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SUBJECT: Standards for Rape Crisis Centers

I. RATIONALE:

Republic Act No. 8505 otherwise known as “An Act Providing Assistance and Protection for Rape Victims, Establishing for the Purpose a Rape Crisis Center in Every Province and City, Authorizing the Appropriation of Funds therefore and for other purposes” was enacted on February 13, 1998. The law aims to establish and operate a rape crisis center in every province and city that shall protect and assist rape survivors in the litigation of their cases and recovery from the trauma experienced. Likewise, the law tasked the Department of Social Welfare and Development (DSWD) to be the lead agency in the establishment and operation of the Rape Crisis Center.

The implementation of a Rape Crisis Center commenced in 2005 after a series of policy advocacy, capability building and technical assistance provided by DSWD to its Field Offices, Local Government Units and other stakeholders. It was pilot tested in 2005-2007 in Regions VII and XI which resulted to an effective and efficient management of cases of rape survivors. Within the period, six hundred sixteen (616) cases of rape survivors were properly managed through provision of psychosocial and health care services, and speedy judicial process among others.

A Rape Crisis Center provides for a comprehensive network of programs and services for the healing, recovery and reintegration of the survivors and their family involving other frontline agencies. The Center renders short-term psychosocial intervention and other needed services to address the immediate concerns of the survivor and her family. Its services is rendered to a maximum of three (3) weeks depending on the survivor’s need, social worker’s risk assessment of the situation or while their transfer to a residential facility for temporary shelter/protective custody is being facilitated.

Consistent with the DSWD’s mandate and fulfillment of its duties and responsibilities stipulated in the implementing rules and regulations of the RA 8505, the DSWD has set standards to guide concerned government and private social welfare and development agencies in the establishment and provision of quality programs and services for survivors of rape and other forms of sexual abuse, their families and communities.

II. LEGAL BASES

The following laws, policies and guidelines are the bases in the formulation of these standards:

A. *International Policies*

1. Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) of 1981

- a. Article 2 – State Parties shall establish legal protection of the rights of women on an equal basis with men and to ensure through competent national tribunals and other public institutions the effective protection of women against any act of discrimination
2. United Nations Convention on the Rights of the Child (UN CRC) of 1989
 - a. Article 19 – State Parties shall take all appropriate legislative, administrative, social and educational measures to protect the child from all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse while in the care of parent/s, legal guardian/s or any other person/s who has the care of the child
 - b. Article 39 – State Parties shall take all appropriate measures to promote physical and psychological recovery and social reintegration of a child victim of any form of neglect, exploitation or abuse, torture or any other form of cruel, inhuman or degrading treatment or punishment, or armed conflicts. Such recovery and reintegration shall take place in an environment which fosters the health, self-respect and dignity of the child.
 3. Declaration on the Elimination of Violence Against Women of 1993 – provides for the definition of Violence Against Women (VAW) as any act of gender based violence that results in, or is likely to result in physical, sexual or psychological harm or suffering to women including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or private life.

B. National Laws and Policies

1. Republic Act No. 5416 of 1968 – “Providing for Comprehensive Social Services for Individuals and Groups in Need of Assistance, Creating the Department of Social Welfare (DSW), items 2 and 5 respectively of Section 3, the DSW, its powers and duties”. The Department shall:
 - a. Set standards and policies to insure effective implementation of public and private social welfare programs;
 - b. Accredite institutions and organizations, public and private, engaged in social welfare activity including the licensing of child caring and child placement institutions and provide consultative services thereto.
2. The Philippine Constitution of 1987, Article II, Section 14, which states that the “State recognizes the role of women in nation-building and shall ensure the fundamental equality before the law of women and men”
3. Executive Order 292 (Administrative Code of 1987), Title XVI, Chapter I, items 7 and 14 respectively of Section 3. Powers and Functions, to accomplish *its mandates and objectives, the Department shall...*
 - a. Accredite institutions and organizations engaged in social welfare activities and provide consultative and information services to them;
 - b. Set standards, accredit and monitor performance of all social welfare activities in both public and private sectors.
4. Republic Act No. 8353 of 1997 – An Act Expanding the Definition of the Crime of Rape, Reclassifying the same as a Crime against Persons, amending for the purpose

Act No. 3815, as amended, otherwise known as the Revised Penal Code, and for other purposes, state the “definition of rape; when and how committed..”

5. Republic Act No. 8505 of 1998 – An Act Providing Assistance and Protection for Rape Victims, Establishing for the Purpose a Rape Crisis Center in Every Province and City, Authorizing the Appropriation of Funds therefore and for other purposes states in Section 3 that “ The DSWD, the Department of Health (DOH), the Department of Interior and Local Government (DILG), the Department of Justice (DOJ) and Non-Government Organization (NGO) with proven track record and experience in handling sexual abuse cases shall establish in every province and city a rape crisis center located in a government or health clinic or in any suitable place for the purpose of establishing rape crisis center.”
6. Executive Order 221 Series of 2003 (Amending Executive Order No. 15 series of 1998, entitled Redirecting the Functions and Operations of the Department of Social Welfare and Development), Sec. 3, Powers and Functions of the DSWD states the following:
 - a. Sec. 2 Roles of the DSWD - (d) Licensor and accreditor of social welfare development agencies and service providers.
 - b. Sec. 3 Powers and Functions of the DSWD – (a) Set standards, accredit and provide consultative services to public and private institutions, organizations, and persons engaged in social welfare activities and monitor performance and compliance to standards by institutions, organizations and persons engaged in social welfare activities, both public and private.
7. Section 39 of the Implementing Rules and Regulations of Republic Act No. 9262 or the Anti-Violence Against Women and Their Children (VAWC) Act of 2004 provides that the DSWD and LGU shall:
 - a. Provide emergency shelter, psycho-social counseling and other rehabilitation services to victims-survivors of VAWC;
 - b. Ensure that service providers in institution/centers for women and children are gender sensitive and uphold the rights of women and children;
 - c. Make available relevant skills training and other livelihood development services to victims-survivors of violence against women;
 - d. Ensure the successful social reintegration and after-care of victims-survivors and their children; and
 - e. Continue to develop relevant programs and strategies to ensure protection, healing, recovery and social reintegration and address emerging needs and concerns of survivors of violence.

