LAGOS STATE DOMESTIC AND SEXUAL VIOLENCE

UNIFIED RESPONSE PROTOCOL AND REFERRAL PATHWAY (URPRP)

A Multi-Sectoral Survivor-Centered Approach for Responding to Domestic and Sexual Violence

February, 2021

LAGOS STATE DOMESTIC AND SEXUAL VIOLENCE UNIFIED RESPONSE PROTOCOL AND REFERRAL PATHWAY (URPRP)

A Multi-Sectoral Survivor-Centered Approach for Responding to Domestic and Sexual Violence

With Support from the Joint EU-UN Spotlight Initiative

Spotlight Initiative
To eliminate violence against women and girls

5 GENDER EQUALITY

A Lagos State Domestic and Sexual Violence Response Team (DSVRT) Project

LAGOS STATE DOMESTIC AND SEXUAL VIOLENCE RESPONSE TEAM (DSVRT)

February, 2021

Declaration and Endorsement

This Lagos State Domestic and Sexual Violence Unified Protocol ("Protocol") is adopted for the purpose of outlining the procedures to be used in responding to, investigating, and prosecuting cases of Domestic and Sexual Violence. The purpose of this Protocol shall be to ensure coordination and cooperation between all agencies involved in Domestic and Sexual Violence cases so as to increase the efficiency of all agencies handling such cases and to minimize the stress created for the alleged survivor by the legal and investigatory process.

All Domestic and Sexual Violence Advocates and/or Responders will adhere to best practices as outlined in the *Domestic and Sexual Violence Unified Response Protocol and Referral Pathway (URPRP) Resource Manual, 2020*

All members of the Lagos State Domestic and Sexual Violence Response Team (DSVRT) agree to meet quarterly for case review, discussion, and evaluation to assure coordination and strengthen cooperation between all agencies responding to Domestic and Sexual Violence Cases in Lagos State.

Members of the DSVRT and relevant stakeholders shall meet annually to review, update and evaluate the implementation of this URPRP Document.

The foregoing *Unified Response Protocol and Referral Pathway (URPRP)* is hereby adopted and remains in effect until such time as the said protocol is amended and re-adopted.

This 15th Day of February 2021

Signature/Date: 8/12/2020

Name:

Lagos State Commissioner of Health

Signature/Date: 01/02/2021

Name: OLUSEGUN DAWODU

Lagos State Commissioner of Youth &Social Development

Signature/Date:

Name: JOSEPHINE EFFAH-CHUKWUMA

Representatives of NGOs/Civil Society Groups (CSOs)

Signature/Date: 01/02/2021

Name: BOLAJI. C. DADA.

Lagos State Commissioner of Women Affairs and Poverty Alleviation

Signature/Date:

Name:

Chief Judge of Lagos State

Signature/Date: 01/02/2021

Name: FOLASADE ADEFUSAYO

Lagos State Commissioner of Education

Signature/Date: 01/02/21

Name:

Attorney-General/Commissioner of Justice, Lagos State

Chairman, Domestic and Sexual Violence Response Team (DSVRT)

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Titilola Vivour-Adeniyi
Coordinator
Lagos State Domestic and Sexual Violence Response Team (DSVRT)

Foreword

From time in memorial, Lagos State has been at the forefront in ensuring that the human rights of its residents are upheld, protected and preserved.

This is evident through the enactment of various legislations, policies, and establishment of institutions all geared towards ensuring that our most vulnerable are protected from all forms of Sexual and Gender Based Violence in the State.

Over the years, we have recorded an increase in both formal and informal reporting of Rape, Defilement, Domestic Violence and Child Abuse in the State.

The Lagos State Unified Response Protocol and Referral Pathway Document (URPRP) is therefore timely and has been developed to guide the operations of all stakeholders providing response services as well as set minimum standards for the provision of quality and efficient services to survivors of Domestic and Sexual Violence. This is most compelling as responding to Sexual and Gender Based Violence requires a multi-disciplinary approach.

The URPRP therefore outlines a Statewide, consistent, predictable and holistic response mechanism to incidents of Domestic and Sexual Violence; from access to health care, provision of psycho social support, legal support, emergency services, law enforcement and other special services.

This project supports and strengthens the existing response machinery in the State including Government Institutions, Sexual Assault Referral Centers, Non-Governmental Organisations, Civil Society Organisations, Community Based Organisations, Faith Based Organisations, etc.

As a living document, this Unified Response Protocol and Referral Pathway will continue to evolve as we learn best practices in responding to incidents of Sexual and Gender Based Violence.

It is my sincere hope that the implementation of this Protocol will comprehensively and holistically address the needs of survivors and ultimately reduce the commission of these heinous crimes to the barest minimum in the State.

Moyosore Onigbanjo, SAN
Hon. Attorney-General and Commissioner of Justice
(Chairman, Lagos State Domestic and Sexual Violence Response Team)

List of Abbreviations (Acronyms and Initialisms)

ADR: Alternative Dispute Resolution

CPIMS: Child Protection Information Management System

CPU: Child Protection Unit

CRL: Child's Rights Law (2015 as amended)

CSI: Crime Scene Investigator

CSOs: Civil Society Organizations

DCSO: Designated Child Safeguarding/Protection Officer

DSVCMS: Domestic and Sexual Violence Case Management System

DSVRT: Domestic and Sexual Violence Response Team

DV: Domestic Violence

FBOs: Faith-Based Organizations

FI: Forensic Investigator

FME: Forensic Medical Examination

FS: Forensic Scientist

FSS: Family Social Service

FSU: Family Support Unit

LBS: Lagos State Bureau of Statistics

LPILP: Lagos Public Interest Law Partnership

LSD&FC: Lagos State DNA and Forensic Centre

MYSD: Ministry of Youth and Social Development

NGOs: Non-governmental Organizations

OPD: Office of the Public Defender

PADVL: Protection Against Domestic Violence Law (2015 as amended)

PLWD: People Living with Disability (PLWD)

SA: Sexual Assault

SAFE: Sexual Assault Forensic Examiner

SAMP: Sexual Assault Medical Professional

SARCs: Sexual Assault Reference Centres

SARN: Sexual Assault Response Nurse

SCUML: Special Control Unit on Money Laundering

SMV: Support Vector Machine

URPRP: Unified Response Protocol and Referral Pathway

WAPA: Ministry of Women Affairs and Poverty Alleviation

PART 1
Introduction

1.1 Background

Ending all forms of Sexual and Gender-Based Violence and ensuring girls' and women's security is a priority for the Lagos State Government. This priority is most recently reflected in the tenets of a commitment document signed by the Lagos State Governor, Mr. Babajide Sanwo Olu on the 26th day of November 2019. Furthermore, in the central objectives of the Protection Against Domestic Violence Law, 2015 (as amended) and the State's Zero Tolerance to Sexual and Domestic Violence policy as well as its interventions through its Domestic and Sexual Violence Response Team (DSVRT) establishment, the State Government's commitment to the elimination of domestic and sexual violence is demonstrated. This counts for both immediate holistic response and long-term prevention strategies.

1.2 Purpose of the Project

The purpose of this project is to outline a statewide, unified, consistent response to cases of Domestic and Sexual Violence from survivor support service providers, law enforcement, prosecutors, and courts. This will also foster and create synergy between and within Responder Agencies as well as access to interventions and justice for survivors of Domestic and Sexual Violence. Hence, the project's overall goals include increases in

1. access to survivor services;
2. perpetrator accountability; and
3. knowledge and skills for survivors services and the criminal justice system to appropriately respond to cases of Domestic and Sexual Violence throughout Lagos State.

This project supports and strengthens the existing Domestic and Sexual Violence Response Team in the State and assists in the efficiency of other Responder Agencies including Government Institutions, SARCs, NGOs, CSOs, CBOs, FBOs, etc.

1.3 Project Objective

The ultimate objective is to strengthen and unify the existing protocols to support a coordinated response to Domestic and Sexual Violence in the State, ensuring that survivors are safe and perpetrators are held accountable.

1.4 Terminology

Patient: The term "patient" is often used interchangeably with "survivor" in the medical sector to reflect the relationship between the medical personnel and the person to whom they are providing care.

Sexual Assault Medical Personnel (SAMP): Any licensed/ registered medical professional (licensed medical doctor, practitioner, registered nurse) specifically trained to respond to a sexual assault patient.

Sexual Assault Forensic Examiner (SAFE): A licensed medical doctor who has the specialized training, education, and clinical experience in the examination, collection of evidence, and treatment of a sexual assault patient.

Sexual Assault Response Nurse (SARN): A registered nurse specifically trained to respond to a sexual assault patient.

Forensic Medical Exam (FME): An examination conducted by a health care provider (licensed medical doctor, practitioner, or registered nurse who has the specialized training, education, and clinical experience in the collection of evidence) for the purpose of discovering and documenting injuries and collecting samples that may be used as evidence in a police investigation or prosecution in cases of domestic violence or sexual assault.

Survivor/Victim: A person who has experienced domestic violence or been sexually assaulted. A victim/survivor can be male or female and old or young. However, the term survivor is most often used when referring to victims in this manual.

Survivor Advocate: A trained Domestic and Sexual Violence victim advocate working with a certified and accredited Domestic or Sexual Violence Organization or Agency.

Victim/Survivor-Centered: An approach often used when working with survivors, that focuses on restoring control to the survivor, helping the survivor identify and explore options, and supporting the survivor's right to make decisions to guide their own recovery.

Perpetrator: Anyone who deliberately exhibits or encourages or supports the exhibition of any controlling behavior that constitutes domestic or sexual violence against any other person. This is the person who commits a crime of Domestic or Sexual Violence.

Responder: Any accredited and institutionally recognized body, advocate, agency, institution, or organization that provides service(s) to victims of domestic or sexual assault.

Designated Child Protection/Safeguarding Officer (DCSO): A senior member of staff or management in each institution who has lead responsibility for child protection issues in that institution and provides child protection advice to front-line professionals, clinicians, e.g. child protection lead in schools, designated Medical Social Workers, etc.

1.5 Lagos State Domestic and Sexual Violence Response Team (DSVRT)

The Lagos State Domestic and Sexual Violence Response Team (DSVRT) is a Government Organization that was established in September 2014 to increase victim safety and reduce the commission of Sexual and Gender-Based Violence in the State to the barest minimum. It comprises a collection of professional service providers and officials that respond essentially to the various needs of Domestic and Sexual Violence in Lagos State.

The team was set up to improve the level of cooperation and collaboration among professionals and other stakeholders working to bring an end to SGBV in the State.

Composition of Key Players

- Attorney-General & Commissioner for Justice
- Nigeria Police Force
- Lagos State Judiciary
- Directorate of Public Prosecutions
- Mirabel Centre (Sexual Assault Referral Centre)
- Primary Health Care Board
- Office of the Public Defender
- Directorate of Citizens' Rights
- Ministry of Youth and Social Development (MYSD)
- Ministries of Women Affairs & Poverty Alleviation (WAPA),
- Ministry of Health
- Ministry of Education
- Women At Risk International Foundation
- Women's Rights and Health Project
- Lagos State Gender and Advocacy Team
- Clinical Psychologists
- Media (Channels TV, Punch, Guardian, The Nation, LTV & TVC)

PART 2

Definitions, Principles, and Legal Framework

2.1 Defining Domestic Violence

"Domestic Violence" is a general term used to describe a range of behavior often used by one person to control and dominate another with whom they have, or have had, a close or family relationship.

Section 18(g) of Protection Against Domestic Violence Law, 2015 (PADVL) lists the acts that constitute Domestic Violence.

These acts include, but are not limited to the following:

i. Physical abuse;
ii. Sexual abuse/exploitation including but not limited to rape, incest, and sexual assault;
iii. Starvation;
iv. Emotional, verbal, and psychological abuse;
v. Economic abuse and exploitation;
vi. Intimidation;
vii. Harassment;
viii. Stalking;
ix. Hazardous attack including an acid bath with offensive or poisonous substances;
x. Damages to property;
xi. Entry into the complainant's residence without consent where the parties do not share the same residence;
xii. Any other controlling or abusive behavior towards a complainant, where such conduct harms or may cause imminent harm to the safety, health, or well-being of the complainant; or
xiii. Deprivation.

The Interpretation section of PADVL is quite detailed as it defines some of the acts that will be considered domestic violence.

For instance, Economic Abuse includes:

- the unreasonable deprivation of economic or financial resources to which a complainant is entitled under the law or which the complainant requires out of necessity, including household necessities for the complainant, and mortgage bond repayments or payment of rent in respect of the shared residence; or

- the unreasonable disposal or seizure of household effects or other property in which the complainant has an interest including any equitable or legal interest."

As responders, when dealing with cases of domestic violence, it is important to understand what constitutes Domestic violence and as such, for the purpose of this Resource Manual and subsequent implementation, Domestic Violence is:

"any form of violent, abusive, controlling, or intimidating behavior including, physical, sexual, psychological, emotional or financial abuse meted out by one person against a current or former partner in a close relationship, or against a current or former family member."

This definition emphasizes:

1. *all forms of violent, abusive, controlling, and intimidating behavior*, for example, assault, harassment, or threats. In most cases, the relationship will be between current or former partners;
2. *multidirectional Close relationship*, which recognizes familial and all other cohabiting relationships i.e. husband and wife, boyfriend and girlfriend, domestic staff and employer, parents and children, abusive family members, etc.
3. *gender inclusiveness:* although in cases of Domestic Violence, perpetrators are predominantly male and the victims/survivor female, there are cases of male victims/survivors abused by female perpetrators.

This document targets an appropriate response to the needs of all victims/survivors of domestic violence including People Living with Disability (PLWD) and older persons regardless of their gender or that of the abuser.

2.2 Defining Sexual Violence

Sexual Violence

Sexual violence is a particularly heinous form of violence. This Manual defines sexual violence as any violent act, physical or psychological, carried out through sexual means or by targeting sexuality. It includes sexual abuse, sexual assault, rape, incest, childhood sexual abuse (Defilement) and rape, sexual harassment, stalking, indecent or sexualized exposure, degrading sexual imagery, voyeurism, cyber harassment, trafficking, and sexual exploitation. It also includes any other attack of a sexual nature, physical or mental, perpetrated against women, girls, men or boys, People Living with Disability (PLWD) or older persons.

"Sexual violence is any violent act, physical or psychological, carried out through sexual means or by targeting sexuality."

Sexual Assault

"Sexual Assault" is an act in which a person intentionally ***sexually*** touches another person without that person's *consent*, or coerces or physically forces a person to engage in a sexual act against their will.

It covers a wide range of unwanted sexual behaviors that are often used by offenders as a way to assert *power* and *control* over their victims.

The operative ingredient as regards sexual assault is lack of **consent.**

What is Consent?

Consent is when someone agrees, gives permission, or says "yes" to sexual activity with other persons. Consent is always freely given and all people in a sexual situation must feel that they are able to say "yes" or "no" or stop the sexual activity at any point.

- ✓ Consenting and asking for consent is all about setting your personal boundaries and respecting those of your partner and checking in if things aren't clear.
- ✓ Both people must agree to sex every single time for it to be consensual.

- ✓ Without consent, sexual activity (including oral sex, genital touching, and vaginal or anal penetration) is sexual assault or rape.
- ✓ One gets the final say over what happens with their body. It doesn't matter if they have been together before or even if one said yes earlier and then changed their mind.
- ✓ You're allowed to say "stop" at any time, and your partner needs to respect that.
- ✓ Consent is never implied by things like your past behavior, what you wear, or where you go. Sexual consent is always clearly communicated; there should be no question or mystery.
- ✓ Silence is not consent.
- ✓ Couples who've had sex before or even the ones who've been together for a long time also need to consent before sex every time.

Basics of Consent

Consent is:

- **Freely given:** Consenting is a choice you make without pressure, manipulation, or under the influence of drugs or alcohol.
- **Reversible:** Anyone can change their mind about what they feel like doing, anytime. Even if you've done it before, and even if you're both naked in bed.
- **Informed:** You can only consent to something if you have the full story. For example, if someone says they'll use a condom and then they don't, there isn't full consent.
- **Enthusiastic:** When it comes to sex, you should only do stuff you WANT to do, not things that you feel you're expected to do. It is never assumed or implied.
- **Specific:** Saying yes to one thing (like going to the bedroom to make out) doesn't mean you've said yes to others (like having sex).

2.3 Detecting Violence

Violence often goes on undetected because the power relations between perpetrators and victims usually prevent the latter from speaking up. The fact that domestic and sexual violence take place commonly in family settings also makes violence detection difficult but there could be indications that someone is experiencing violence when they give excuses for injuries, skip out on work or social outings for no clear reason, or manifest personality changes like low self-esteem in an erstwhile confident person. Violence detection refers to the process of determining whether or not an act of violence has taken place. It is a technology-driven procedure which involves the use of intelligent surveillance systems/cameras for the automatic detection of violent or abnormal activities in public places. It could be done through different violence detection techniques including traditional machine learning, Support Vector Machine (SVM), or Deep Learning using computer vision.

2.4 Legal Framework

Different conventions and legislation have culminated in the ratification of Policies and programmes aimed at Domestic and Sexual Violence. Some of which include:

- Convention on the Rights of the Child, 1989
- African Charter on the Rights and Welfare of the Child, 1999
- Child Rights Act, 2003
- Lagos State Child Rights Law, 2007
- Protection Against Domestic Violence Law, 2015
- Criminal Law of Lagos State, 2011
- Lagos State Sex Offenders Monitoring Programme and Mandated Reporting, 2014

Protection Against Domestic Violence Law (PADVL), 2015

This law, which came into force on 18th May 2007, was enacted to "provide protection against domestic violence and connected purposes".

A. *Acts that Constitutes Domestic Violence*

Section 18(g) makes provision for the different acts that constitute domestic violence. These acts are listed in the *Domestic Violence* Section above.

B. *Judicial Powers/Orders*

Furthermore, by virtue of section 7 of PADVL, the Court is empowered to make any of the following orders:

1. An order to stop the Respondent from further committing any act of Domestic Violence
2. An order prohibiting the Respondent from enlisting the help of another person to commit such act
3. An order restraining the Respondent from entering the residence shared with the complainant
4. An order restraining the Respondent from entering the Complainant's place of work
5. An order compelling a police officer to accompany the Complainant to a specific place/home for the collection of personal properties.

The court can also grant certain maintenance orders, which include but not limited to-

1. Payment of house rent or mortgage
2. Feeding allowance
3. School fees for the children
4. Monthly expense allowance.

Criminal Law of Lagos State, 2015 as Amended

- Section 135 - Indecent Treatment of Child – Seven (7) years Imprisonment
- Section 172 - any person who unlawfully assaults another is guilty of misdemeanor - is liable on conviction, if no greater punishment is provided, to imprisonment for one (1) year.
- Section 173 -any person who unlawfully assaults another and thereby does him harm commits a felony -is liable on conviction, to imprisonment for three (3) years.
- Section 245 - any person who unlawfully does grievous harm to another commits a felony – is liable on conviction, to imprisonment for seven (7) years.

Other Documented Positions on Domestic and Sexual Violence

- Domestic Violence and Gender-Based Violence is a violation of fundamental human rights, which the Nigerian Constitution is against.
- Nigeria ratified the Convention for the Elimination of Discrimination Against Women in 1985.
- Rape and all forms of sexual assault are criminalized and under the law, the sentence is life imprisonment.
- Sexual harassment is criminalized under the law in Lagos State; the sentence is three (3) years imprisonment.
- The Violence Against Persons (Prohibition) Act, 2015 gave harsher punishments for sexual violence and also provided support and measures such as restraining order to prevent the continuation of abuse.

2.5 General Principles in the Response and Protection of Survivors of Domestic and Sexual Violence

In many cases, Domestic and Sexual Violence Survivors (especially females) hardly speak out. This could be hinged to the fact that these survivors feel they may be belittled, disbelieved, or denied support. Often, the perpetrators are defended over the survivor, who is shamed or even blamed for behavior seen to be contributing to the violence. Thus the need for principles/ethics that should be at the forefront when dealing with survivors of Domestic and Sexual Violence becomes imperative.

