.

Safety: Acute threat to their safety or to others such as children requiring police response, protection order or safe alternative accommodation.

Psychosocial and Basic Needs: Need for comfort, privacy, reassurance, to be believed, clothes, food, water.

Steps

1

(If not done during disclosure) provide basic emotional support and information on your service

2

With the survivor, assess immediate needs and discuss next steps

3

Obtain informed consent to proceed with services and/or referrals in line with survivor wishes. This includes sharing any of their information with other providers for the purpose of services.

If survivor wishes to proceed with service or referral

1. Provide direct service and/or referral in line with wishes and consent.
2. When referring, discuss referral options with survivors to determine their preference, including accompaniment or arranging other providers to visit them at your site. Consider safety and confidentiality risks
Will your presence identify them during accompaniment to other services? Is there a safe and private space in your facility for them to receive other services?
3. Provide free and timely transportation when referring to other sites.
4. Share information with other service providers about the survivor, their needs and services received to avoid them having to repeat their story. Only share what they have given consent to be shared, what is relevant for purposes of service provision and with the least number of people relevant.

If survivor does not wish to proceed with service or referral

1. Assure the survivor it is their right to refuse any service.
2. Explain to the survivor that their refusal right now does not affect in any way their right to request or access that service at some time in the future.
3. Confirm the survivor understands the consequences of not accessing the service.
4. Identify if there are any safety risks that may be the reasons the survivor has refused the service.
5. Develop a safety plan with the survivor.

Home visits are not recommended because they place the survivor at significant risk for further harm and violence. They can also place accompanying children as well as the service provider themselves at risk. Attending a survivor's home without their prior knowledge or consent violates their right to self-determination and in doing so, can deter further help-seeking and undermine their long-term recovery. As elsewhere, providers should not respond to third party reporting by trying to contact the survivor including attending their home with or without the survivor's prior knowledge. Home visits are not required for a GBV needs assessment. As elsewhere, information provided by the survivors themselves should be considered sufficient to understand their needs and with them, develop a plan to address them (further guidance in SOPs 4.5.1).

Phone and Technology-Based Contact With Survivors

Contacting survivors by phone can compromise their safety and confidentiality. Contacting survivors by phone without their prior knowledge and informed consent should not be standard practice. Where it is necessary to use phone or technology to communicate with a survivor, always do so with their prior consent (further guidance in SOPs 4.5.2).

STEP 05

FOLLOW UP & ONGOING CARE & REFERRAL

Health: Sexual and reproductive health including family planning, recovery from injuries, maternal health

Mental Health: Specialized counseling, psychiatric care.

Social Work: GBV social work case management, Child protection social work case management

Psychosocial Support: Non-specialised individual or group-based activities for women and adolescent girls.

Material Assistance: Cash or social assistance, basic items








Legal and Justice: Legal information and aid.

Safe Accommodation: Shelter, alternative safe accommodation.

Police: Protection order, investigation.

Steps:

1. Provide ongoing care including referrals according to survivor's needs and wishes, with their informed consent
2. Update needs assessment, action plan and safety plan to reflect their changing needs and situation

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Family Protection Authority
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