Given the above, all responders involved in organizing response including providing protection and support services for survivors of Domestic and Sexual Violence will adopt a Survivor-Centered Approach and shall adhere to the following general principles:

1. **Autonomy/Client-self Determination:** Adopting a survivor-centered approach in response to Sexual Violence involves first and foremost, respect for a survivor's autonomy. Autonomy refers to a survivor's ability to make their own decisions, and respect for autonomy requires the recognition of a person's right to make independent

choices, and take action based on their own personal values and beliefs. It is important to always emphasize restoration of control to the survivor, helping the survivor identify and explore available options, and most importantly supporting the survivor's right to make decisions to guide their own recovery.

2. **Confidentiality:** It is required that responders should at all times protect the information they gather on Domestic and Sexual Violence and apply that principle throughout the process. Information about survivors and other witnesses should be collected, used, shared, and stored confidentially. Depending on the context, confidentiality measures can be put in place to cover not only the identity of survivors and other witnesses but also any information collected, referrals made, and protective measures are taken, as well as the existence of the process itself. Responders should have both facilities and procedures in place in that respect.
3. **Do No Harm:** The key ethical principle at the heart of dealing with survivors is the obligation to, at a minimum, 'Do No Harm'. This means responders must be fully aware of the possible negative impacts of the events on the survivor and other witnesses, the wider community, and the investigators themselves; be prepared for the harm those impacts may inflict, and put in place measures to prevent or minimize that harm. Domestic Violence, rape, serious sexual assault, and other forms of Sexual Violence may cause grave physical, psychological, and other harm to survivors and others. However, survivors and other witnesses can be harmed in ways that extend beyond the immediate violence they suffered at the hand of perpetrators. Additional, serious harm can be caused by unresponsive or inadequate health, police or justice services and responses by family and community members that do not support survivors, and may even ostracize, blame and punish them; and critically, by poorly trained, unprepared or purely result-driven documentation efforts that do not place the survivor at the center of their approach, do not adequately plan their interventions and do not put in place strategies to mitigate potential harm.
4. **Gender Sensitivity:** All interventions should take into account gender relations between the survivor and perpetrator, remembering that gender relations are relations of power,

and recognizing that unequal power relations exist between the survivor and the perpetrator of domestic violence.

However, Responders must remember that the safety and dignity of survivors are at the center of the entire process. This means ensuring the process prioritizes their needs and requests, especially for security concerns. Notwithstanding this, the risk of additional harm must also be balanced with respect for a survivor's desire to tell their story and seek justice and reparation for the crimes that took place.

5. **Non-Judgmental attitude:** Survivors have the right to be listened to in a non-judgmental and caring way regardless of their status, class, religion, physical appearance, etc., without any form of discrimination. Hence, allow the survivor to speak in their own way, understanding, and time; do not pressure or confuse them with too many questions. However, what should be of concern is the survivor's emotional state.
6. **Perpetrator Accountability:** The perpetrator shall be solely responsible for their violent behavior.
7. **Prioritize the survivor's security and safety needs:** The emergency procedure should always be in accordance with the assessed danger of the situation and vulnerability of the survivor. Where a child is involved or has witnessed any form of Domestic or Sexual Violence, it is important to ensure the safety and wellbeing of the child. This should apply to health, security, and any other safety need of the survivor.
8. **Professional Competence:** Raise professional accountability, standards, and relevant competencies through planned education and affirmation of best practice examples.
9. **Respect:** Respect the needs, rights, dignity, and worth of the survivor.

   Respecting the principle of "Do No Harm" should not automatically be interpreted as a reason not to pursue the process, rather, it can pave the way towards safely and ethically allowing survivors to speak out, while identifying potential support mechanisms for them. It should, first and foremost, mean respecting and supporting survivor autonomy.
10. **Survivor Empowerment**: Ensure the safety and well being of the child by ensuring safety and supporting the independence of the non-violent parent.

The ethical obligation to 'do no harm' can sometimes conflict with the obligation to respect survivor autonomy, when and if survivors make decisions that seem to be harmful and self-injurious. However, survivor autonomy must be respected above all. This is not always easy. Separating autonomous decision-making capacity from, for example, cultural or familial pressures that inform individual decision-making, is not always possible, and practitioners may feel that survivors are not acting in their own best interests but rather in the interests of the group. For these reasons, it is critical that responders do their utmost to share information with survivors, discuss all risks and benefits of participation with survivors and other witnesses, respect confidentiality where possible, and support them in accessing the services and assistance they may need in order to make the best decision they can.

When dealing with survivors some risks are unavoidable. Responders cannot offer a complete guarantee of protection and well-being to survivors, witnesses, or entire communities.

PART 3

Relevant Responder Services and Scope of Intervention

3.0 Primary Responder Services

1. Survivor Advocate and Advocacy
2. Law Enforcement
3. Medical/Health Care/Forensic Medical Examination (FME)
4. Judiciary/ Prosecution
5. Welfare/Support Services
    - Social Welfare
    - Shelter
    - Legal Support
    - Empowerment
    - Counseling and Psychosocial support

The assumption is that the various responders, agencies, and Institutions who are the main actors in the system of response to Domestic and Sexual Violence have different competencies and scope of responsibilities. Therefore, a more efficient intervention and response to Domestic and Sexual Violence can be achieved through multisectoral cooperation and coordination.

However, in order to fulfill their legal obligations and the purpose of the intervention provided in this respect, the cooperation between agencies, institutions, as well as their individual and coordinated intervention must be clearly defined to avoid a potential shift of responsibility from one responder service to another.

To establish an efficient response for survivors of Domestic and Sexual Violence in the community and within the family, it is necessary to establish continuous multisectoral cooperation between responder agencies including, the police, judiciary, courts, and health

institutions, NGOs/CSOs/CDAs/CBOs/FBOs implementing programs and activities related to services for victims of violence, etc.

3.1 Survivor Advocate and Advocacy

Survivor advocates play a crucial and unique role in the response to Domestic and Sexual Violence. They are professionals who are trained to support and assist survivors in overcoming the trauma associated with their experience of violence. Specifically, the responsibilities of an advocate in response to Domestic and Sexual Violence are to:

- listen and empathize with the survivor's feelings;
- reduce the isolation of the experience;
- inform, explain and support;
- ensure that the survivor's needs are met to the fullest extent possible;
- explain the roles of the other relevant responder agencies;
- empower the survivor with accurate knowledge about the criminal justice system;
- prepare the survivor for what they might expect; and
- provide appropriate referrals for immediate and ongoing services.

Advocates are uniquely positioned to accompany survivors through health care, social service, and criminal justice systems in ways that are culturally and legally appropriate. Advocates support victims through this process by listening, believing, empowering, serving as a buffer, interrupting victim-blaming, and honoring the choices that survivors make.

For purposes of this document, the three types of survivor advocates are ***community-based, culturally-specific, and system-based.***

Community-based advocates: Community-based advocates are individuals who work directly with the survivors, providing supportive services to help them maneuver through the healing process and the criminal justice system. These advocates usually work for a non-profit organization within the community and their primary purpose is to have an exclusive focus on the interest of the survivor.

The professional role of the community-based advocate is to provide survivors with the emotional support and proactive assistance they need, regardless of whether they choose

to report the crime and participate in the criminal justice process. This allows the advocate to develop an important relationship with a survivor and assist them in healing from the impact of the crisis.

Other direct services that community-based advocates may provide to survivors include accompaniment, crisis intervention services, information and referral resources, safety planning, assistance in problem-solving, counseling and case management, emergency shelter, and financial assistance. These advocates include Individual Community Advocates, and other Informal community organizations, etc.

Culturally-specific advocates: Culturally-specific advocates are essentially a smaller subset of advocates within the community-based advocate classification. These advocates work for an organization that provides services and assistance to specific populations of survivors such as ethnic groups, women groups, religious/faith groups, individuals with disabilities, etc. Agencies in this category include Non-governmental Organizations (NGOs), Civil Society Organizations (CSOs) Faith-Based Organizations (FBOs) Community Based Organizations (CBOs), etc.

System-based advocates: System-based advocates address the systematic issues that impact victims. They are usually employed by a public agency. They include the law enforcement agency, office of the prosecuting attorney, and other relevant government agencies. Their roles and responsibilities vary, as do the specific terms they may use to describe themselves.

The main focus of these advocates is typically to serve as the primary contact for victims in their employing agency and to facilitate the victim's participation in the criminal justice system.

3.1.1 Standard Practices for Domestic and Sexual Violence Survivor Advocates

A. Crisis Intervention

Crisis Intervention is a very important service that advocates provide to survivors. It is not a form of counseling or therapy, rather it is a short-term service that provides survivors with the opportunity to express their feelings and receive reassurance that their emotions are normal and acceptable. For an advocate, this type of service includes actively listening, validating, identifying, and assessing immediate needs for safety and security, dispelling myths, developing a safety plan, and empowering the victim by providing accurate and helpful information and resources.

B. Trauma-Informed Response for Advocacy

Domestic and Sexual Violence is a traumatic crime that can cause harm to a victim's emotional, spiritual, physical, and psychological well-being. Survivors often experience re-traumatization because of the sometimes insensitive and inadequate responses given by those who work on their behalf. As a survivor advocate, it is important to recognize and understand the impact of trauma on survivors. This understanding begins with the way a survivor is greeted on the telephone and includes the comprehensiveness of care provided, the safety and comfort of offices and meeting spaces, and the attitudes of advocates toward survivors. A trauma-informed response to advocacy emphasizes creating services and programs that are sensitive and directly responsive to the trauma that many survivors experience after a violent crime.

The goal of this approach is to support the healing of survivors while avoiding triggers that lead to additional stress. It is designed to reduce trauma and to support resiliency in a way that incorporates culturally specific experiences of trauma and provides culturally relevant services. These services provide safe spaces for healing based on the principles of respect, dignity, empowerment, and hope.

C. *Information and Referral*

As one of their professional duties, survivor advocates provide sexual assault survivors with the accurate information they need to make decisions that lead to a smooth recovery. They also make referrals to appropriate agencies that can further assist survivors in their progression from victim to survivor of Domestic or Sexual Violence. Another responsibility of advocates is to provide survivors with information on the status of court cases, compensation programs, and other resources that may be beneficial to them. It is vital that advocates remain knowledgeable, keep their information accurate, and maintain up-to-date referral databases.

In general, it is important for survivors to receive information in writing, in their preferred language, which they can refer to as needed. The written information should cover an array of issues, including medical follow-up, victim impact, post-traumatic stress, coping mechanisms, and contact information for other services. Other effective ways to assist survivors include

- providing a clear idea of what to expect from other responders,
- discussing the criminal justice process, billing issues, and medical procedures, and
- providing an outline of how the case will proceed.

D. *Survivor Advocates and Confidentiality*

Confidential communication is a communication made with the expectation of privacy. It is a privileged communication that is not accessible or known to others. Advocates should educate themselves on the basics of maintaining the confidentiality and understand the scope of confidentiality with each agency involved.

Advocates should use this knowledge to determine the best method for maintaining their records of contact with survivors. Survivors will not seek assistance if they do not feel a sense of security; thus, an integral part of protecting a survivor's confidentiality begins with establishing a relationship based on trust and respect. Advocates must be committed to

maintaining the highest possible level of confidentiality in their communication with survivors.

All advocacy agencies and programs must provide survivors with a reasonable expectation of confidentiality concerning their conversations and exchanges. A best practice for community-based advocates is to obtain written permission from survivors before contacting or sharing information with any other service provider or responder. System-based advocates, on the other hand, are not in a position to guarantee confidentiality to survivors because they are employed by the government/ law enforcement or prosecuting attorney's office. Since system-based advocates are employed by a government agency, anything said to them is part of their employment and can be discoverable. It is, therefore, best practice for these advocates to inform survivors (before the survivor's disclosure) about the level of confidentiality that can and cannot be afforded to them.

E. Dealing with Vicarious Trauma

Survivor advocates witness the emotional pain of survivors of domestic and sexual violence daily. Vicarious trauma is the indirect exposure to trauma or emotional duress that occurs when an individual hears about the firsthand account of another person's traumatic experiences. Professionals who work with survivors of sexual abuse or whose work addresses issues of sexual abuse are vulnerable to this type of trauma. The symptoms mimic those of post-traumatic stress disorder and can include the inability to listen, compassion fatigue, depression, sleeplessness, burnout, intrusive imagery, and changes in one's worldly outlook. These symptoms accumulate over time as advocates engage with traumatized survivors and hear about the effect of domestic and sexual violence on them and their loved ones.

Confidentiality protections limit whom advocates can share the details of the case with and this causes a barrier for advocates that need to process their own feelings about a case. There is also the pressure of having to balance multiple demands and interests, leading to insufficient recovery time between cases, and feelings of exhaustion and being

overwhelmed. Client care is compromised if an advocate is emotionally depleted or cognitively affected by vicarious trauma. The development of vicarious trauma may lead to advocates leaving their professions because they believe that they can no longer effectively serve their clients.

Some strategies that both survivor advocates and their agencies can use to minimize the effect of vicarious trauma include

I. accessing training on sexual assault and trauma;
II. adopting agency policies that help advocates identify how they are being affected and help them develop strategies to deal with stress and pressure;
III. engaging in self-care routines, including recognizing and containing one's own reactions;
IV. finding ways to heal; and
V. regularly engaging in reflective, supportive conversations with supervisors and colleagues about the work.

F. Survivor Accompaniment

When a survivor presents themselves to the hospital or law enforcement, a survivor advocate should be called out immediately, regardless of whether the survivor requests one or not. Many times, victims are reluctant to "bother" someone, and they may not understand what an advocate does. However, because of a lack of information about the survivor advocate's role or due to the survivor's state of trauma, survivors who initially say no to calling an advocate will often use one if the advocate was already there, prepared to assist the survivor in the process. The survivor should simply be informed of the advocate's presence rather than being placed under the burden of requesting one.

Medical personnel and law enforcement agents can help ease the introduction of a survivor advocate. When the survivor starts asking questions such as "what happens next?" or "how do I…?" That is the time for a first responder to say, "There is an advocate in the waiting room who can help you answer these questions. I will invite them in to speak with you." If there is some sort of face to face contact between the survivor and the advocate, the

chances of the survivor calling the advocate for support later in the process will be greater than if the survivor advocate is merely another phone number on a list.

In addition to providing services to the victim, a survivor advocate should also foster a positive working relationship with the other first responders. On many occasions, a strained relationship has been identified between responders in law enforcement and advocacy.

Sometimes, survivor advocates feel that only they, and not responders in law enforcement, have the survivor's best interest at heart. Sometimes, responders in law enforcement feel that advocates "get in the way" of their interviews with victims. These issues can be resolved during meetings. The time immediately following the victimization is the ideal place for survivor advocates to support and facilitate law enforcement's efforts in the Domestic and Sexual Violence Response. Answering any questions the survivor might have about the criminal justice process in a way that validates the survivor's decision if they decide to report, helping to introduce the officer to the victim in a positive manner, and reassuring the survivor that an advocate can be with them throughout the criminal justice process are all important aspects of sustaining the working relationships that the DSVRT strives to improve.

G. Survivor Advocates and Medical Personnel

Often times especially in cases of sexual assault, an advocate could be asked to leave the room during a portion of the forensic medical exam. It is important that this scenario is considered in advance and that the survivor advocate has a complete understanding of and supports the reasons this can occur. Some examples of legitimate reasons are that:

- ✓ a medical personnel may feel the advocate's presence is hindering the survivor's full disclosure (possibly due to embarrassment over describing graphic sexual acts or due to illegal activity the survivor may have been engaged in);
- ✓ a medical personnel may feel the victim was "talked into" having an advocate present (by a family member or friend); or
- ✓ the advocate's presence is interfering with medical treatment.

It is important that when asked to leave by medical personnel, the advocate does so without a confrontation in front of the survivor. A victim needs to feel that all first responders are united in their response. A discussion of the medical personnel's decision can occur once the survivor is no longer being medically treated.

The response of the survivor advocate is a crucial component of the overall response to assure survivor that their needs and voice is central to all the processes. Advocates get direct feedbacks from survivors more than anyone else about what works, what does not work, and what is particularly successful or harmful.

3.1.2 Scope of Responsibilities for Survivor Advocates Responding to Domestic and Sexual Violence

- ✓ Determine whether the survivor is safe (both physically and emotionally) and provide safety planning if needed
- ✓ Determine the immediate medical care needs of the survivor and whether the survivor needs to go to the hospital or another medical provider for STI/pregnancy care
- ✓ Assess and accommodate the special needs of the survivor, including but not limited to language or cultural barriers, or other considerations such as physical, mental, age, gender needs, etc.
- ✓ Provide crisis intervention, support, information, and referrals to the survivor and family/friends
- ✓ Provide non-judgmental information about options
- ✓ Determine whether the survivor wants to report the assault
- ✓ If not reporting, provide information on the evidence collection timeline and how it affects the survivor's future options
- ✓ If reporting, contact law enforcement or follow protocol
- ✓ Provide transportation to a medical facility for medical evaluation if necessary
- ✓ Inform survivor of preserving options through evidence collection and evaluation
- ✓ Assess whether the survivor requires clothing/food/shelter/transportation
- ✓ Access services and resources for the survivor or assist them in accessing services and resources as needed
- ✓ Accompany, support, and provide information throughout all aspects of the process

- ✓ Provide continuing follow-up care after the initial response by regularly checking-in with the survivor on their needs, concerns, comfort, and questions
- ✓ Ensure the survivor understands the systems in which they find themselves, including the roles and objectives of each agency and individual involved in the response
- ✓ Serve as a liaison between the survivor and professional agencies
- ✓ Advocate on behalf of the survivor's self-defined needs, decisions, wishes, questions/concerns
- ✓ Provide support, information, and referrals to family/friends of the survivor
- ✓ Provide accompaniment when requested (FME, court, etc.)

3.2 Law Enforcement

This refers to the services provided by law enforcement agencies (*esp.* the FSU's).

The role of Law enforcement is crucial in the continuous operations of the Domestic and Sexual Violence Response in the State.

The role of the investigating police officer at the designated Family Support Unit (FSU) is to:

- ensure the **safety** of the survivor and the community; and
- ascertain if the report of domestic and sexual violence meets the elements of a crime under the existing Lagos State Laws.

Within their jurisdictions, law enforcement agents, through the Gender unit / Family Support Unit of the police will investigate domestic and sexual violence crimes.

Nevertheless, law enforcement participation will not be limited to the primary FSUs and police departments/units; it includes other relevant security and law enforcement agencies such as school campus' security, Immigration and Customs, military police, and other federal law enforcement agencies.

3.2.1 Standard Practices for Law Enforcement in Incidents of Domestic and Sexual Violence

The primary responsibility of law enforcement in the investigation of a Domestic and Sexual Violence is to protect the immediate safety and well-being of the survivor and the community. An assessment of survivor safety is essential at the first report of a crime.

The secondary responsibility of the investigative role is to ascertain if the report of a sexual assault meets the elements of a crime under the existing laws of the state. To accomplish this purpose, investigating police officers must understand the laws of the state.

Also, every law enforcement personnel must understand the concept of a victim-centered, trauma-informed, and offender-focused approach to the investigation of Domestic and Sexual Violence.

The police will operate under the guidelines stipulated in the existing Lagos State Domestic and Sexual Violence Prosecutor's Manual. However, a critical recommendation for practice is highlighted below.

A. Need for Co-ordination and Collaboration

The Police and other services providers should be able to share information when investigating Domestic and Sexual Violence. It is therefore beneficial that all responder agencies work in partnership. As such, Investigating police officers (FSU) are encouraged to work in partnership with the following systems, agencies, and community service providers:

- Lagos State Domestic and Sexual Violence Response Team (DSVRT);
- Office of the Public Defender (OPD);
- Relevant Departments and Units of the Ministry of Women Affairs & Poverty Alleviation (WAPA);
- Relevant Departments and Units of the Ministry of Youth and Social Development (MYSD);
- Directorate of Citizens' Rights (DCR);
- PHCs and SARCs;
- Relevant Non-Governmental agencies;
- Domestic and Sexual Violence Survivor Advocates; and
- Other local service providers.

3.2.2 *Scope of Responsibilities for Law Enforcement Responding to Domestic and Sexual Violence*

- ✓ Protect and serve the needs of the victims and the community
- ✓ Collect and preserve evidence
- ✓ Identify and interview the survivor and witnesses
- ✓ Identify and interview/interrogate the suspect
- ✓ Apprehend/Arrest the perpetrator/suspect of Domestic or Sexual Violence
- ✓ Conduct the investigation
- ✓ Assist with the prosecution – testimony, information, investigation
- ✓ Provide information to the survivor regarding the investigative status of their case
- ✓ Provide a victim-centered response
- ✓ Assess and address survivors' safety
- ✓ Encourage specialization for sexual assault cases
- ✓ Develop both rapport and trust with the survivor
- ✓ Reduce the fear of sexual assault
- ✓ Provide survivors with information about the relevant legislation and law in the state regarding Domestic and Sexual Violence
- ✓ Ensure survivors have an understanding of their legal rights, as informed by law enforcement
- ✓ Have a complete familiarity with relevant sexual assault laws
- ✓ Gain a thorough understanding of the methods, patterns, and characteristics of perpetrators
- ✓ Work in a collaborative and coordinated fashion with prosecution, other responder agencies, law enforcement professionals, survivor advocates, medical professionals, and Lagos State DNA & Forensic Center Laboratory (LSD&FC lab)
- ✓ Respect the human dignity and the uniqueness of the survivor, unrestricted by considerations of race, culture, age, gender, social status, economic status, personal attributes, the nature of health problems, or the nature of the crime

- ✓ Maintain appropriate confidentiality of records, photographs, and communications, while ensuring that all records are promptly and properly transferred, as required, to appropriate persons or agencies
- ✓ Report appropriately according to local, state, and federal mandates
- ✓ Follow the chain of custody when collecting, securing, and turning over evidence
- ✓ Secure photographs in a locked space, handle them with respect and dignity for the survivor and reveal photographs only to those with a need to know
- ✓ Obtain required training and updates to serve survivors of Domestic and Sexual Violence
- ✓ Provide input and recommendations to the DSVRT as an interdisciplinary member
- ✓ Obtain any report from the sexual assault examiner regarding the FME for the assaults reported by survivors
- ✓ Present case to the Attorney's Office (Directorate of Public Prosecution (DPP))
- ✓ Work to operate under victim-centered guidelines – informing the victim of all information, interview times, and agency procedures

3.3 Medical/Healthcare/Forensic Medical Examination (FME)

The role of the health care provider is responding to the trauma of sexual assault and domestic abuse and intervening through actions in systems to mitigate the impact of Domestic or Sexual Violence on individuals, families, groups, communities, and society.

For incidents of sexual assault, trained and licensed health care practitioners are the preferred choice, as they are trained in meeting the specific healthcare needs of the patient who has experienced sexual assault, performing the forensic medical examination (FME), and have the ability to provide expert testimony in court. When specially trained examiners perform the FME it can reduce the trauma already associated with the process.

The prime responsibility of the health care provider is to:

- assess patients for acute medical needs and provide stabilization, treatment, and/or consultation;
- gather information for forensic medical history;
- collect and document forensic evidence, and document pertinent physical findings;
- offer information, treatment, and referrals for sexually transmitted infections (STIs), and other non-acute medical concerns;
- assess pregnancy risk and discuss treatment options with the patient, including reproductive health services; and
- testify in court if necessary.

3.3.1 Standard Practices for Medical/Health Care/Forensic Medical Examination (FME)

A. Working with Survivor Advocates

Survivor advocacy is a critical component of the medical response. The trained Sexual Assault Medical Personnel (SAMP) coordinates with advocates to ensure patients are offered crisis intervention, support, and advocacy before, during, and after the exam process and encourages the use of other survivor support services.

It is encouraged and best practice for the sexual assault survivor advocate or trained SARN to be in the examination room to provide emotional support throughout the examination process. The survivor advocate may assist the SAMP during the exam; however, survivor advocates should not participate in any evidence collection procedures.

B. Medical Screening

The purpose of the medical assessment is to determine the absence or presence of an emergency medical condition.

Forensic medical examinations are performed on medically stable patients. Patients who require medical attention (e.g., fractures, strangulation, etc.) will have medical needs addressed first. Where no emergency medical condition exists, it is best practice for the entire examination to be performed by a single trained practitioner (as available), minimizing trauma. Any health care needs identified during the medical screening or physical

exam that does not require immediate medical intervention will be addressed before discharge. This includes recommending any necessary follow-up care to the appropriate medical provider.

C. Forensic Medical History

A forensic medical history is obtained for the purposes of diagnosis, treatment, and evidence collection.

The forensic medical history should include a patient's general medical history, current medications, allergies, vital signs, sexual history, and information concerning the sexual assault. The forensic medical history should be done in a private setting. Since this history contains sensitive information (sexual history and health) crucial to the forensic medical exam and is confidential personal health information, law enforcement should not be present for the patient's history taking.

The forensic medical history will guide the sexual assault forensic examiner's physical assessment and evidence collection. The examiner will need to be aware of and responsive to verbal and nonverbal cues from the patient during history taking. It is essential to assure that any communication needs of the patient are addressed so that accurate information can be obtained and documented.

D. Physical Examination

The Sexual Assault Forensic Examiner (SAFE) will conduct a general physical assessment and anogenital examination. The exam is guided by the scope of informed consent and the forensic medical history.

The purpose of the physical/anogenital examination is to identify any injuries or findings. Visual inspection is a common technique to detect physical trauma during the physical examination, however, not all injuries are easily seen or the result of the sexual assault. A detailed history is critical to understanding the presence and potential cause of injuries or findings. The physical examination includes identifying traumatic injury that may include abnormal redness, abrasions, bruises, swelling, lacerations, fractures, bites, burns, and other

forms of physical trauma. Potential traumatic findings should be palpated to assess for tenderness and induration.

E. Rape Kit/Sexual Assault Examination Kit

a) The Rape kit has a checklist of all the evidence needed to be collected for forensic purposes as well as for instructions, which should be followed carefully.

b) A new series of evidence collection kits to collect evidence in a way to comply with all the latest legal and scientific specifications was recently designed by the Lagos State Domestic and Sexual Violence Response Team.

c) Specimen containers are designed to allow for air-drying of all specimens and are sealed with tamper safe seals provided in the kit.

d) The collection of forensic evidence needs to be carried out at the same time as the medical examination. Forensic evidence is not just the biological samples collected from the person's body but also any trace evidence found on the body e.g. fibers, hairs, etc. The specimens that are collected would not be useful unless they are properly packaged and transferred. Even if there is a lot of evidence that sexual assault occurred, improper storage and transfer may lead to the evidence being rejected in court.

F. Evidence Collection Timeframe

There is a potential that evidence can be compromised or lost altogether if not collected promptly as stipulated in the *Lagos State Sexual Assault Standing Order, 2016*.

G. Evidence Collection

Proper collection of evidentiary materials is essential, as well as maintaining a chain of custody. It is essential because of its potential use for suspect identification and use in the criminal justice proceedings.

All evidence must be air-dried, appropriately packaged, labeled, and properly sealed. The gathering of evidence may include but is not limited to:

- collecting the patient's clothing and packaging it in individual paper bags;
- observation and assessment of the body surface and body cavity areas for injury or potential areas of biological or transfer of trace materials;
- scanning the patient's body with an alternate light source;
- collecting reference samples of the patient's DNA through buccal swabs or blood samples;
- collecting drug and alcohol toxicology samples as indicated by the assault history and referring to the existing protocol for lab analysis;
- collecting any foreign materials, stains, and dried or moist secretions;
- collecting post-assault tampons/sanitary pads;
- collecting oral, vaginal, penile, and anal samples as indicated by the assault history;
- collecting other trace evidence that may be present (i.e., fibers, hair, leaves, grass);
- ensuring proper specimen collection, drying, preservation, packaging, and labeling; and
- maintaining the chain of custody on all items.

H. Documentation

Documentation should:

- ✓ be objective (should not include opinions of SAMP);
- ✓ include general information of the circumstances leading up to the assault (as told by the patient);
- ✓ include objective observations of demeanor, altered mental state, and physical appearance;
- ✓ use the patient's language and terminology;
- ✓ include direct quotes from the patient;
- ✓ use simple descriptions rather than medical terminology (bruise vs ecchymosis, etc.);
- ✓ avoid pejorative terminology (alleges, refuses, non-compliant, etc.) that can be misunderstood and are inappropriate in medical charting; and
- ✓ avoid abbreviations as much as possible.

3.3.2 *Scope of Responsibilities for Medical Personnel Responding to Domestic and Sexual Violence*

- ✓ Provide an effective medical response that meets the health care needs of the patient
- ✓ Inform the patient of all relevant procedures and practices
- ✓ Provide a victim-centered response
- ✓ Provide continuity of care from start to finish
- ✓ Work within a multidisciplinary effort
- ✓ Ensure survivor sensitive care from all staff
- ✓ Initiate the coordinated team response
- ✓ Explain the forensic medical examination in terms appropriate to the age and anxiety of the patient
- ✓ Ensure that the patient understands the medical-legal process before obtaining written consent to proceed with the forensic medical examination
- ✓ Ensure a guardian is contacted or a court order is obtained in the case of an unconscious patient, severely disabled patient, or a patient who is otherwise unable to give informed consent
- ✓ Provide the opportunity and support of having a survivor advocate in attendance during the forensic exam
- ✓ Perform the initial assessment promptly
- ✓ Assess the patient's understanding and needs throughout the forensic medical exam
- ✓ Provide trained personnel to collect evidence and work with the survivor
- ✓ Provide a prompt victim-centered exam and ensure that it is gentle, uninterrupted, and takes place in a dedicated room
- ✓ Identify, collect, and preserve evidence
- ✓ Communicate with law enforcement about the examination if the survivor wishes to report the assault
- ✓ Provide follow-up information including information to meet psychological needs, physical needs, health care, and information and referral
- ✓ Refer the patient, as indicated for further medical care based on the patient's request or medical findings
- ✓ Work with the advocate to help the patient identify personal supports for medical and emotional needs
- ✓ Maintain the competency of staff through continued training/education
- ✓ Provide peer review
- ✓ Provide measures for quality assurance

- ✓ Maintain confidentiality of records, photographs, and communications

3.4 Judiciary

The Lagos State Judiciary in demonstration of its commitment to provide quick dispensation of justice, established Domestic and Sexual Offences Special Courts, the first of its kind in Nigeria. This was done to instill greater confidence in the community that the justice system is responding effectively to domestic and sexual violence and provide comprehensive reliefs for victims at an earlier stage of the judicial process.

Similarly, the State Judiciary established the Family Courts both at the Judiciary and Magistracy level. Family Courts are established to hear and determine matters pertaining to family life e.g. divorce, custody, child support and other matters concerning children.

The Family Court of Lagos State is guided by the Family Court of Lagos State (Civil Procedure) Rules 2012 with the overriding objective of giving protection and care as necessary for the well being of the child; with consideration for the rights and duties of the child's parents, legal guardians and other individuals, institutions, agencies and organizations legally responsible for the child. It regulates proceedings relating to the rights, advancement and welfare of the child under the Lagos State Child's Rights Law No. 11 2007.

Family courts have exclusive and unlimited jurisdiction in all matters relating to children. They are based on therapeutic jurisprudence and guided by the principle of the reconciliation of all parties; and would therefore encourage the use of alternative dispute resolution procedures considered appropriate.

3.4.1 Standard Practices for Judiciary in Domestic and Sexual Violence Cases

Judges play important roles in the legal system's response to domestic and sexual violence. Judges are generally the final authority in civil and criminal matters involving domestic and sexual abuse, and therefore hold substantial power to sanction perpetrators, protect survivors of domestic and sexual violence, sentence sex offenders and send messages to the

community, the victim, and the perpetrator alike that domestic and sexual violence will not be tolerated.

A. Inter-agency Collaboration

Moreover, judges, like prosecutors and the police, are a critical part of an inter-agency response. Coordination of judicial responses with those of other actors in the legal, medical, and advocacy communities can prevent inconsistent responses that undermine victim safety and perpetrator accountability.

B. Training

Relevant training on the dynamics of domestic and sexual violence will enhance the deployment of judicial discretion in adjudication. Training for judges should include relevant information on human rights, sexual and gender-based violence and myths around the subject matter. To the extent that judges are able to make decisions on sentencing or other aspects of the criminal trial, these choices may be influenced by myths about domestic violence. Effective judicial responses to domestic violence can, however, further victim safety and perpetrator accountability in many ways.

C. Enforcement of Laws, Policies and Procedures

In the courtroom, judges are enforcers and interpreters of existing laws; they may also have the ability to establish courtroom policies and procedures that promote victim safety and are respectful of all parties. Judges are therefore in a vantage position to protect victim safety and increase offender accountability by enforcing existing laws promptly and consistently. Whilst adjudicating upon domestic violence cases, Judges can enforce the existing laws by treating assaults committed by partners as serious crimes.

This applies to the enforcement of civil orders for protection where the Protection Against Domestic Violence Law is activated. Similarly, research indicates that even a short term in jail for violations of protection orders highlights for the abuser the seriousness with which the legal system will treat domestic abuse. On the other hand, giving abusers "second chances"

endangers the victim and sends a message to both abuser and victim that the protection order will not be enforced.

In domestic violence, judges can also inform perpetrators when the protection order is issued that violation will be punished. Studies have shown that pairing the Order with a verbal warning not only increases the likelihood that the batterer will comply with the Order, but also communicates to the victim (and to all others in the courtroom) that they have a right to be free from violence and that the community will not tolerate domestic violence. Judges can also alleviate some of the threat of retaliation by emphasizing that the issuance of a protection order is the responsibility of the court, not the victim—thus also making clear that the abuse is not a "private" matter but rather a community concern. This therefore lifts the burden off the victim and places same on the State.

D. Victim Protection and Perpetrator Accountability

Furthermore, jurists can also effect victim safety and perpetrator accountability through their demeanour. When seeking assistance through the legal system, many survivors of domestic and sexual violence fear retaliation from the abuser, intimidation by an unfamiliar, complicated and sometimes daunting legal process and disbelief by the presiding judge.

Judges can therefore counteract and allay those fears by demonstrating a willingness to listen, attaching the appropriate level of seriousness and attention to the matter and considering the needs of survivors. The judicial demeanour also sets the tone for the demeanour of other courtroom personnel. If judges treat domestic and sexual violence cases seriously, other criminal justice personnel are more likely to follow this lead.

3.4.2 Scope of Responsibility for the Judiciary

The Judiciary will operate under the guidelines established by the Family Court Rules, the Protection Against Domestic Violence Law (PADVL), 2015, Criminal Law of Lagos State, 2015, and the Child's Rights Law, 2015.

3.5 Prosecution

The primary responsibility of the prosecution is to see that justice is served. In responding to domestic and sexual violence cases, prosecutors must provide for the safety, well-being, and protection of rights of the victim and the community by holding the offenders of these crimes accountable through the prosecution of domestic and sexual violence cases. To accomplish this task, prosecutors must work in collaboration with law enforcement, survivor advocates, medical personnel, crime lab personnel, and the survivor. Prosecutors are responsible for reviewing case reports to determine if enough evidence exists or could be obtained to file criminal charges. If the survivor chooses to participate in the investigation and prosecution of the case, prosecutors then have the added responsibility of responding in a victim-centered way that meets the needs of the survivor as well as the needs of the community.

The goal of providing a victim-centered, offender-focused, and trauma-informed approach is to decrease re-victimization by ensuring victims receive compassionate and respectful treatment and to hold the offenders accountable. Prosecutors maintain a victim-centered approach by giving serious consideration to the prosecution of each case, supporting the survivor's rights under existing laws, and providing direction as part of the DSVRT to increase the number of cases that are suitable for filing. Prosecutors also determine if there is sufficient evidence against the offender or if additional investigation is needed.

3.5.1 Standard Practices for Prosecution of Domestic and Sexual Violence Cases

It is important to note that prosecutors will operate under the guidelines stipulated in the existing Lagos State Domestic and Sexual Violence Prosecutor's Manual. However, critical recommendations for practice are highlighted below.

A. Survivor Interview

It is recommended that prosecutors meet with the survivor in person before deciding whether charges should be filed against the offender. This allows the prosecutor to assess the survivor's ability to participate in the criminal justice process and to learn how the

survivor hopes the case will be resolved. This meeting provides prosecutors a feel for the case beyond just reading a report. It also demonstrates to the survivor that the prosecution is taking the case seriously.

Prosecutors should include a survivor advocate during all interviews and meetings with the survivor, as the advocate can provide emotional support to the survivor as they share details that are important in the case.

Prosecutors should also be mindful that survivors might believe that the prosecutor is "their" attorney, representing their individual interests. This misconception should be addressed and clarified at the beginning so as not to result in misunderstandings and disappointment on the part of the survivor.

Interviewing the survivor provides prosecutors the chance to review the case from the survivor's perspective, explain the criminal justice process, uncover potential details that may have been overlooked in the investigation, and determine what outcome the survivor desires. The survivor needs a safe environment in which to explain what occurred during the assault and the relevant facts.

To create a safe environment and establish rapport:

- ensure that an advocate is present for survivor emotional support;
- allow adequate time for the interview;
- conduct interviews in places where the survivor feels safe and able to speak freely;
- adopt a "seeking to understand" perspective in questioning the survivor;
- assure that the survivor is safe by ensuring the defendant is not present or in the area;
- review the survivor's rights and explain the prosecution process, including laws, preliminary hearing, pleas, trial, potential sentencing, etc.; and
- inquire about any threats made towards the survivor.

B. Collaboration with Law Enforcement

Prosecutors should review the investigation reports carefully before meeting with the survivor, as they may learn new information that can either strengthen or weaken the case against the offender. It is also important that prosecutors work closely with law

enforcement to ensure the collection of evidence needed to substantiate a case. They should also meet with law enforcement to discuss the investigation prior to making a charging decision in the case.

C. *Collation of Evidence and Reports*

When collating evidence, it is important that prosecutors and law enforcement strictly adhere to guidelines and ensure that evidence and reports:

- are properly dated
- includes photographs (esp. for DV cases)
- are prompt having timelines
- includes necessary data (e.g to identify serial offenders)
- are accurate

D. *Filing Charges*

The determination to file charges in a domestic or sexual violence case is more complex than merely evaluating the evidence. It is the nature of such crimes that little or no physical evidence may be present. However, corroborating witness statements, the participation of the survivor in the case, and other acts committed by the offender play a significant role in the prosecution of the case. Prosecutors understand the danger in focusing on what appears to be negative survivor characteristics or conduct. Instead, they should carefully consider all of the offender's conduct, behaviors, and characteristics. This includes the practice most offenders use in targeting survivors who are vulnerable, who may not report the crime, or who may appear unsympathetic and not credible. Prosecutors should avoid basing the charging decision on the survivor's actions that may increase risk or the culpability of the offender. Offenders are likely to present themselves as highly credible while their victims may not.

The prosecutor should discuss the decision to file or not file charges personally with the survivor. If charges are not filed, the survivor is more likely to respect the prosecutor and the legal system if she/he feels respected and understands why the decision was made. This discussion should occur promptly before the defendant is notified, and an honest explanation for the decision should be offered to the survivor.

When the decision is made to charge the offender, prosecutors should work with survivor advocates to support survivors in the criminal justice process by:

- recognizing the emotional and psychological limits of survivors;
- explaining to survivors the process of the investigation and prosecution;
- explaining court attendance to survivors;
- providing prompt notification of court proceeding dates, times, and any changes;
- discussing the estimated timeline of the case;
- preparing survivors for testimony and estimating the amount of time they will be on the stand;
- preparing survivors and family members for disclosure of traumatic information in the trial (audio and video recordings, photos, etc.);
- cautioning survivors about the potential consequences of discussing the case with people outside the criminal justice system;
- ensuring survivors are aware of their rights, including the right to refuse to be contacted on behalf of the defense;
- preparing survivors on how to respond to inquiries from defense counsels/attorneys, investigators, and the media;
- informing survivors about the potential for a media presence in the courtroom and rules regarding the limitations on publicity regarding the survivor; and
- being mindful of the need to separate survivors from the offenders during any proceedings at the courthouse.

E. Court Procedure

(i) Initial Court Appearance

Going to court can be a very frightening experience for survivors. The initial appearance may be the first time the survivor has seen the offender since the assault. Offenders and sometimes their family members may attempt to intimidate the survivor. A trauma-informed, victim-centered approach recognizes the initial appearance is a critical emotional

moment for the survivor; the outcome of which may influence the survivor's desire to move forward. Prosecutors can support survivors by:

- discussing the advantages and disadvantages of the survivor's attendance at court proceedings;
- making sure they are informed about all the facts of the case if they are stepping in for another prosecutor;
- planning about where the survivor will be waiting before and during all court proceedings; and
- making sure that the survivor and the offender enter the courtroom at different times.

(ii) Trial Preparation

Utilizing a victim-centered approach, prosecutors recognize the need for survivors to be fully prepared for the realities of the trial process: the timeline, expectations upon the survivor, and the type of support from the prosecution team. It is extremely important to inform survivors of any continuances and other delays.

Prosecutors who involve the survivor in preparing their case empower the survivor and help improve the survivor's testimony. This preparation should include:

- asking the survivor if any dates need to be avoided;
- providing the survivor with advance notice of pre-trial motions;
- providing the survivor advance notice of trial dates;
- ensuring that the survivor is fully prepared and as comfortable as possible;
- providing courtroom orientation;
- encouraging the survivor to report to police any violations of no-contact orders and keeping a log of the violations;
- ensuring that any interpretation or communication needs of the survivor are prepared for before trial and ensuring victim presence during the trial;
- reminding the survivor that what she/he shares with family and friends is not privileged information and is subject to subpoena;
- explaining the right of privilege held by survivor advocates and encourage the survivor to use the advocates for emotional support;
- explaining to the survivor that the courtroom is open during the trial;
- considering the use of expert witnesses – interviewing them in advance and preparing them for testimony;

- issuing timely subpoenas to the survivor and witnesses;
- letting survivors know that they can ask to take a break and repeat or clarify questions that are confusing or that the survivor doesn't understand;
- preparing the survivor for all testimony and anticipated cross-examination; and
- explaining that a witness is required to simply answer questions and is not to give narrative answers or raise new topics.

3.5.2 *Scope of Responsibilities for Prosecutors Responding to Domestic and Sexual Violence*

- ✓ Evaluate the case for prosecution, considering all the merits and seriousness of the case as well as the interests of justice, needs of the survivor, and community safety
- ✓ Ensure a collaborative and thorough investigation of the facts and circumstances of the case
- ✓ Hold perpetrators of domestic and sexual violence accountable for their crimes
- ✓ Provide a victim-centered response
- ✓ Encourage specialization for Domestic and Sexual Violence prosecutors and facilitate vertical prosecution (one prosecutor from beginning to end)
- ✓ Increase the knowledge and expertise of all counsels who prosecute Domestic and Sexual Violence cases in the dynamics of Domestic or Sexual Violence and the laws
- ✓ Take the survivor's input into account throughout the process
- ✓ Meet with the survivor in-person to both evaluate the case and to share information
- ✓ Work in a coordinated and collaborative fashion with law enforcement, DSVRT, medical personnel, and crime lab
- ✓ Evaluate cases submitted by law enforcement
- ✓ Inform survivors of the case status from the time of the initial charging decision to sentencing
- ✓ Discourage case continuances
- ✓ Explain the reasons for continuances and seek mutually agreeable dates for hearings that are scheduled
- ✓ Arrange for interpreting services for survivors and witnesses when necessary to assist him/her in understanding questions and frame answers
- ✓ Bring to the attention of the court the views of the survivor on bail decisions, continuances, plea bargains, dismissals, sentencing, and restitution
- ✓ Pursue to the fullest extent of the law, those defendants who harass, threaten or otherwise attempt to intimidate or retaliate against survivors or witnesses
- ✓ Arrange for the prompt return of the survivor's property if it is no longer needed as evidence in court
- ✓ Seek no-contact orders as conditions of bail or own recognizance releases

- ✓ Include the survivor whenever possible in decisions regarding the filing of the case, the reduction of charges, plea bargain offers, dismissal, or other possible case dispositions
- ✓ Consult with the DSVRT, law enforcement, medical personnel, and survivor advocates in the furtherance of the prosecution of the case
- ✓ Notify the survivor of her/his rights regarding HIV testing of the defendant
- ✓ Refer the survivor to advocates for information regarding crime compensation from the state
- ✓ Advise the survivor of her/his right to have a support person and advocate present during interviews and in court
- ✓ Discuss the case with the forensic medical examiner and law enforcement before the trial date

NB: Refer to the ***DSVRT Prosecutor's Manual*** for other relevant law enforcement, investigation, and prosecution best practices and procedures.

3.6 Welfare/Support Services

Support services are an important component of care, but the survivor's consent has to be obtained first. However, any of the services listed below are relatively essential to the well-being, protection, and safety of the survivor.

This service is anchored on the principle of individuation- addressing every case as an individual case based on its peculiarity. Every individual case is different and should be treated as such. Hence, no two cases should be treated as the same. Some Domestic and Sexual Violence support services include:

- Social Welfare Services including child welfare, support, maintenance, and access
- Accommodation/Shelter for at-risk Adult and Child survivors of Domestic and Sexual Violence
- Legal Support for survivors including court orders, custody, divorce, etc.
- Empowerment programs and strategies for survivors
- Counseling and Psychosocial support for survivors of Domestic and Sexual Violence

3.5.1 Scope of Responsibilities

- ✓ Provide effective essential support services that meet the needs of the survivor
- ✓ Inform the client of all relevant procedures and practices
- ✓ Provide a victim-centered response
- ✓ Provide continuity of care-plan from the initiation stage to the finish
- ✓ Work within a multidisciplinary effort and work collaboratively with relevant organisations
- ✓ Ensure survivor sensitive care from all staff
- ✓ Initiate the coordinated team response
- ✓ Ensure that the client understands the process before proceeding with referrals
- ✓ Perform the initial assessment promptly
- ✓ Assess the client's understanding and needs
- ✓ Provide follow-up information including information to meet psychological needs, physical needs, health care, and information and referral
- ✓ Refer the client, as indicated in the protocol/referral pathway
- ✓ Work with the advocate to help the client identify personal supports for socioeconomic and emotional needs
- ✓ Maintain the competency of staff through continued training/education
- ✓ Provide peer review
- ✓ Provide measures for quality assurance
- ✓ Maintain confidentiality of records, photographs, and communications

PART 4
Protocol Referrals and Procedures

For purposes of this Protocol, the term ***Survivor*** shall refer to Domestic and Sexual Violence victims aged 18years and older, and every Sexual Violence victim under 18. Hence, every other **non-sexual** abuse and assault case involving victims under 18 shall refer to the Lagos State Child Protection manual in identifying appropriate services and resources. For Sexual Violence cases involving victims under 18 years, the DSVRT and the CPU of the Ministry of Youth and Social Development shall both have access to and share clients' records through an agreed upon integrated system. However, in providing services to anyone under the age of 18, the CPU and law enforcement shall be notified.

4.1 First Responders' Protocol for Responding To Domestic Violence



Figure 1: *Diagram of the Domestic Violence Responder Protocol, indicating the various Processes involved while responding to Incidents of Domestic Violence*

1. **Client Contact/ ASK ALONE:** It is important to build trust and unambiguously indicate that violence is unacceptable behavior and that the responsibility for it lies always on the perpetrator, and not on the survivor.

   The client is interviewed in private, and never in front of the alleged offender. However, in the quest of inquiry

   - Respect the client's right to privacy and confidentiality;
   - Ensure the client's safety; and
   - Enable the client to speak and disclose their experiences without fear of reprisals

2. **Accept/Believe the Story:** The story you hear may be so horrendous that it can seem hard to believe, but that does not mean that it has not happened. A survivor is most unlikely to make up an allegation of domestic violence.

   Survivors of domestic violence want to hold their family together, and they can find it difficult to disclose violence for a variety of reasons including:

   - Fear of not being believed;
   - The shame attached to violence being committed by someone you love;
   - Judgmental attitudes displayed by Law enforcement agents/family members;
   - Threats from the alleged offender to the woman and/or children; and
   - Concern for the future, especially for pregnant women.

   It is important to indicate to the survivor that you believe the story.

   Survivor Advocates and Responder Agents should adopt a non-judgmental attitude and provide empathy and support. Do not blame the victim or absolve the perpetrator from responsibility.

3. **Action / Call / Refer:** It is necessary to ensure that the survivor of violence receives all the necessary support so that she/he would be encouraged to accept assistance and take steps to ensure her/his safety.

   At this stage, necessary action is taken as regards the case which is solely determined by the peculiarity of the case and the survivor's choice.

Responders in relevant institutions must have a full grasp of the dynamics of domestic violence as well as accurate and concrete information as to where and how the survivor can be referred to other services and service providers in the state.

It is necessary to provide complete information about the actions, procedures, and their outcomes, as well as about the available resources for help and support to the survivor and other vulnerable family members.

In all cases, it is necessary to give the survivor detailed information about all the relevant agencies, resources, and services in the community providing assistance and security.

The responder proffers available resources and services for the client to decide. These include the resources and services of the responder/agency (when and where required), and appropriate referral to support services. Referral is an important component of care, but the client's consent must be obtained first.

IMPORTANT NOTE

It is important to note that throughout the process, responders/survivor advocates who come in contact with the survivor shall offer her/him assistance and support they are authorized to offer and shall ensure adequate repeated contact and monitoring.

For planning of services and protection measures for women victims of violence and other family members exposed to violence, the case conference shall be summoned. The case conference shall be scheduled by the case worker, unless agreed differently.

In agreement with the survivor, one of the following referral options/decisions can be utilized to ensure adequate assistance and develop a safety plan;

- Provide or assist the client to receive medical treatment if required.
- Refer to DSVRT/WAPA/MYSD for the client to access holistic support and care
- Refer to WAPA for empowerment/ psycho social support and shelter

- Refer to OPD/LPILP and any other relevant governmental and NGOs for legal support where necessary
- Refer to the Designated Health Care Facility or Sexual Assault Referral Centers if sexual assault is suspected/ reported.
- Refer to Police as appropriate. Explain that domestic violence is a crime and advise the client of her legal rights, namely to charge the offender with assault or to obtain an appropriate order (e.g restraining, protection, maintenance, and others as stipulated in the PADVL, 2015).
- When children are subject to, or at risk of physical violence, it is mandatory to notify the Child Protection Unit even while working with other child protection agencies.
- Refer to appropriate psychosocial support/ counseling services if this may be the case. Even if not directly abused, children can be traumatized by witnessing abuse.

All responders providing services and support to survivors of domestic violence shall carefully inform the survivors about the steps and measures taken, as well as the rights of the victim in each stage of the procedure and intervention.

4. **Document History:** Accurate, detailed records from the initial contact through the decisions and referrals are essential whether or not the client intends to take legal action at this time. Be aware that the documentation of injuries may provide medico-legal evidence in court.

   Details of the following should inform documentations:

   - Relevant locations including place of occurrence and place of residence.
   - Time of arrival.
   - Spoken language and dialect, and need for an interpreter.
   - Physical and emotional behavioral manifestations.
   - The history provided by the client regarding the assault or abuse.

- Own observations and whether this is consistent with the history given by the client.
- Any partner behavior which may indicate domestic violence, such as threats or always being present.
- Any involvement by Police or any other Responder Agency, and the name of the contact officer.
- The names and involvement of family and any other persons in attendance.

5. **Ensure Safety:** The safety of the client is crucial. The responder should ask the client if they fear for their safety or the safety of their children. Take all threats seriously. Respect any requests by the client not to see the abusive partner. If the woman or her children are in danger or feel unsafe, contact relevant state and non-state emergency accommodation services as well as explore other safe place options (including survivors' family, relatives, and friends) to ensure that they have a safe place to stay. Contact the Police if appropriate.

   Responders should also consider their safety. Internal security or police may be called to assist if necessary.

   Responders should avoid attempts to mediate or explain the violence. In domestic violence, the power between the parties is not equal and cannot be negotiated.

4.2 First Responders' Protocol for Responding To Sexual Violence

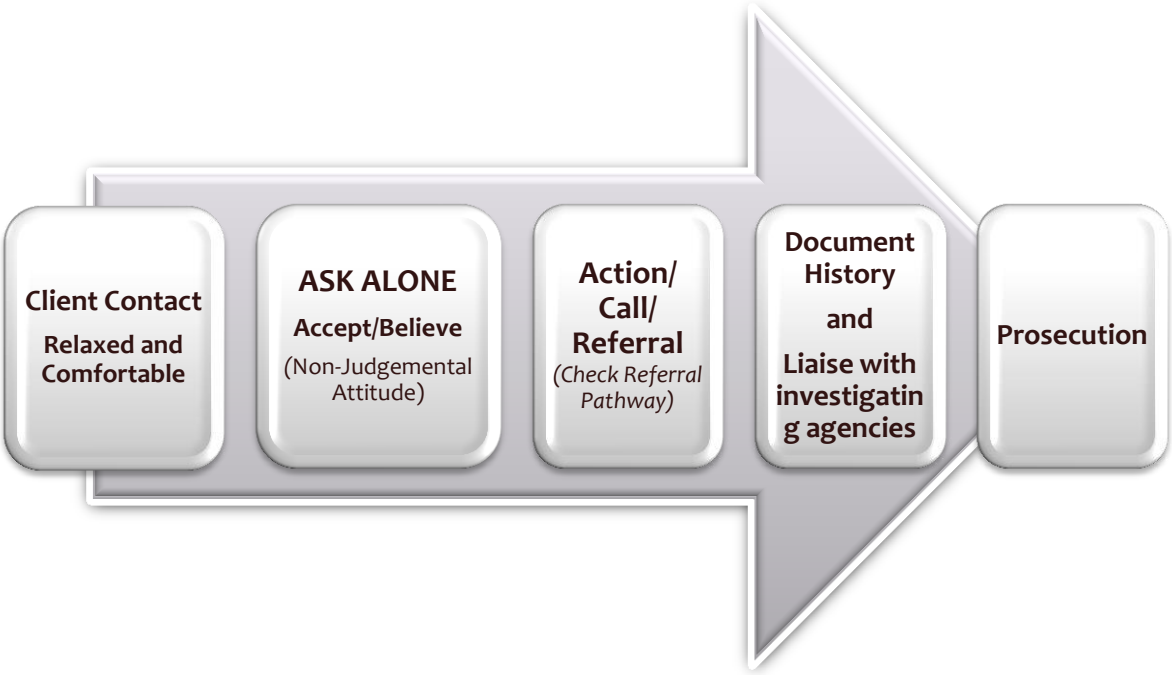


Figure 2: *Diagram of the Sexual Violence Responder Protocol, indicating the various Processes involved while responding to Incidents of Sexual Violence*

1. **Relaxed and Comfortable:** Ensure the Complainant/ Client is relaxed and comfortable to gain the confidence to speak/share her/his information and experiences with you. It is important to build trust and unambiguously indicate that sexual violence is an unacceptable behavior and that the responsibility for it lies always on the perpetrator, and not on the survivor. It is also important that the environment is conducive enough to ensure confidentiality.
2. **Ask alone:** Listen to the story. Be considerate and ready to believe the story without blaming the complainant/client. In the case of a child, record the child using a recording device with the consent of the parent/guardian as at when practicable. Use illustrative aids and a child-friendly environment (per the Lagos State Child Protection/Safeguarding Policy) to make document statements in the language of the child.

3. **Action/Call/Referral:** Medical care and examination is the first service in line. If the responder is not a healthcare provider, immediately refer the Survivor to the closest Health facility (Comprehensive Primary Health Care Centers, General Hospitals, Sexual Assault Referral Centers and other designated private health/medical facilities) for medical attention.

   Other referrals can be made concurrently or subsequently for the client's psychosocial welfare, safety, and protection, legal assistance, empowerment, etc.

   It is necessary to provide complete information about the actions, procedures, and their outcomes, as well as about the available resources for help and support to the survivor and other vulnerable family members.

   Other referral options and decisions include:

   - Refer appropriately to a designated Health care Facility when sexual assault is suspected/ reported.
   - Refer to DSVRT for the client to access holistic support and care
   - Refer to Police as appropriate. Explain that sexual violence is a crime and advise the client of her legal rights, namely to charge the offender with sexual assault.
   - Contact relevant emergency accommodation/shelter services to ensure that the survivor has a safe place to stay in case they are in danger or feel unsafe,
   - Notify the Child Protection Unit mandatorily, when children are subject to, or at risk of sexual violence;
   - Refer to appropriate psychosocial support/ counseling services if this may be the case. Even if not directly abused, children can be traumatized by witnessing abuse.

   In all cases, it is necessary to give the survivor detailed information about all the participants and services in the community providing assistance and security.

4. **Liaise with Investigating Agencies**: Work closely with the Police/DSVRT/OPD and other relevant Non-Governmental Organisations to ensure a thorough investigation, the suspect is arrested and case charged to court.
5. **Prosecution:** This is the stage where the perpetrator is held accountable and justice is served appropriately.

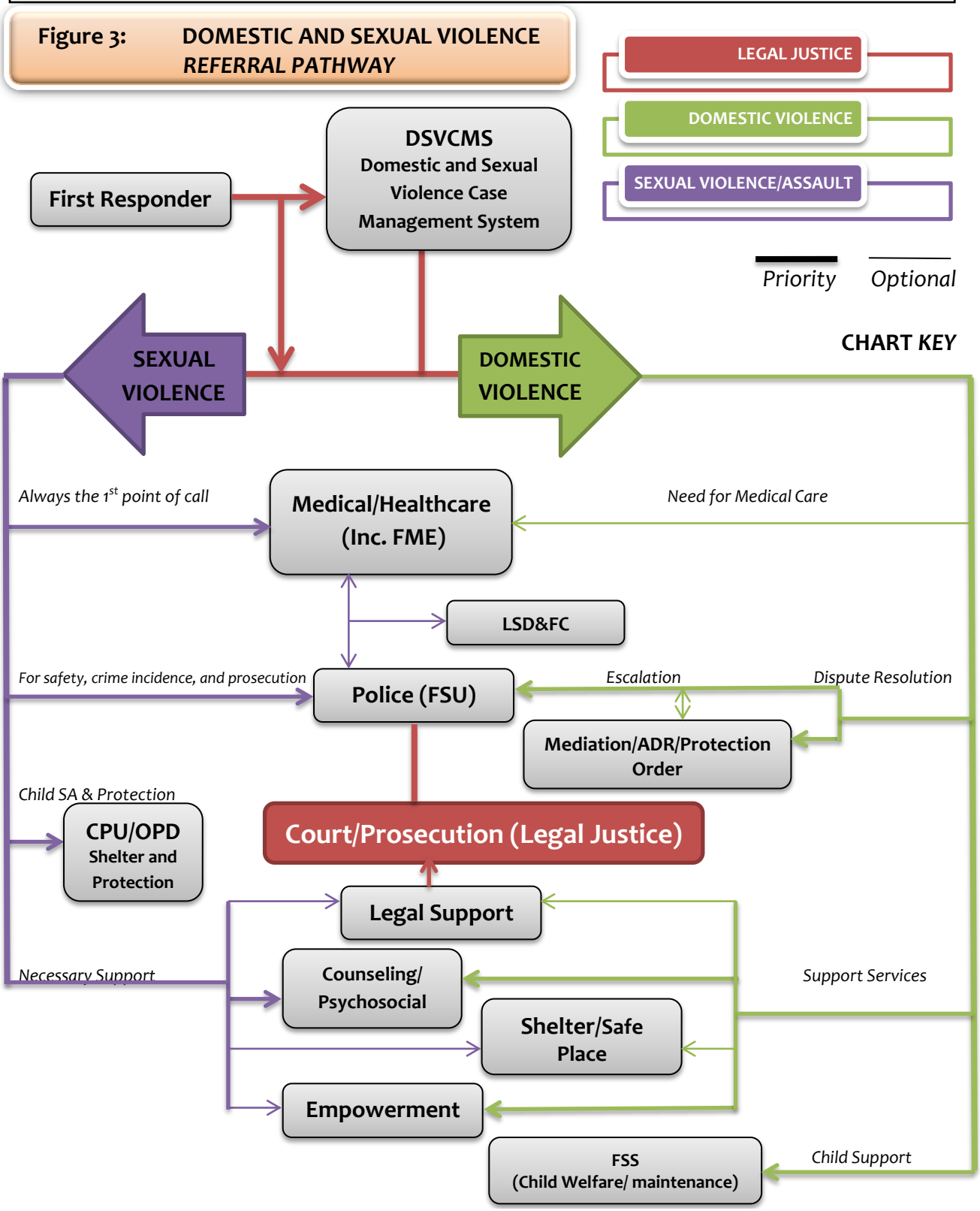


Figure 3: *Domestic And Sexual Violence Referral Pathway*

IMPORTANT NOTE

The referral framework herewithin is a flowchart representing Domestic and Sexual Violence referral services system. It is not hierarchical and it does not represent any organization.

4.3 Responders' Processes and Guidelines

A. First Responder and Advocacy

Advocacy refers to services provided by Survivor Advocates as described in this resource manual.

Regardless of the service being provided by an individual, institution/organization, or agency, when the responder is the first in contact/Initiation with a Survivor/Client, the responder becomes the "First Responder" and assumes the responsibilities of Advocacy as regards a particular case.

The role of the survivor advocate is to provide services to the survivors of Domestic or Sexual Violence regardless of whether or not the survivor chooses to participate in the criminal justice process. They play a very important role in providing a response that keeps the survivor central in the process, allowing the investigation and prosecution to be offender focused. Advocacy also has a critical role in promoting the healing process for the survivor. Survivor advocates provide ***crisis intervention, support, family advocacy, information and referral, and other ancillary services to assist the victim through the criminal justice process.*** The support provided by the survivor advocate also benefits the criminal justice process, because supported and well-informed survivors are more likely to continue through the process.

Advocates will operate under the established guidelines and will adhere to standard practices and procedures as outlined in the *scope of intervention above.*

Responsibilities of the survivor advocate in cases of domestic or sexual violence shall include:

- Being available to survivors and families via a 24-hour crisis line staffed by trained personnel
- In cases of Domestic Violence, providing Alternative Dispute Resolution (ADR)/ mediation services. This responsibility is **exclusively ascribed** to culturally-specific advocate or system-based advocate as described in the *section 3.1* of this manual**.**
- Providing services to survivors and families that are sensitive to the unique barriers and special considerations that diverse survivors encounter in reporting domestic sexual violence crimes
- Providing options to survivors so that they may make informed decisions
- Supporting survivors who choose to report to law enforcement by providing a link to eliminate barriers hindering the survivor's participation in the criminal justice process
- Maintaining survivor confidentiality
- Offering services to non-reporting survivors and assisting if and when the survivor decides to report
- Carry out any other relevant obligation within the scope of responsibilities

Survivors may also work with system-based advocates if the case progresses through the criminal justice system to the point of prosecution.

B. Police, Law Enforcement and Safety

This refers to the services provided by law enforcement agencies (*esp.* the FSU's).

The role of the investigating police officer at the designated Family Support Unit (FSU) is to ensure the **safety** of the survivor and the community and to ascertain if the report of domestic and sexual violence meets the elements of a crime under the existing Lagos State Laws and other relevant laws. Within their jurisdictions, law enforcement through the Gender unit / Family Support Unit of the police will investigate domestic and sexual violence crimes. Investigative responsibilities include:

- Identification, apprehension, and interrogation of the suspect(s)
- Interview of the survivor with an offender-focused and trauma-informed approach, which includes allowing an advocate to be present
- Interview of witnesses
- Collection and preservation of evidence
- Maintenance of chain of custody
- In cases of Domestic Violence, providing Alternative Dispute Resolution (ADR)/ mediation services, as per **system-based advocates**.
- Obtaining Protection Order for the survivor
- In cases of sexual assault, timely submitting sexual assault evidence collection kits to LSD&FC
- Review of LSD&FC lab reports as soon as possible after they are released to investigating agency
- Determination of probable cause and arrest
- Preparation of case reports with investigative summaries
- Assistance to the Attorney's office in the prosecution of the case
- Testimony and presentation of evidence in court
- Appropriate referral to other responder resources/services including shelter/safe place were necessary
- And other relevant obligation within its scope of responsibilities

Investigating officers will work with survivor advocates to ensure a survivor-centered response to the investigation and proper notification of case updates to survivors. Additionally, law enforcement officers will operate under the established guidelines and will adhere to standard practices and procedures as outlined in this *URPRP Resource Manual*.

Security and Safety need: When the situation indicates that the life and security of the survivor or other family members are in grave and immediate danger, it is necessary to

initiate activities by official duty. The knowledge of grave and immediate danger can be acquired based on the statement or behaviour of the survivor or other individuals, statements and behaviour of perpetrators, traces of violence, and insight on the spot.

The FSU/ Police officer, who in line of duty learns about the grave and immediate danger from violence, shall act in accordance with extant laws and take and initiate actions to protect the survivor against violence. In these cases, it is necessary to report, without delay, the knowledge of danger from violence to the police.

Indications of a grave and immediate danger from Domestic and Sexual Violence include one of the following or more often a combination of several, in particular:

- the threat of murder or suicide by the perpetrator;
- possession of weapons;
- divorce or departure, that is, separation from the violent partner,
- suicidal thoughts or behaviour of the victim;
- previous incidence of violence;
- existing mental illnesses, abuse of psychoactive substances;
- escalation of stalking or harassment of the survivor, her family or friends;
- jealousy;
- conflicts around custody of the child or the ways of maintaining personal relations between the child and the parent perpetrating violence in the family;
- a criminal history of the perpetrator, regardless of whether it is connected to the violence;
- existing court protection orders and a history of failure to comply with them;
- experience of fear with the survivor and her risk assessment of the violence occurrence or recurrence.

C. *Emergency Medical Services*

The emergency medical services provider's primary responsibilities for Domestic and Sexual Violence survivors will be focused on stabilizing physical injuries while acting with regard for the potential psychological trauma.

D. Forensic Medical Examination Procedures

The role of the Sexual Assault Forensic Examiner (SAFE) is to provide a timely, high-quality Forensic Medical Examination (FME) that can potentially validate and address sexual assault patients' concerns, minimize the trauma they may experience, and promote their healing. At the same time, it can increase the likelihood that evidence collected will aid in criminal case investigation, resulting in perpetrators being held accountable and further sexual violence prevented.

Medical forensic examinations shall be performed at designated Medical/Healthcare facilities including but not limited to all comprehensive Primary Healthcare Centers, Mirabel Centre, and Women at Risk Foundation (WARIF), and other approved Government Hospitals and SARCs. Forensic medical exams should be made available if the ***patient chooses to report, chooses not to report, or chooses to report anonymously.***

Forensic medical examinations shall be performed by a SAMP/SAFE trained in performing such exams.

Medical forensic responsibilities include but are not limited to:

- Obtaining informed consent from the patient for the forensic medical examination, documentation, and evidence collection
- Gathering and documenting the medical forensic history
- Conducting a thorough head to toe physical examination
- Coordinating treatment of injuries
- Documentation of biological and physical findings
- Collection of evidence from the patient
- Documentation of findings
- Providing information, treatment, and management for STIs, pregnancy, including Provision of post-exposure prophylaxis for HIV
- Provide psychological support
- Refer to other appropriate resources
- Follow-up as needed for additional treatment and/or collection of evidence.

- Present evidence in court

For child sexual assault at all Sexual Assault designated health/medical facility, the medical practitioner should:

- Know when to suspect and how to recognize cases of sexual abuse
- Recognize cases of sexual abuse and act appropriately
- Recognize urgent/life-threatening complications of sexual abuse and treat appropriately
- Collect required information and where necessary refer the child appropriately for a one-time forensic interview (at the core of this approach is reducing further exposure to series of interview sessions which could be traumatic for the child).
- Offer post-exposure prophylaxis against HIV (antiretroviral) starter pack and other emergency contraceptives.
- Carry out other relevant obligations within its scope of responsibilities (esp. notifying CPU for child protection and shelter).

D (i) Requests for Forensic Medical Examination

With the consent of the patient, forensic medical examinations can be performed at the request of:

- a law enforcement agency,
- the Office of the Attorney General,
- the Ministry of Youth and Social Development,
- Office of the Coordinator, DSVRT,
- the medical examiner or coroner's office,
- a hospital,
- other relevant Government Ministry or Agency.
- pursuant to a court order, or at the patient's request.

Medical forensic examinations may be requested 24 hours a day by using the following procedure:

✓ A referral/request letter or form

- ✓ Virtual referral/request prompt alert
- ✓ Call from Identified Authorized persons

NB: It is important to note that a request for FME entails that a designated health facility/SAMP conducts an FME and subsequently forwards the report to the requesting body. This action is specifically for prosecution. Hence, only the above agencies can "request" FME. However, all other responder agencies can refer to a designated health facility for FME.

D (ii) Costs of the Forensic Medical Examinations

The Lagos State Ministry of Justice through the Directorate of Public Prosecution (DPP) will bear the cost of Forensic and DNA analysis as well as the logistics cost for expert witnesses required to testify in court, while the Ministry of Health (MOH) and/or the Primary Healthcare Board (PHCB) will bear the cost of all treatment of Domestic and Sexual Violence survivours that present at their respective facility.

The Survivors shall not be responsible for any payment for forensic medical examination.

D (iii) Conduct of the Forensic Medical Examination/Biological Evidence Collection

A trained and certified Sexual Assault Forensic Examiner (SAFE)/ Sexual Assault Medical Personnel (SAMP) will perform the examination, assessment, and biological evidence collection.

Pursuant to the Lagos State Sexual Assault Standing Order, while there may or may not be physical injuries associated with sexual assault, the emotional and psychological impact can be devastating. The Sexual Assault Standing Order recognizes and addresses this while attempting to preserve and protect evidence for possible use in the prosecution of the perpetrator. SAFE/SAMP responding to sexual assault patients will adhere to the established steps outlined in the Lagos State Sexual Assault Standing Order indicated in the diagram below.

Furthermore, in the collection of biologic evidence for Sexual Assault cases, the medical practitioner will collect biologic samples at the request of a patient, in accordance with

currently accepted protocol response (as stipulated in the Lagos State Sexual Assault Standing Order, 2016), to obtain timely biological reference samples for possible analysis at the LSD&FA Lab. After the sexual assault medical forensic examination, any evidence collected will be packaged and protected in a manner to ensure the integrity of specimens and the appropriate chain of custody of the evidence.

All biological samples, fluids, hairs, and other evidence requiring LSD&FC Laboratory analysis will be given directly to the case investigator for processing using a proper chain of evidence.

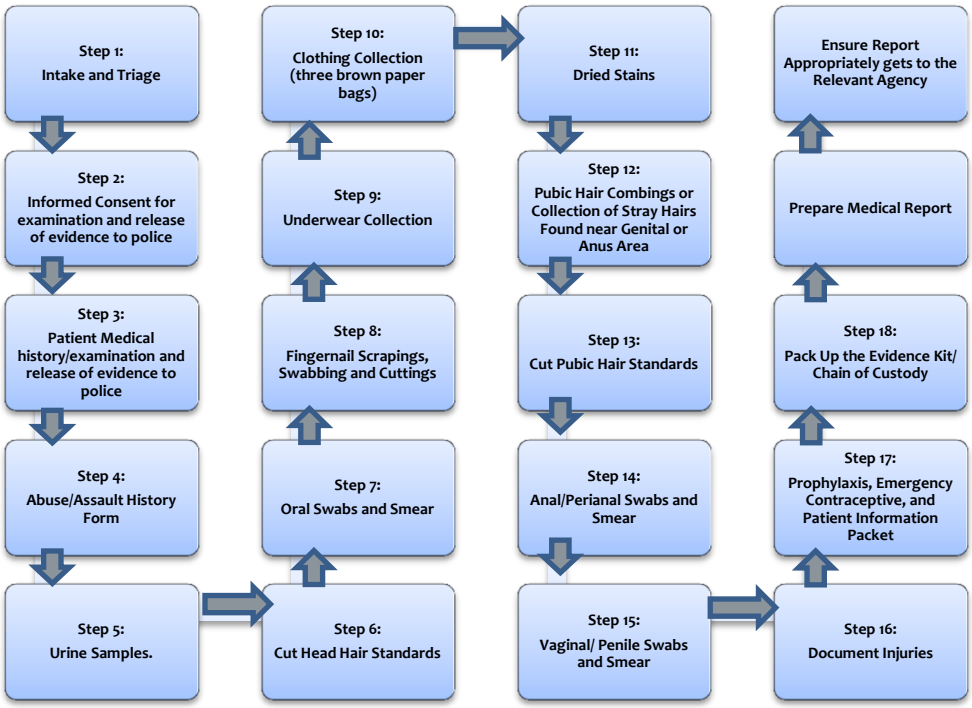


Figure 4: *Summary Steps in conducting Forensic Medical Examinations (FME) AND Biological Evidence Collection in Cases of Sexual Assault.*

All biological evidence collected at the request of a patient who chooses not to initiate and participate in and/or cooperate with a law enforcement investigation shall be preserved.

FME and biological evidence collection should be completed as quickly as possible after a report is received.

FME and biological evidence collection shall be conducted in accordance with the LSD&FC Laboratory procedures using the Lagos State Sexual Assault/Rape Kit. It is also recommended that medical forensic exams be conducted in accordance with the existing *Lagos State Sexual Assault Standing Order*.

A trained survivor advocate will be available to accompany the survivor/patient and offer emotional support during the examination. ***The advocate will at no time ask the survivor/patient questions related to the details of the assault***.

The Sexual Assault Medical Practitioner (SAMP) will complete appropriate authorizations relating to the examination.

The Sexual Assault Medical Practitioner (SAMP) will maintain and document the chain of custody of any evidence collected during the examination and assessment.

The Sexual Assault Medical Practitioner (SAMP) will adhere to the standard practices as outlined in this *URPRP Resource Manual* and other guidelines contained in the extant *Lagos State Sexual Assault Standing Order.*

E. Hospitals Receiving Walk-In Reports of Sexual Assaults

Hospitals receiving patients reporting incidents of domestic and sexual assault shall immediately contact law enforcement.

Survivor/Patients will retain the right not to initiate, participate in, and/or cooperate with any law enforcement investigation of such assault. However, it is mandatory for minors.

Hospital emergency department personnel shall timely notify DSVRT of the incident including which law enforcement agency is responding.

F. Prosecution

Prosecutors will operate under the guidelines established *by The Lagos State Investigators and Prosecutor's Manual*.

A survivor must be accompanied by a survivor advocate at any attended court proceeding.

Prosecutors and prosecution based advocates will adhere to standard practices as outlined in the *URPRP Resource Manual*.

G. DSVRT Multisectoral Coordinated Response/ DSV Case Management System

All Responder agencies working in the thematic areas will adhere strictly to best practices as outlined in the *Domestic and Sexual Violence URPRP Manual.*

Members of the DSVRT and other Responder agencies will meet occasionally for case review, discussion, and evaluation to assure the coordination and cooperation between all agencies responding to DOMESTIC and Sexual Violence cases in Lagos State.

There will be a Case Management System, that synchronizes Domestic and Sexual Violence Information inputted from the various accredited responder agencies.

This case management system shall be managed by the Lagos State DSVRT, geared towards better Domestic and Sexual Violence case coordination and accountability.

H. Adult Accommodation/Shelter Services and Child Protection

When, based on the interview or contact with survivors of domestic and sexual violence, it is obvious that the survivor, the children, or other vulnerable family members are exposed to domestic or sexual violence or at-risk, responders shall refer to any of the outlined resources below for shelter and accommodation.

- Ministry of Women and Poverty Alleviation (WAPA),
- Designated Domestic Violence Shelters (Government and Private),
- Child Protection Unit (CPU) in cases of child abuse.

I. Empowerment

When, based on the contact with survivors of domestic violence, it is obvious that the survivor is in dire need of empowerment, they shall be referred to Relevant Governmental Agencies including:

- Ministry of Women and Poverty Alleviation (WAPA);
- Domestic and Sexual Violence Response Team (DSVRT); and
- Other relevant NGOs/CSOs/FBOs.

However, the empowerment interventions for domestic violence survivours should address various levels of intervention including individual, organizational, and social.

Regarding the individual, the responder agency should have in mind specific and complex needs of domestic violence survivors taking into consideration an increase of the survivor's knowledge, coping strategies, and self-management as well as how to achieve wellness and social inclusion in everyday life.

Furthermore, to be effective, empowerment training should be tailor-made and should contain modules on self-esteem, assertiveness, relaxation, and personal wellness plan.

Tailor-made empowerment intervention usually equips the individual with an instrument of self-determination, provides competency awareness, and strengthens self-esteem. Sometimes it triggers the decision of disclosure which might be a starting point to abandon abusive relationships.

J. Legal assistance

The services of a Legal practitioner will be needed when, based on the contact with survivors of domestic and sexual violence, it is obvious that the survivor is in dire need of any of the legal assistance listed below. Hence, the survivor shall be referred appropriately.

If the client is indigent, or economically disadvantaged (as most often economic avenues are cut off), this service shall be provided by the Office of the Public Defender/Lagos Public

Interest Law Partnership (LPILP) or other legal practitioners that offer pro-bono services hence, referrals should be made. Some legal services often associated with Domestic and Sexual Violence cases include but not limited to:

- Filing of Petition to obtain and enforce pursuant to the law any of the Court Orders applicable as stipulated in the PADVL, 2015
- Filing for Custody and child maintenance
- Civil Compensation
- Court Representation
- Petitions
- Filing for Judicial separation/Divorce

K. *Family/Welfare Support*

The various units of the Family Social Service (FSS) of the Ministry of Youth and Social Development (MYSD) are charged with the responsibilities of responding to issues that border on paternity dispute and denial, child maintenance and access, social enquiry/ assesments, child beyond parental control, a child in conflict with the law, and other related matters.

The services of the FSS units will be required when, after all engagements with survivors of domestic or sexual violence, it is obvious that the welfare of the child(ren) or other vulnerable family members are at risk. It is necessary to refer the case to the Family Social Service (FSS) of the Ministry of Youth and Social Development (MYSD) for social support including welfare, child maintenance, and access. Hence the survivor shall be referred appropriately.

However, the FSS units will ensure that:

- In all considerations, the best interest of the Child(ren) is paramount as stipulated in section 1 of the Lagos State Child's Rights Law (CRL), 2015

- The dispute or unresolved differences between both parents do not obstruct the well being of the child(ren), including upkeep, education, accommodation, maintenance, health, etc.
- The position of maintenance and access to the child(ren) is attended to and dealt with appropriately as may be agreed by both parties or the court.
- Necessary follow-ups are activated, to ensure compliance.
- All structures and plans initiated are sustainable and adequate.

L. Forensic Investigations and Analyses Procedures

The role of the Forensic Investigator (FI) and Forensic Scientist (FS) is to provide timely, high-quality Forensic Investigation and Analyses support that can potentially lead to the resolution of sexual assault and domestic violence cases.

The FI from LSD&FC will respond to Police or other authorized stakeholder requests for assistance in crime scene investigation and processing to ensure that the crime scene is processed professionally, and evidence is collected appropriately and transferred to LSD&FC under chain-custody for analysis by the FS.

LSD&FC shall be responsible for all Forensic analyses. All Forensic Analyses shall be performed at LSD&FC or at an alternate crime laboratory that is ISO 17025 accredited. The alternate laboratory shall be designated by LSD&FC when indicated.

Forensic Investigations and Analyses shall be performed by investigators and scientists that are qualified and certified in relevant disciplines.

L (I) Responsibility and Conduct of Forensic Investigations

When invited, a well-trained LSD&FC Crime Scene Investigator (CSI) will assist the Nigeria Police to perform crime scene investigations and collect evidentiary items concerning domestic violence and sexual assault. The CSI shall maintain the Chain-of-Custody until all items are handed over to the crime laboratory for analysis.

The Forensic Investigator's responsibilities shall include but are not limited to:

- Respond to calls for help with crime scene investigation.
- Provide personal protective equipment and crime scene investigation tools and consumables.
- Process and document the crime scene within 24h of receiving a call for assistance.
- Collect and package evidentiary items.
- Transport the evidentiary items under a chain of custody to LSD&FC.
- Secure storage of the evidentiary items until transferred to a Forensic Case Manager.
- Collection of reference DNA samples from suspects.
- Testify as an expert witness in court.

L (II) Responsibility and Conduct of Forensic Analyses

A well-trained and qualified LSD&FC Forensic Scientist will perform all forensic evidence examinations, forensic serology, and forensic DNA analyses to support domestic violence and sexual assault investigations.

The Forensic Scientist's responsibilities shall include but are not limited to:

- Assessment of Sexual Assault Kits and all evidentiary items received from the Nigeria Police, Medical Forensic Examiner, and Forensic Investigator.
- Examine evidentiary items using standard forensic evidence examination procedures established at LSD&FC under their ISO 17025 accreditation.
- Perform forensic serology and forensic DNA analyses as appropriate on probative samples.
- Prepare forensic serology and/or forensic DNA reports.
- Submit a report to the Investigating Police Officer and Attorney General, Lagos State Ministry of Justice.
- Testify as an expert witness in court.

L (III) Requests for Crime Scene Investigation

Crime scene investigation will be performed if requested by the following:

- a law enforcement agency,
- the Office of the Attorney General, and
- pursuant to a court order.

Crime scene investigation may be requested 24 hours a day by calling the LSD&FC dispatch line. *0809055524745*

L (IV) Requests for Forensic Analyses

Forensic Analyses of evidentiary items will be performed if requested by the following:

- a law enforcement agency,
- the Office of the Attorney General,
- the Ministry of Youth and Social Development (MYSD)
- Office of the Coordinator, DSVRT,
- the medical examiner or coroner's office,
- a hospital,
- relevant Lagos State Government Ministry or Agency, and
- pursuant to a court order.

L (V) Procedure for requesting Forensic Analyses

- Collect and package all physical evidentiary items using the protocol recommended by LSD&FC.
- Complete the LSD&FC Forensic Case Submission form (LSDFC Form For 002).
- Call 0809055524745 or email: info@lsdfc.org to notify LSD&FC that evidentiary items will be submitted. The call should indicate the submission date and approximate time of submission.

L (VI) Costs of the Forensic Investigation and Analyses

Survivors shall not be responsible for payment for crime scene investigation and forensic analyses. The Lagos State Government through a relevant Ministry or Agency shall be responsible for all costs associated with crime scene investigation and forensic analyses.

M. Counseling /Psychotherapy

When, based on the interview or contact with survivors of domestic and sexual violence, it is obvious that the survivor, the children, and/or other vulnerable family members are exposed to domestic violence, it is necessary to refer for counseling or psychotherapy as the case may be. Counseling and therapeutic sessions help facilitate quick recovery and healing for survivors from traumatic experiences, unveiling better ways and strategies to deal with the crisis.

This service will be made available to:

1. Survivors of Domestic and Sexual Violence

2. Perpetrators who are open to receiving counseling
3. Children who have experienced or are exposed to Domestic and Sexual Violence
4. Significant others and witnesses directly or indirectly exposed to Domestic and Sexual Violence

4.4 Processes and Procedures for Response In Primary and Secondary Schools

- ***The Legal Standard for Reporting Child Abuse Concerns***

The Lagos State Government mandates all staff, teachers, and counselors at any school to file a report when they have **reasonable cause** to suspect abuse or neglect. This is an extremely low legal threshold. Mandated Reporters do not have to wait until they become very sure or they have conclusive evidence.

However, all staff, teachers, and counselors in schools must keep in mind that they **are not** required to determine whether abuse or neglect **has actually occurred**. The police, medical/healthcare practitioners, and welfare officers are responsible for investigating reports of abuse and neglect and for determining how each case will progress. School staff, teachers, and counselors must however make a report whenever they **suspect** that abuse or neglect **may have occurred**.

It is also important to note that every staff, teacher, and counselor in schools is considered a mandated reporter. However the Lagos State Safeguarding and Child Protection Policy, 2016 establishes that all schools must have a Designated Child Safeguarding/Protection Officer (DCSO) who has lead responsibility for child protection issues in the school and regularly provides child protection advice to all staff, teachers, and counselor in the school.

- ***Liability for failure to report***

If school responders fail to file a report of suspected abuse or neglect, it shall be regarded as gross misconduct and subjected to disciplinary action.

Pursuant to the Executive order on Sex Offenders Register and Mandated Reporting Programme, 2014, and Section 98 of the Criminal Law of Lagos State, 2015 as amended,

responders may also be subject to both civil and criminal liability. In a civil action, they may be held liable for **all damages that any person suffers** due to failure to file a report. In a criminal action, the Individual may be found guilty of a **misdemeanor punishable by imprisonment for up to 2 years.**

Also liable are school responders, notifying supervisors, or other agency administrators who **DO NOT** satisfy their legal obligation to file a report with the Child Protection Unit (CPU) or other relevant agencies.

- ***There are NO excuses for failing to report***

School responders may believe that filing a report will not lead to any benefit to the child involved; filing a report may actually place the child at an increased risk of abuse or neglect; or feel uncertain that abuse or neglect has actually occurred. Such concerns of any nature DO NOT discharge school responders' legal obligation to file a report. Such concerns WILL NOT protect school responders from liability for failing to report.

- ***CANNOT be "punished" for filing a report***

When school responders file a report in good faith, they cannot be held liable to any person for any damages they may suffer. The school responders are also immune from any criminal liability that could otherwise result. **When a school responder files a report, he/she is PRESUMED to have acted in good faith.** An aggrieved person would have the burden of proving that the school responder made a report for some reason unrelated to the well-being of the child who was the subject of the report. An aggrieved person cannot meet this burden if the filing is motivated by the school responder's concern for a child's well-being.

Further, school responders cannot be dismissed or otherwise penalized within their agency for making a report required by the Law or for cooperating in an investigation.

- ***School Responder's Identity will be Kept Confidential***

When a school responder files a report with the CPU or other relevant agency, his/her identity will not be shared with any person unless the school responder agrees in writing to

that disclosure or a judge orders such disclosure. The school responder's identity may be disclosed to a child protection agency or a law enforcement agency that is investigating the alleged abuse. Any concerns that a parent may discern the responder's identity DOES NOT discharge the responder's obligation to file a report.

4.4.1 Reporting Procedures

When school responders have concerns about a child's welfare; See a child being abused; observe signs of abuse in a child or a child reports being abused:

They must respond to the child's needs:

- Listen to the child;
- Ensure the child is safe from immediate harm;
- Take their disclosure seriously;
- Reassure that you will take action to keep them safe;
- Do not promise confidentiality;
- Inform them of what you are going to do next;
- Do not question further or approach/inform the alleged abuser;
- Attend to any physical or emotional distress in the child;
- Take the child to an approved Medical/Health Facility as appropriate; and
- Call the police if the child is in immediate danger.

Immediately Discuss Your Concerns with the Designated Child Protection/Safeguarding Officer (DCSO) or Line Manager:

- Who will consider further actions required
- Have consultations with appropriate agencies (esp. Lagos State Child Protection Unit, Child Abuse line-0907-733-3426, 0817-243-7792, and DSVRT on 0813-796-0048)

IMPORTANT NOTE

Concerns, discussions, decisions and reasons for discussions should be recorded in writing by receiving responder agency or organization.

4.5 Procedures for Post-Secondary Colleges and Tertiary Institutions

When Sexual Violence incidence occurs within the jurisdiction and confines of any of the school facilities (including school premises, in & off-campus hostels) survivors, mandated reporters, and other witnesses report to the Students' Affairs Unit or any other similar unit set up in educational institutions to monitor and interact with the affairs and operations of students. This is regarded as the initial contact with the survivor and as such a very important stage in determining the outcome of the entire process. It is expedient that Institutions through the Dean of Students' Affairs (DSA) set up a specialized response unit to oversees cases of Sexual Violence within its jurisdiction.

Practitioners at this point should have a stream of referral options to fetch from in the course of responding to sexual violence cases. It is very important at this point to consider the application of principles and standards; the most important being **individuation** – *having in mind that every situation is different from the other and as such should not be treated as the same.*

Immediate reporting is strongly advised for the purpose of evidential materials, however, survivors may disclose an incident of sexual violence at any time. This disclosure may come right after the incident or days, weeks, or even months later. The team will need to be prepared to respond to both immediate and delayed disclosures and incidents perpetrated by acquaintances or strangers.

The first task for the unit members is to ensure that the survivor is safe and receives the necessary medical attention and crisis support. In cases of a recent assault, the survivor should be informed that medical evidence must be collected within 72 hours after a sexual assault. If a survivor is unsure of involving the police, evidence can be collected and stored at a sexual assault/domestic violence treatment centre for up to six months. Survivors should be informed that there is a short time frame within which to conduct drug testing in the case of a suspected drug-facilitated sexual assault.

Primary functions for the unit also include:

- Helping the survivor decide to formally report the incident. This should include an explanation of the criminal justice system proceedings or the institution's disciplinary process
- Helping the victim develop a safety plan
- Providing referrals to counseling, peer groups, and other campus and community services
- Supporting a requested change in residence or campus housing
- Facilitating academic considerations, such as extensions on assignments, a request to drop a class, or continue studies from home.

If requested, the team members may also assist the survivor in contacting family members or friends.

Safeguarding the confidentiality of the survivor is critical throughout this process. Referrals to services or requests for accommodations should not be dependent on the survivor's disclosure of the details of the incident.

This is also considered as the stage of initiating referrals. Hence, after interviewing the survivor, following a sequential manner, the survivor should be referred:

1. For medical assistance at the School Health Facility/ Designated Health Facility
2. To the School Security for Security and Protection as well as to investigate and apprehend the alleged perpetrator.
3. For counseling and psychosocial support at the school Counseling Unit
4. To DSVRT for further response and prosecution.

PART 5
General Considerations

5.1 Rights of Survivors/Clients Using Support Services

Persons experiencing domestic and sexual violence that approach your organization to access services have a right to:

- Have control over their lives and always have the choice of accepting information.
- Be acknowledged as being in the best position to understand and express to the support service worker(s) their need for assistance.
- Privacy and confidentiality with regards to client information.
- Be treated by all support service workers with compassion and courtesy and with due respect for their rights, dignity, and well-being.
- Expect reliable assistance, of high quality which is legally and in some instances culturally appropriate.

5.2 Accreditation of NGOs/CSOs and their Services

All Non-governmental Organizations and Civil Society Organizations providing direct or indirect services for survivors of Sexual and Gender-Based Violence must be duly verified and registered with the Mnistry of Women Affairs & Poverty Alleviation, Ministry of Youth and Social Development, Mistry of Health and Ministry of Education as applicable. Their details would be included in the existing DSVRT's directory of relevant service providers at no cost. This process is to ensure the authenticity of the responder agency and its services regarding Domestic and Sexual Violence in the State. Hence, the requirements hereinunder should be met and as such be provided for an organization to be listed on the Lagos State Directory of Service Providers:

1. The organization must be registered with the Corporate Affairs Commission, the state(s), and local government as the case may be. They must also have a certificate from the Special Control Unit on Money Laundering (SCUML) as may be applicable.

2. The management and staff of the organization directly interfacing with children must have signed up to a Child Protection Policy as provided for by the Executive Order on Lagos State Safeguarding and Child Protection Programme, 2016.

3. Evidence of all staff of the organizations having signed the recommended non-disclosure agreement on joining the organization as staff and volunteers.
4. The organization should provide at least one service in one or more sectors having direct relevance to the protection of the rights of persons/individuals. Such sectors include health, education, human rights, justice, psycho-social welfare, shelter, legal aid, and economic well-being.
5. The organization should be able to demonstrate its capacity to provide its specified relevant service(s) as regards Domestic and Sexual Violence.
6. The organization must show evidence of service provision.
7. The organization should have strong communication channels: this includes a known verifiable physical address, website, emails, at least one social media handle, and a hotline.
8. The organization should have qualified professionals/staff in the area of service delivery.

5.3 Trainings and Orientation for Domestic and Sexual Violence Responder Groups

Regular training and professional development help build knowledge and expertise to respond to domestic and sexual violence.

Training for responder group/unit members should cover:

- Best practices for supporting survivors and responding to incidents of Domestic and Sexual Violence
- Emerging issues in Domestic and Sexual Violence
- Innovations in Domestic and Sexual Violence prevention
- Promising practices in the development of Domestic and Sexual Violence policies and protocols

Furthermore, trainings should facilitate knowledge-sharing among group/unit members and between the responder agencies and community services.

Involving grassroots stakeholders in trainings offers the opportunity to discuss community-specific issues and community concerns about the effects of domestic and sexual violence in

communities. Creating opportunities for sharing information between institutions will further build group/unit/teams' expertise.

5.4 Media Interaction

When engaging survivors and responding to an alleged case of Domestic or Sexual Violence, responder agencies are obliged to avoid every form of publication on any media platform not in conformity with the Code of Ethics for NGOs/CSOs or until the suspected case has been established.

A case is established when the suspect has been convicted by a court of competent jurisdiction.

Responders who must engage the media regarding Incidents of Domestic and Sexual Violence should be appropriately trained on the dynamics of Domestic and Sexual Violence and media interactions prior to any media engagement.

5.5 Records of Data/Information on Cases of Domestic and Sexual Violence

All responder agencies shall accurately keep records of cases of Domestic and Sexual Violence in accordance with extant laws.

All responder agencies shall accurately input data/records of cases of Domestic and Sexual Violence into Domestic and Sexual Violence Case Management System (DSVCMS), which will be collated and forwarded to the Lagos Bureau of Statistics.

Additionally, the DSVCMS will be a Case Information/Data Management System, that synchronizes Domestic and Sexual Violence Information inputted from the various accredited responder agencies. For Sexual Violence cases involving victims under 18 years, DSVRT and CPU of the Ministry of Youth and Social Development (MYSD) shall both have access to and share clients' data/records through an agreed upon integrated system. To avoid duplication of data there would be a synchronization of records/data between the DSVCMS and the Child Protection Information Management System (CPIMS) as it concerns child sexual abuse.

The DSVRT shall oversee the effects of procedures in cases of Domestic and Sexual Violence and ensure data processing as well as their availability to the public.

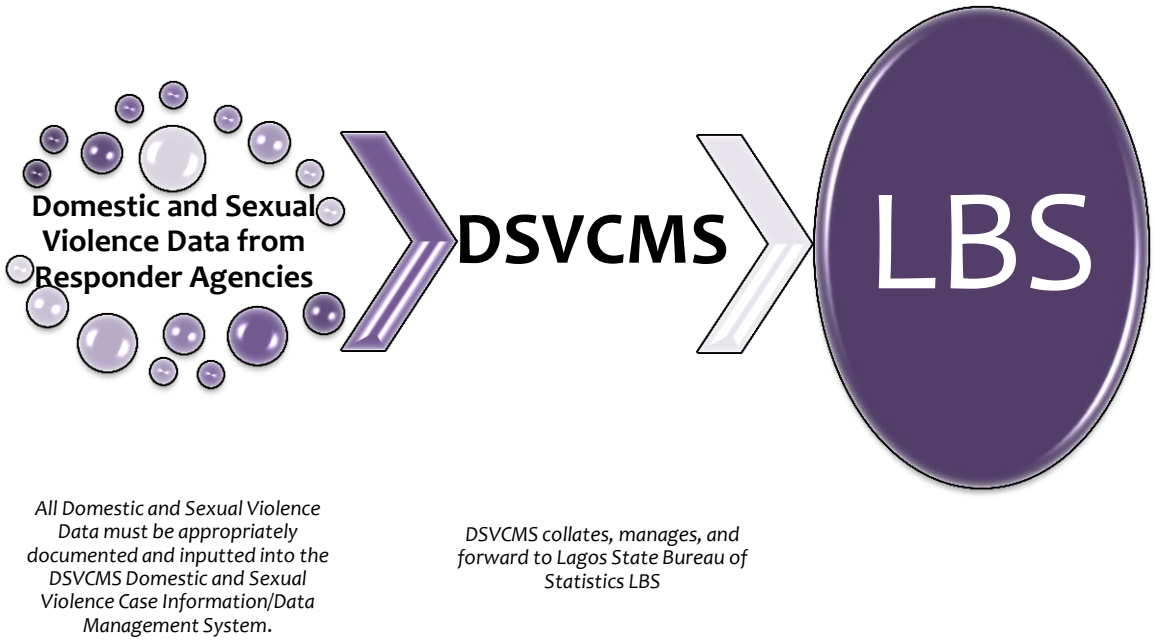


Figure 5: *Framework of Domestic and Sexual Violence Case Information/Data management Systems*

Annexures

Annexure 1: Directory of Relevant Government Agencies

List of Relevant Government Agencies

1. Citizens Mediation Centre (CMC)
2. Directorate of Citizens' Rights (DCR)
3. Domestic and Sexual Violence Response Team (DSVRT)
4. Lagos State Child Protection Unit (CPU) - MYSD
5. Lagos State Judiciary
6. Lagos State Office for Disability Affairs (LASODA)
7. Lagos State Primary Healthcare Board (LSPHCB)
8. Lagos State Universal Basic Education Board (SUBEB)
9. Ministry of Education (MOE)
10. Ministry of Health (MOH)
11. Ministry of Women Affairs and Poverty Alleviation (WAPA)
12. Ministry of Youth and Social Development (MYSD)
13. Office of the Education Quality Assurance (OEQA)
14. Office of the Public Defender (OPD)

Contact Directory

S/N	Institution	Contact Details
1	**Citizens Mediation Centre (CMC)**	**Address** 7, L J Dosunmu Street, Opposite Beehive School, Opposite African Shrine, CBD, Alausa-Ikeja, Lagos. **Website** www.lagosministryofjustice.org/offices/citizens-mediation-centre **Email** info@cmc.com.ng **Telephone** 01:8790586 0811-816-1620
2	**Directorate of Citizens' Rights (DCR)**	**Address** 1st Floor, Ministry of Justice Block 2 The Secretariat, Alausa- Ikeja **Website** www.lagosministryofjustice.org/directorates/directorate-for-citizens-rights **Email:** lsgmojcitizensrights@yahoo.com **Telephone:** 08029293003 **Hotline:** 0802-120-6546

3	**Lagos State Domestic and Sexual Violence Response Team (DSVRT)**	**Address** The Secretariat, Alausa- Ikeja **Website** www.dsvrtlagos.org **Email** info@dsvrtlagos.org **Telephone** 0813-796-0048, 0906-288-7857 **Tollfree:** 0800-033-3333 **Shortcode:** *Send "HELP" to 6820* **or** *Dial *6820#*
4	**Lagos State Child Protection Unit (CPU) – MYSD**	**Address** Block 18, The Secretariat, Alausa- Ikeja **Website** https://youthandsocialdevelopment.lagosstate.gov.ng **Telephone** 0907-733-3426, 0817-243-7792
5	**Lagos State Judiciary**	**Address** Head, Family Court Lagos State High Court, Ikeja **Website** https://lagosjudiciary.gov.ng
6	**Lagos State Office for Disability Affairs (LASODA)**	**Address** L, Block, Behind Ministry Of Justice,The Secretariat, Alausa, Ikeja **Website** www.lasoda.org.ng/ **Email** contact@lasoda.org.ng **Telephone** 0802-750-5108, 0802-758-0201, 0908-456-8180
7	**Lagos State Primary Healthcare Board (LSPHCB)**	**Address** 5,Taylor Drive, off Edmund Crescent, Yaba Lagos. **Website** www.primaryhealthcare.lagosstate.gov.ng **Email** phcb@yahoo.com **Telephone** 0818-331-0819.

8	**Lagos State Universal Basic Education Board (SUBEB)**	**Address** Maryland Schools Complex Ikorodu Road Maryland, Maryland, Lagos. **Website** www.subeb.lagosstate.gov.ng **Email** info@lagosstate.gov.ng **Telephone** +234-1-898-6762
9	**Ministry of Education**	**Address** Block 5, The Secretariat, Alausa- Ikeja **Website** www.education.lagosstate.gov.ng **Email** info@lasgmoed.com **Telephone** 0803-222-1979, 0805-246-5288, 0803-319-5157
10	**Ministry of Health (MOH)**	**Address** Block 4, The Secretariat, Alausa- Ikeja **Website** www.health.lagosstate.gov.ng **Email** info@lagosstate.gov.ng **Telephone** 0805-226-0896
11	**Ministry of Women Affairs and Poverty Alleviation**	**Address** Block 18 The Secretariat, Alausa- Ikeja **Website** https://wapa.lagosstate.gov.ng **Email** wapa@lagosstate.gov.ng **Telephone** 4979030-9, 0808-575-3932, 0810-267-8442, **Helplines:** 0808-575-4226, 0808-559-4141, 0817-014-1401, 0810-267-8443
12	**Ministry of Youth and Social Development (MYSD)**	**Address** Block 18, The Secretariat, Alausa- Ikeja **Website** www.youthandsocialdevelopment.lagosstate.gov.ng **Telephone** 0805-590-2175, 0818-305-0639

13	**Office of the Education Quality Assurance (OEQA)**	**Address** Block 5, The Secretariat, Alausa- Ikeja **Website** www.lagoseduqa.com **Email** info@lagoseduqa.com, support@oeqalagos.com **Telephone** 0808-808-4340, 0701-664-7415 **Helpline:** 0808-326-7419 (24hrs)
14	**Office of the Public Defender (OPD)**	**Address** 2/8 Iyun Street, Stadium/Barracks Bus Stop, Surulere **Website** www.opd.lagosstate.gov.ng **Email** opdlagos@yahoo.com, opdlagos@gmail.com **Telephone** 08129460800 **Toll-Free:** 0708-060-1080

Annexure 2: Directory of Relevant Non-governmental Organizations (NGOs) and Civil Society Organizations (CSOs)

List of Accredited NGOs/CSOs Providing Survivor Services

1. Action Health Incorporated (AHI)
2. Acts Generation
3. African Women Lawyers Association (AWLA)
4. Amazing Amazon
5. Attitude Development International
6. Bimbo Odukoya Foundation
7. Cece Yara Foundation
8. Cee-Hope Nigeria (Heart of Hope Shelther)
9. Centre for Children's Health Education Orientation and Protection (CEE - HOPE)
10. Centre for Community Youths Advocacy (CCYA)
11. Centre Sex Education and Family Life
12. Child Protection Network
13. Child to Child Network
14. Christianah Fate Foundation
15. Community Women's Rights Foundation, Igbogbo, Ikorodu
16. DaySpring Helps Ministry
17. Eagles Wing Development Centre
18. Esther Child Human Rights Foundation
19. Gender and Development Action (GADA)
20. God's Home For Women Foundation
21. Heartminders Societal Advancement Initiative
22. Help for Victims of Matrimonial Abuse Foundation
23. His Marvellous Grace Support Foundation
24. International Federation of Female Lawyers (FIDA)
25. Iyaniwura Child Care Foundation (ICCF)
26. Jashabel Touch A Heart Foundation
27. Legal Defence and Assistance Project (LEDAP)
28. Legal Pool for Justice and Equity Initiative
29. Media Concern Initiative
30. Mirabel Centre
31. Project Alert on Violence Against Women
32. Real Woman Foundation
33. Rubies Ink Initiative
34. Tonia bruised but not broken
35. Vision spring Initiatives (G6)
36. Women Advocate Research and Documentation Centre (WARDC)
37. Women Arise For Change Initiative
38. Women at Risk International Foundation (WARIF)
39. Women Empowerment and Legal Aid (WELA)
40. Women Law and Development Centre Nigeria (WLDCN)
41. Women's Right and Health Project (WRAPH)
42. Women's Consortium of Nigeria (WOCON)
43. The Women's Helping Hands Initiative (TWHHI)
44. Youth Empowerment Foundation (YEF)
45. Centre For Health Ethics Law and Development (CHELD)

Contact Directory

S/N	AGENCY	CONTACT DETAILS	SERVICES PROVIDED
1	**Action Health Incorporated (AHI)**	17, Lawal Street Off Oweh Street Fadeyi Lagos State www.actionhealthinc.org info@actionhealthinc.org 0812–344–5837	• Advocacy • Community Sensitization • Youth Friendly Clinic • Resource Materials • Capacity Building for various Stakeholders
2	**Acts Generation**	14B, Ogbunike Road Lekki Phase 1 Lagos State actsgeneration2007@gmail.com www.actsgeneration.org 0803-395-1460	• Advocacy • Counselling/Coaching/Therapy • Sensitization/ Awareness • Training/Workshops • Support Services
3	**African Women Lawyers Association (AWLA) , Nigeria Chapter**	32 Funso Williams Avenue Opposite Abarti Barracks By GTB and Zenith Bank Surulere Lagos State www.awlanigeria.org awlanigeria2015@gmail.com 0803 -535 -3306	• Probono Services • Advocacy/ Awareness / Sensitization • Seminars/Trainings/Workshops • Empowerment of Women and Girls • Legislative Lobbying
4	**Amazing Amazon Initiative**	34 A, Remi Feni Kayode Avenue GRA, Ikeja Lagos State info@theamazingamazon.org www.theamazingamazon.org 0906 -944 -4430	• Empowerment • Counselling • Support system
5	**Attitude Development International**	32, Hakeem Balogun Off Lateef Jakande Agidingbi, Alausa Lagos Statae www.adi.com.ng adinigeria@gmail.com 0701-827-9969	• Professional Counselling/Therapy • Training/Workshops/Conferences • Advocacy • Counselling School
6	**Bimbo Odukoya Foundation**	19, Town Planning Way Ilupeju Lagos State admin@pbofoundation.org www.pbofoundation.org 0803 -580-0201	• Advocacy (Family and Schools) • Psycho – social support • Counselling/Therapy

7	**Cece Yara Foundation**	2 A Akin Ogunmade Davies Street Gbagada Phase 2 Gbagada Lagos State info@ceceyara.org 0908-569-2612 0908-569-2623	• Child Protection • Forensic Interview • Legal Advocacy • Child Helpline • Shelter • Psychological Support • One-Stop Response
8	**Cee-Hope Nigeria (Heart of Hope Shelther)**	6, Boledeoku Street Dideolu Estate (Opposite Dideolu Court), Ogba, Lagos State www.cee-hope.org info@cee-hope.org, ceehopeng@gmail.com 08069428159	• Shelter
9	**Center for Children's Health Education Orientation and Protection (CEE-HOPE)**	6, Boledeoku Street Dideolu Estate (Opposite Dideolu Court) Ogba Lagos State www.cee-hope.org info@cee-hope.org ceehopeng@gmail.com 0703-203-8897	• Anti-rape sensitization campaign for youths and children • Rape crises response • Counselling/Psychosocial support • Rehabilitation • Empowerment
10	**Centre for Community Youths Advocacy (CCYA)**	3/4 Oyetayo Street, 2nd Oshodi-Isolo Local Government Oshodi Lagos State centrecommunityyouths@gmail.com meeebee@yahoo.com 0806-112-6878 0802-861-6839	• Rescue and Referrals of abused children • Youth/Women empowerment • Research Consultancy • Capacity Building • Education Support for Vulnerable Children • Gender man streaming • Women Support
11	**Center Sex Education and Family Life**	Plot 14, Hilton Drive Off Ogundana Off Allen Avenue Ikeja Lagos State www.familycenter.org.ng info@familycenter.org.ng 0908 -611-6501 0908 -611-6502 0908-611-6503 0803-726-9483	• Empowerment • Counselling • Support System • Therapy • Seminars on Child Sexual Abuse • Advocacy

12	**Child Protection Network**	52, Bode Thomas Surulere Lagos State cpnlagos@yahoo.com 0803-348-4510 0803-362-0848	• Prevention and Rescue of abused children • Counselling • Rehabilitation • Shelter
13	**Child to Child Network**	52, Bode Thomas Surulere Lagos State childtochildnt@yahoo.com 0802 518 2731 0803 444 8432	• Promote and protect the rights of the child through participation of children • Prevention of Child Abuse • Rescue of abused children • Supports of vulnerable children • Training of stakeholders on issues of children • Production and publication of children related information
14	**Christianah Fate Foundation**	Suite C 16/17 Yomade Shopping Complex Awoyaya Ibeju - Lekki Lagos State www.christianahfatefoundation.org info@christianahfatefoundation.org 0816-665-5527 0818-743-8717	• Create awareness about child sexual abuse prevention • Training and consultancy services on child safety • Publish and provide child safety tools • Advocacy • Counselling services • Community projects
15	**Community Women's Rights Foundation**	12, Agudindu Street Off Selewu Estate Road Igbogbo Ikorodu Lagos State www.cwrf.com.ng cwrf.ngo.nig@gmail.com latakins@yahoo.co.uk 0803-300-9523	• Mobile Counselling • Providing skill acquisition services • Actualization of rights • Political Participation • Advocacy for law reforms • Collaboration with likeminded organizations • Referrals • Mediation • Community Mobilization • Child Protection
16	**DaySpring Helps Ministry**	56, Seriki Aro Avenue Ikeja Lagos State www.dayspringhelps.org info@dayspringhelps.org debolaoni@dayspringhelps.org 0807-860-4883	• Shelter • Counselling • Sensitization • Addvocacy

17	**Eagles Wings Development Centre**	11, Olatunde Close Off Falolu Street Off Itire Road Surulere Lagos State oloyedeolubunmi@gmail.com 0809-976-3468	• Child rescue • Holding seminars on child abuse and rape • Skill Acquisition • Empowerment of girls/women • Advocacy • Counselling • Support services
18	**Esther Child Human Rights Foundation**	91, Abeokuta Expressway, by Pako Bus Stop Beside Zenith Bank Dopemu Lagos State esther.child42@yahoo.com estherchildrightsfoundation.org 0810-150-8605 0706-645-7009	• Child Abuse • Women and Children • Landlord and Tenant • Other related matters
19	**Gender and Development Action (GADA)**	14, Adebola Street OffAdeniranOgunsanya Street Surulere Lagos State gada.nigeria@gmail.com	• Violence Against Women (Research and Sensitization, ADR, Advocacy) • Documentation and Publications • Capacity Building for police and other related agencies • Counselling
20	**God's Home For Women Foundation**	Plot 600 c, Abimbola Akinyemi Street Omole Phase 2 Berger Lagos State aibolaoho@gmail.com 0802-777-5001	• Temporary Shelter for Abused Women and Victims of Domestic Violence
21	**Heartminders Societal Advancement Initiatives**	12, Norus Close, Omole Phase 1 Ojodu Berger Lagos State heartminders@gmail.com 0802-430-0634	• Advocacy • Counselling & therapy for rape victims • Sensitization • Sex Education
22	**Help for Victims of Matrimonial Abuse Foundation**	6, Adedotun Dina Crescent Mende Maryland Lagos State screamnaija@gmail.com info@malevictimsofdomesticabuse.org www.vodahfoundation.org www.malevictimsofdomesticabuse.org 0802-395-2582 0803-477-7090	• Counselling • Sensitization and Enlightenment • Shelter • Training for victims to empower them

23	**His Marvellous Grace Support Foundation**	Plot 20, Adegbose Estate Phase 2 Batoms Oil & Gas Building Near VON Olu-Odo Road Ikorodu, Lagos State www.hismarvellousgracengo.org hismarvelousgrace@gmail.com 0808-388-8403	• Mediation &Counselling • Awareness/Sensitization • Advocacy • Empowerment • Community Projects • Referrals • Mentoring
24	**International Federation of Female Lawyers (FIDA)** **Lagos Chapter**	FIDA Secretariat 16 Makoko Road Yaba Lagos State fida-lagos@yahoo.com ogbolung@yahoo.com nnennanwaokobia@gmail.com 0805-702-7545	• Litigation • Mediation • Awareness / sensitization • Advocacy • Free legal clinic • Protection and Promotion of Child & Women Right • Provision of necessaries for FIDA ward at LUTH
25	**Iyaniwura Children Care Foundation (ICCF)**	14/16 Ladipokuku street, Off Allen Avenue By WEMA Bank Ikeja Lagos State iccfiyaniwura@gmail.com iccf.org.ng 0708-335-0451 0815-300-6605	• Provide holistic care to children • Advocacy for the family
26	**Jashabel Touch A Heart Foundation**	43, Ogunlana Street, Off Egbeda Bus Stop Lagos State www.jtahfoundation.org info@jtahfoundation.org president@jtahfoundation.org 0803 351 3800, 0810 581 1174	• Advocacy • Counselling • Intervention for women and the girl child
27	**Legal Defence and Assistance Project (LEDAP)**	11B, Christ Avenue Off Admiralty Road Lekki Phase 1 Lagos State joy@ledapnigeria.org pamela@ledapnigeria.org naomi.e@ncicc.org.ng 0803-666-2696 0803-224-1922 0813-487-6276	• Advocacy ,Sensitization and Awareness on Domestic Violence • Probono Services • Workshops • Women's Right Activist • Working towards the abolition of the Death Penalty • Sensitization on ACJL
28	**Legal Pool for Justice and Equity Initiative**	32, Funso Williams Avenue Surulere Lagos State legalpool4justice@gmail.com	• Advocacy / Sensitization and Awareness • Probono Services for indigenes • Legislative lobbying • Workshops

29	**Media Concern Initiative**	15A Bolodeoku Crescent Dideolu Estate By Sweet Sensation, Ijaiye Road Ogba Lagos State www.mediaconcern.net info@mediaconcern.net 0802-333-1036 0805-820-7164	• Victim's Advocacy • Forensic Interviewing • Counselling • Referrals • Child Protection/ Trauma Management • Mental Health Assessment & Therapy • Sexual & Domestic Violence Online Resource Center • Managers of Iprotect App
30	**Mirabel Centre**	Lagos State University Teaching Hospital (LASUTH) Ikeja Lagos State www.mirabelcentre.org partners@pjnigeria.org **TWITTER** @mirabelcentreNG; @mirabelradiong **INSTAGRAM** @mirabelcentreng; @mirabelradiong 0701-349-1769, 0815-577-0000	• Free medical & counselling services to survivors of sexual Violence • Support group sessions to survivors of sexual Violence • Follow up with cases in court • Referral services
31	**Project Alert on Violence Against Women**	17/21, Akinsanya Street Ojodu - Berger Lagos State projectalert@projectalertnig.org www.projectalertnig.org 0818-009-1072, 0818-050-0788	• Advocacy • Legal Aid • Counselling / Mediation • Shelter • Research & Documentation
32	**Real Women Foundation**	7B, Jubilee Road Magodo Lagos State www.therealwoman.org info@therealwoman.org 0803-717-8963	• Shelter • Rehabilitation of ex-commercial sex workers/abused ladies • Seminars for secondary school/women
33	**Rubies Ink Initiative for Women and children**	Plot 633, Akin Adesola Street Victoria Island Lagos State www.rubiesink.org info@rubiesink.org rubiesinkinitiative@gmail.com 0806-865-3263 0810-272-2282	• Advocacy • Development • Empowerment • Media
34	**Tonia Bruised But Not Broken**	15 Association Avenue Ilupeju Lagos State toniaojenagbon@gmail.com 0809-898-7884	• Advocacy • Counselling • Therapy • Support Group

35	**Vision spring Initiatives (G6)**	2B, Kofoworola Street Dele Kuti Estate Beach Road Ebute Ikorodu Lagos State visionspringinitiatives@yahoo.com 0802-341-2994, 0803-199-9612	• Sexual and reproductive health and rights education • Counselling • Referrals • Advocacy • Gender Education
36	**Women Advocates Research and Documentation Centre (WARDC)**	9B, James Oluleye Street (Harmony Enclave) Off Adeniyi Jones Koko Bus stop Ikeja Lagos State www.wardcnigeria.org womenadvocate@yahoo.com 0818-005-6401 0818-009-3277 0805-595-1858	• Probono legal aid services • Paralegal services • Advocacy • Campaign • Sensitization and awareness creation • Capacity building for women and girls • Political participation • Policy advocacy • Research and document
37	**Women Arise For Change Initiative**	7, Olufunmilayo Okikiolu Street Off Toyin Street Ikeja Lagos State wewantjustice@gmail.com 0906-965-5288	• Probono Services • Counselling • Advocacy and Community Impact Training • Empowerment
38	**Women at Risk International Foundation (WARIF)**	6, Turton Street, Off Thorbum Avenue Yaba Lagos State www.warifng.org info@warifng.org detutu.ajibodu@warifng.org 0809-210-0008	• Health Care Services • Counselling • Referrals I. Legal Aid II. Shelters III. Skill Acquisition • Psychosocial Counselling
39	**Women Empowerment and Legal Aid (WELA)**	25, Adekunle Fajuyi Way GRA Ikeja Lagos State welaonline3@gmail.com 0705-580-2420	• Free legal service for indigent women and children • Women empowerment/skills acquisition • Rescue of homeless women and girls
40	**Women Law and Development Centre Nigeria (WLDCN)**	C/O 10E, Olarewaju Street, Oregun Ikeja Lagos State www.wldcn-ng.org wldcnng@yahoo.com 0802-826-7369 0803-306-0133	• Counselling • Women empowerment through training • Referrals • Research • Advocacy

41	**Women's Rights and Health Project (WRAHP)**	The Pent House 196, Egbe-Ikotun Road Ejigbo Lagos State whr.project@yahoo.com www.womensrightsandhealth.org 0701-194-8577 0803-718-3072	• Counselling and mediation • Referral services • Human Right Protection • Child Right Protection • Sexual and Reproductive Health Information
42	**Women's Consortium of Nigeria (WOCON)**	13, Okesuna Street Off Igbosere Road Lagos Island www.womenconsortiumofnigeria 0803-719-0133 0803-334-7896 0803-318-8767	• Fight all forms of violence against women especially human trafficking • Rescue, Rehab, Reintegration and legal service for victims and survivors of trafficking • Counselling / Mediation • Child Rights Protection • Seminars/Awareness • Advocacy/Capacity Building • Media Partnership
43	**The Women's Helping Hands Initiative (TWHHI)**	4A/16, Ademola Street, off Awolowo Road, Ikoyi, Lagos www.twhhi.org info@twhhi.org 0909-858-4941 0809-713-2433	• Empowerment/ Skill Acquisition • Shelter • Counseling • Legal Assistance
44	**Youth Empowerment Foundation**	52, Bode Thomas Eric Moore Junction Surulere Lagos State youthempowerment95@yahoo.com www.yefnigeria.org 0806-060-7862 0809-111-1485	• Advocacy • Community sensitization • Capacity building • Prevention and rescue from abuse (women and children) • Secured livelihood/skills acquisition • Sport empowerment • Child right protection • Sexual and reproductive health and right education
45	**Centre For Health Ethics Law and Development (CHELD)**	Plot 27, Olanrewaju Ninalowo Cresent, Lekki Phase 1, Lagos State, Nigeria cheluchi@ycheld.org www.cheld.org 0810-323-5860	• Legal Support • Financial Support • Mental Health Support Services • Psychosocial Support

Annexure 3: Dedicated Official contacts of Family Support Units (Police Stations)

S/N	Police Station (FSU)	Contact Number
1	Adeniji Adele (FSU)	0906-288-7864
2	Ajah (FSU)	0906-288-7849
3	Ajegunle (FSU)	0906-288-7866
4	Alakuko (FSU)	0906-288-7861
5	Badagry (FSU)	0906-288-7852
6	Bariga (FSU)	0906-288-7859
7	Epe (FSU)	0906-288-7867
8	Festac (FSU)	0906-288-7841
9	Gender Desk	0906-288-7857
10	Igbogbo, Ikorodu (FSU)	0906-288-7858
11	Ikeja (FSU)	0906-288-7863
12	Ikotun (FSU)	0906-288-7870
13	Ilupeju (FSU)	0906-288-7848
14	Isokoko (FSU)	0906-288-7856
15	Ketu (FSU)	0906-288-7860
16	Okokomaiko (FSU)	0906-288-7868
17	Owutu	0906-288-7850

Family support Units have trained dedicated police officers that handle and investigate incidents of Domestic and Sexual Violence as well as Child Abuse and all other related cases in Lagos State.

Annexure 4: Directory of Comprehensive Primary Healthcare Centres

All flagship primary health centres are equipped with rape kits. Survivors of sexual assault can receive free medical services at the following centres:

List of LGA/LCDAs and corresponding PHCs

1. AGBADO OKEODO LCDA - **MEIRAN PHC**
2. AGBOYI KETU LCDA - **KETU PHC**
3. AGEGE LG - **SANGO PHC**
4. AJEROMI IFELODUN LG - **AKERE PHC**
5. ALIMOSHO LG - **BOLA TINUBU PHC**
6. AMUWO ODOFIN LG - **FESTAC PHC**
7. APAPA IGANMU LCDA - **OLOJOWON PHC**
8. APAPA LG - **IJORA OLOYE PHC**
9. BADAGRY LG - **AJARA PHC**
10. BADAGRY WEST LCDA - **APA PHC**
11. BARIGA LCDA - **CMS PHC**
12. COKER AGUDA - **COKER AGUDA PHC**
13. EJIGBO LCDA - **IYANA- EJIGBO PHC**
14. EPE LG - **EPE PHC**
15. EREDO LCDA - **EREDO PRIMARY HEALTH CARE**
16. ETI OSA EAST LCDA - **BADORE HEALTH CENTRE**
17. ETI OSA LG - **IKATE PHC**
18. IBA LCDA - **IBA PHC**
19. IBEJU LEKKI LG - **IBEJU PHC**
20. IDIMU EGBE LCDA - **ISHERI OLOFIN PHC**
21. IFAKO IJAYE LG - **IFAKO PHC**
22. IFELODUN LCDA - **LAYENI PHC**
23. IGBOGBO BAYEKU LCDA - **IGBOGBO PHC**
24. IJEDE LCDA - **OKE ELETU PHC**
25. IKEJA LG - **ONILEKERE PHC**
26. IKORODU LG - **ITA ELEWA PHC**
27. IKORODU NORTH LCDA - **ODONLA PHC**
28. IKORODU WEST LCDA - **IPAKODO PHC**

29.	IKOSI EJIRIN LCDA	-	**AGBOWA PHC**
30.	IKOSI ISHERI LCDA	-	**IKOSI PHC**
31.	IKOTUN IGANDO LCDA	-	**ISHERI-OSHUN**
32.	IKOYI OBALENDE LCDA	-	**SENATOR OLUREMI TINUBU PHC (FORMERLY IKOYI PHC)**
33.	IMOTA LCDA	-	**IMOTA PHC**
34.	IPAJA AYOBO LCDA	-	**IPAJA PHC**
35.	IRU VI LCDA	-	**ORIYANRIN PHC**
36.	ISOLO LCDA	-	**ILASA PHC**
37.	ITIRE IKATE	-	**EJIRE PHC**
38.	KOSOFE LG	-	**OGUDU PHC**
39.	LAGOS ISLAND EAST	-	**SURA PHC**
40.	LAGOS ISLAND LG	-	**IGA-IDUGARAN PHC (OBA-ADEYINNKA PHC)**
41.	LAGOS MAINLAND LG	-	**SIMPSON PHC**
42.	LEKKI LCDA	-	**LEKKI PHC**
43.	MOSAN OKUNOLA LCDA	-	**RAUF AREGBESOLA PHC**
44.	MUSHIN LG	-	**PALM AVENUE PHC**
45.	ODI OLOWO LCDA	-	**AYANTUGA PHC**
46.	OJO LG	-	**OJO PHC**
47.	OJODU LCDA	-	**OJODU PHC**
48.	OJOKORO LCDA	-	**AGBADO\KOLA PHC**
49.	OLORUNDA LCDA	-	**ILADO PHC**
50.	ONIGBONGBO LCDA	-	**OREGUN PHC**
51.	ORI ADE LCDA	-	**AGBOJU PHC**
52.	ORILE AGEGE LCDA	-	**ODUNMBAKU PHC**
53.	OSHODI ISOLO LG	-	**OSHODI PHC**
54.	OTO AWORI LCDA	-	**IJANIKIN PHC**
55.	SOMOLU LG	-	**AKOKA PHC**
56.	SURULERE LG	-	**AKERELE PHC**
57.	YABA LCDA	-	**IWAYA PHC**

Contact Directory of LGA/PHC and Corresponding DSV Focal Persons

S/N	LGA/LCDA	NAME OF PHC	ADDRESS	DSV FP	CONTACT NO	NAME OF OIC	CONTACT NO
1	**AGBADO OKEODO LCDA**	MEIRAN PHC	1, MIERAN RD, IYANA- MEIRAN, LAGOS ABEOKUTA EXPRESSWAY	DR. MOBOLAJI ABIOLA	08033865196	MRS OLADIPO	0815913387
2	**AGBOYI KETU LCDA**	KETU PHC	1, AKINTAN STREET, OFF DEMURIN STREET, KETU, LAGOS	DR. EBADE	0814 904 7674	MRS VICTORIA JIMOH	08023875762
3	**AGEGE LG**	SANGO PHC	2, BALOGUN ROAD, PENCINEMA, AGEGE	DR. OGUNLANA OLUWAKEMI	09037078467	MRS LISOYI	08037185804
4	**AJEROMI IFELODUN LG**	AKERE PHC	NO102, BAALE STREET AJEGUNLE AJEROMI	DR. OLAYIWOLA	08072783173	MRS GBOLAHAN BUKOLA	08096053307
5	**ALIMOSHO LG**	BOLA TINUBU PHC	99, AKOWONJO ROAD, VULCANIZER BUS STOP, EGBEDA-AKOWONJO	DR. AYOADE KEHINDE	08179331108	MRS ONIGBANJO BOLANLE	08028478243
6	**AMUWO ODOFIN LG**	FESTAC PHC	41 ROAD, FESTAC TOWN, AMUWO-ODOFIN	DR. DAWODU BANJI.	08034722376	ESSO CATHERINE	08061624292
7	**APAPA IGANMU LCDA**	OLOJOWON PHC	41 OLOJOWON STREET BADIA	DR. FEMI BANKEFA	08088030295	MRS MODUPE FALAYI	08060104649
8	**APAPA LG**	IJORA OLOYE PHC	47 IJORA OLOYE ST. IJORA 7UP.	DR. FADEELAT IYANDA	08020544100	ADEBOLA KEHINDE WEY	08033282734
9	**BADAGRY LG**	AJARA PHC	1, WANDE STR, OPPOSITE 100 SHOPS, AJARA BADAGRY.	DR. ABAYOMI ADENIYI	08024726143	ADEBOWALE GRACE ADEFUNKE	08139707749
10	**BADAGRY WEST LCDA**	APA PHC	GBAJI- OWODE ROAD, APA, BADAGRY	DR. OLOKODANA ABIOLA	08034606587	MRS AINA I. A	08033077434
11	**BARIGA LCDA**	CMS PHC	DEJI ALADEJOBI WAY ILAJE BARIGA	DR. OREAGBA OMOWUNMI	08030776935	MRS. AKINOLA	08023968289
12	**COKER AGUDA**	COKER AGUDA PHC	19, THOMAS ANIMASHAUN STREET, COKER AGUDA, SURULERE	DR. AKIN DUYILE	08028568787	ANTHONIA OHAM	0835179338
13	**EJIGBO LCDA**	IYANA-EJIGBO PHC	61/64 EGBE IKOTUN ROAD IYANA EJIGBO BUS STOP, EJIGBO LAGOS	DR. ALUKA UGOCHI MAUREEN	0806 337 2532	MRS UDOH JENNY	0802321957
14	**EPE LG**	EPE PHC	EPE- IJEBU ODE EXPRESSWAY ITA-OPO EPE	DR. SEGUN OLUYEMI	08060716012	MRS MAYOWA ADENIJI	07031369194
15	**EREDO LCDA**	EREDO PRIMARY HEALTH CARE	ALONG EPE/ IJEBU ODE RD, EREDO SECRETARIAT	DR. ODEBIYI	08188842120	ODERINDE-ONADIPE KEHINDE ADEBOMI	8177075304
16	**ETI OSA EAST LCDA**	BADORE HEALTH CENTRE	BADORE ROAD, LEKKI AJAH	DR. NIKE AWOSILE	07061251216	OSUNLANA CHINYERE CHARITY	08037080398
17	**ETI OSA LG**	IKATE PHC	OBA YEKINI ELEGUSHI ROAD, IKATE-LEKKI	DR. OKON ELIZABETH	08023042070	CHARITY OMELIHU	07030755572

18	**IBA LCDA**	IBA PHC	3, ONIBA DRIVE, IBA JUNCTION, IBA	DR ECHERUO ANTHONIA MEKUNYE	0803 736 4611	ADENIRAN OLUWAYEMI SI GRACE	08036788229
19	**IBEJU LEKKI LG**	IBEJU PHC	IBEJU TOWN	DR. AGBONMENLO MODUPE	08170428906	MRS OTUN ABIODUN	08035791914
20	**IDIMU EGBE LCDA**	ISHERI OLOFIN PHC	ISHERI ROUNDABOUT, ISHERI IGANDO ROAD	DR. OTAKPOR	08035609509	MRS AKINMADE	08023520339
21	**IFAKO IJAYE LG**	IFAKO PHC	1, SANUSI AJILETE, STREET, COLLEGE BUS STOP, OPP LAFROGRAMS SEC. SCHOLL, IFAKO IJAIYE, LAGOS	DR OBADINA LATEEF	07066284305	MRS SOFOLAHAN	08034999252
22	**IFELODUN LCDA**	LAYENI PHC	244, OJO ROAD, OJA BUS-STOP, AJEGUNLE	DR. UTI MOMMA	08032431249	ISABELLA UHEGBU	08057444026
23	**IGBOGBO BAYEKU LCDA**	IGBOGBO PHC	BOLA AHMED TINUBU ROAD, IGBOGBO	DR. AYOMITAN OPEYEMI MOYINOLUWA	07083344719	MRS ADEWUYI BASIRATU	08033536499
24	**IJEDE LCDA**	OKE ELETU PHC	HEALTH CENTRE BUS STOP	DR. ADEDAYO LYDIA	08068391643	MRS IDOWU	08023939457
25	**IKEJA LG**	ONILEKERE PHC	6B OGUNSOLU STREET, CEMENT BUSSTOP	DR BORIOWO	08086372494	OGUNYINK A OLUWAKE MI	08023630832
26	**IKORODU LG**	ITA ELEWA PHC	2/3, ORIWU ROAD, IKORODU	DR. OREDEIN SEKINAT	08037150733	ADENIYI HELEN MODUPE	08032842027
27	**IKORODU NORTH LCDA**	ODONLA PHC	ODEYEMI WAY, ODONLA	DR. ABOABA OPEYEMI	08033285081	MRS FASAKIN FLORENCE	08029471748
28	**IKORODU WEST LCDA**	IPAKODO PHC	1, IPEBI CLOSE, EBUTE, IPAKODO	DR. IREDIA EMMANUEL	0803 431 5884	MRS GIWA TAOFEEKAT	08062510297
29	**IKOSI EJIRIN LCDA**	AGBOWA PHC	83/85 BANK ROAD, AGBOWA, EPE	DR. SOLAJA OLUFUNMILAY O	08032444120	MR FOLAJIMI MOBOLAJI OLUWAFEMI	08029593983
30	**IKOSI ISHERI LCDA**	IKOSI PHC	20 IKOSI ROAD KETU	DR. OYEBODE OLAYINKA	07063201774	ADSNO AKINSIKU TAWAKALITU	08033859217
31	**IKOTUN IGANDO LCDA**	ISHERI-OSHUN	NO 1 LIADI-DISU, OPP NNPC FILLING STATION, ISHERI-OSHUN LAST B/S	DR. AKAMSON OLUWASEUN	08038339925	MRS AKANDE OLUWATOYI N	08066292312
32	**IKOYI OBALENDE LCDA**	SENATOR OLUREMI TINUBU PHC (FORMERLY IKOYI PHC),	BESIDES DOLPHIN ESTATE, IJEH, IKOYI.	DR. WAHAB SABAINAH YETUNDE	08029756759	JOSEPH ALABA	08034751141
33	**IMOTA LCDA**	IMOTA PHC	EBUTE AJEBO ROAD, IMOTA	DR. HENRY AWOGBENGA	09021777278	MRS. AKINJO	08028574787
34	**IPAJA AYOBO LCDA**	IPAJA PHC	AYOBO IPAJA SECRETARIAT, IGBOGILA, AYOBO-IPAJA	DR. ANIDI CHEKWUBECHU KWU	08063000793	PNO IBIPEHIN ALIMOT (AG)	08095408158
35	**IRU VI LCDA**	ORIYANRIN PHC	1-7 MURI-OKUNOLA STREET, VICTORIA ISLAND.	DR. UMEH-FRANCIS NKEIRUKA	08039475520	MRS SILIFAT SALAMI	07088088891
36	**ISOLO LCDA**	ILASA PHC	32, OGUNBOWALE STREET,ILASA, ISOLO	DR. AKINYEMI SULAIMON ABIODUN	08038291993	MRS BOIKA QUEEN	09023337786

37	**ITIRE IKATE**	EJIRE PHC	32, EJIRE STREET, ITIRE SURULERE	DR. ADERINLOLA ATINUKE ABIMBOLA	07032715795	MRS OLADELE	07066841261
38	**KOSOFE LG**	OGUDU PHC	OGUDU ROAD OPPOSITE OGUDU PRIMARY SCHOOL OGUDU ROUND ABOUT.	DR. WAJERO KEHINDE	08035815694	MRS AKINJAYEJU	08062159100
39	**LAGOS ISLAND EAST**	SURA PHC	1, SIMPSON STREET, SURA LAGOS ISLAND	DR. TAYO IKUSERU ADEFOLUKE	07035958527	MATRON ADEWUYI TINUADE OLANIHUN	08052134835
40	**LAGOS ISLAND LG**	IGA-IDUGARAN PHC OPERATING FROM OBA-ADEYINNKA PHC DUE TO THE VANDALISATION	151, ADENIJI ADELE ROAD LAGOS ISLAND	DR. BASHORUN ADEYINKA FOLUSHO	09099980630	MRS YUSSUF	08033677727
41	**LAGOS MAINLAND LG**	SIMPSON PHC	2, SIMPSON STREET, EBUTE META	DR. KUNLE-OGUNDE EBIPADEI	08121740063	BAKARE TEMITOPE	07088189014
42	**LEKKI LCDA**	LEKKI PHC	1 AIYEGBAMI QUARTERS,LEKKI TOWN	DR. APATA OLORUNTOBA	08034407017	ADEWUYI FLORENCE	08054016930
43	**MOSAN OKUNOLA LCDA**	RAUF AREGBESOLA PHC	OKUNOLA ROAD, MOSAN OKUNOLA	DR. AGBI OLAWALE	08067448722	ONIGBANJO BOLANLE	08028478243
44	**MUSHIN LG**	PALM AVENUE PHC	32, PALM AVENUE RD, OMODIGBO, MUSHIN	DAUDA KAFILAT	07060408062	ACNO ODOFIN	08037197118
45	**ODI OLOWO LCDA**	AYANTUGA PHC	47, AYANTUGA STREET, BESIDE SEGOSH HOTEL	DR BENSON ESTHER	08023762993	ACNO ADEBAYO E. D	08085977167
46	**OJO LG**	OJO PHC	NO 2 REST HOUSE, OLOJO DRIVE	DR. IFY NZEKWESI	08134475272	MRS KELANI FAUSAT	07087641458
47	**OJODU LCDA**	OJODU PHC	31 GBADAMOSI STREET, OJODU	DR. AKINKUNMI TOLULOPE	08059729737	FUNMI OGBETAH	08033352930
48	**OJOKORO LCDA**	AGBADO\KOLA PHC	NURENI YUSUF STREET, KOLA BUS STOP, IJAIYE LAGOS	DR. JEDIDIAH CHRISTIANAH O	08052597097	MRS OBATAYO	08189712620
49	**OLORUNDA LCDA**	ILADO PHC	ILADO TOWN, IWORO	DR. NWABUWA CHIKA HENRY	07069174578	MRS LATIFAT OLADIPUPO	08035717695
50	**ONIGBONGBO LCDA**	OREGUN PHC	32 KUDIRAT ABIOLA WAY OREGUN	DR. OWOADE FATIMA. M	08027582240	PNO GIWA	080331276 54
51	**ORI ADE LCDA**	AGBOJU PHC	OWOYEMI CLOSE, PAKO BUS STOP, AGBOJU	DR. APENA KAZEEM	08051850390	OLUFEMI OLUWAKEMI	08038515447
52	**ORILE AGEGE LCDA**	ODUNMBAKU PHC	OPE OLU STREET, MULERO B/STOP, ORILE AGEGE, LAGOS	DR. ADEYEMI ELIZABETH	08036010947	MRS OPADOTUN	08099236251
53	**OSHODI ISOLO LG**	OSHODI PHC	4, OGUNLANA STREET OSHODI	DR. OHAKPUGWU ELLA OMAGBEMI	08060966667 08026906464	AMUJO ELIZABEH	08023077364

54	**OTO AWORI LCDA**	IJANIKIN PHC	KM 28,LAGOD/BADAGRY EXPRESSWAY, ILE OBA BUS STOP, IJANIKIN	DR. IKUGBAYIGBE O OLALEYE	07053001306	UDOH-OYEKANMI OLIVIA	08023295215
55	**SOMOLU LG**	AKOKA PHC	33, IBUNKU-OLA STREET, AKOKA.	DR. MORGAN EZEMWENGHAN	08068532040	OYEDEJI OLAYEMI ANIKE	08132854360
56	**SURULERE LG**	AKERELE PHC	28/32 BENSON STREET, SURULERE	DR. TALABI FOLASHADE	08136370981	MRS AKINYAMOJU KIKELOMO	08022455231
57	**YABA LCDA**	IWAYA PHC	27/29, OMOTOLA STREET, IWAYA, YABA, LAGOS	DR. OLADUNNI SAMUEL	08060910045 09058464419	MRS VICTORIA DADS	08034083570

Annexure 5: Directory of Designated Private Hospitals

List of Designated Private Health Facilities / Hospitals

1. Ayo Agape Medical Centre
2. Faleti Medical Centre
3. Mobonike Hospital
4. New Merit Hospital
5. R jolad Medical Centre

Contact Directory of Designated Private Health Facilities / Hospitals and Corresponding DSV Focal Persons

S/N	Institution	Contact Details
1	**Ayo Agape Medical Centre**	**Address** 16, Ogunbiyi Ilo Street, Olude Bus-Stop, Ipaja, Lagos. **Contact Person** Dr. Ayo Oni- 0802-303-9306
2	**Faleti Medical Centre**	**Address** 98 Baale Street, Ajeromi-Ifelodun, Lagos **Contact Person** Dr. Stanley Alozie- 0805-176-2125 Dr. Taiwo Vincent- 0802-311-6848
3	**Mobonike Hospital**	**Address** 50, Surulere Street, Agege, Lagos. **Contact Person** Dr. Durojaiye Bigsam- 0809-910-7228
4	**New Merit Hospital**	**Address** 23, Oladoje Street, Gengeto Bus-stop, Oko Oba, Agege, Lagos. **Contact Person** Dr. Michael Onifade- 0803-210-4680
5	**R jolad Medical Centre**	**Address** 1, Akindele Street, New Garage, Gbagada, Lagos **Contact Person** Dr. Bridget Fagbuji- 0806-819-1193 Dr. Adekunle Abiona- 0703-104-2317

Annexure 6: Directory of Sexual Assault Referral Centres (SARCs)

All Sexual Assault Referral Centres (SARc) are equipped with rape kits. Survivors of sexual assault can receive free medical services at the following centres:

S/N	Institution	Contact Details
1	**Mirabel Centre**	Lagos State University Teaching Hospital (LASUTH) Ikeja Lagos State www.mirabelcentre.org partners@pjnigeria.org **TWITTER** @mirabelcentreNG; @mirabelradiong **INSTAGRAM** @mirabelcentreng; @mirabelradiong 0701-349-1769, 0815-577-0000
2	**Women at Risk International Foundation (WARIF)**	6, Turton Street, Off Thorbum Avenue Yaba Lagos State www.warifng.org info@warifng.org detutu.ajibodu@warifng.org 0809-210-0008
3	**IDERA SARC**	Alimosho General Hospital Igando Road, Ikotun, Lagos State 0803-593-5086