C. *DSWD Internal Policies*

1. V. General Policies, item 3 of Administrative Order No. 67 series of 2003, Guidelines in the Operationalization of a Rape Crisis Center states that DSWD shall provides technical assistance to LGUs for the operation and maintenance of the Rape Crisis Center
2. VI. General Procedures, item 3 bullets a and b respectively of Administrative Order No. 17 series of 2008, Rules and Regulations on the Registration and

Licensing of Social Welfare and Development Agencies and Accreditation of Social Welfare and Development Programs and Services provides that:

- a. All social welfare and development programs and services being implemented by the SWAs and Resource Agencies providing direct services are required to be accredited ... Likewise, social welfare and development programs and services being implemented by DSWD, LGU and other government agencies shall also be required to be accredited.
- b. The Standards Bureau shall develop the standards and accreditation tool for every social welfare and development programs and services in consultation with the internal and external stakeholders as basis for accrediting the social welfare and development programs and services being implemented by a registered and licensed SWA or Resource Agency providing direct services. A ladderized system for accreditation shall be used.

III. DEFINITION OF TERMS:

- A. ***Social Welfare and Development Agencies (SWDAs)*** – refer to a group of individuals organized to meet the identified needs of the community or group of people, utilizing community resources and engaged in providing direct or indirect social welfare services to the disadvantaged, the marginalized and the vulnerable. It has its own constitution and by-laws, a governing board responsible for policy formulation, manual of operations and trained personnel. Funds are obtained through direct or indirect solicitations and/or fund drives and /or endowment.
- B. ***Rape*** – refers to a crime against persons committed by the following which is pursuant to RA 8353:
 1. By a man who shall have carnal knowledge of a woman under any of the following circumstances:
 - a. Through force, threat, or intimidation;
 - b. When the offended party is deprived of reason or otherwise unconscious;
 - c. By means of fraudulent machination or grave abuse of authority; and
 - d. When the offended party is under twelve (12) years of age or is demented, even though none of the circumstances mentioned above be present
 2. By any person who, under any of the circumstances mentioned in item 1 hereof, shall commit an act of sexual assault by inserting his penis into another person's mouth or anal orifice, or any instrument or object, into the genital or anal orifice of another person".
- C. ***Rape Crisis Center*** – refers to a facility where a comprehensive network of services and support activities are available in a particular province or city to victims of rape and other forms of sexual abuse, their family and the community, in general, including programs for sexual assault awareness and prevention. The Center may be known by some other name to prevent stigmatization of the survivor (IRR of RA 8505)
- D. ***Rape Victim*** – refers to the offended party, male or female, minor or adult who has been a victim of rape as defined in item B. Rape victim shall also be known as rape survivor (IRR of RA 8505).

E. *Re-victimization* – refers to a situation when other people like police, barangay officials, doctors, judge, social workers and others, say things or do something that compounds the hurt already experienced by the survivor. This is considered a secondary wounding experience and may have severe impact that can impede in the healing process of the survivor. (Manual on the Recovery and Reintegration Program for Victims-Survivors, DSWD and USAID)

F. *Social Welfare Agency (SWA)* – refers to a type of SWDA which employs social worker/s and/or community development worker/s and other paraprofessionals that directly provide remedial, preventive and developmental programs and services to individuals, families, groups and/or communities. These may include: Residential-based Agency, Community-based Agency and Child Placing Agency

IV. COVERAGE

These standards shall apply to all rape crisis centers serving women and children survivor/s of rape and other forms of sexual abuse including their families operated and managed by LGUs at the provincial and city levels.

V. STANDARDS

A. Administration and Organization

Administration and organization standards include clear statement of the vision, mission and goals (VMG) of the Center indicating the desired change for rape survivors and the program and services it offers to operationalize the VMG. The Center has a well-defined organizational structure that operates towards an efficient and effective implementation and management of the organization, with sufficient number of trained and competent staff organized to give the best possible services to the rape survivors. Policies should be consistent with the VMG and supportive of international conventions, declarations and other national and local legislations. Appropriate internal and external mechanisms for efficient and effective operation are in place. Specific indicators are the following:

1. Clear Statement of Vision, Mission, Goals and Policies

- a. There is a vision, mission, goals (VMG) and policies focusing on the treatment, healing, recovery and reintegration of the survivor to her family.
- b. The VMG is translated in a dialect where it can be easily understood by the survivor
- c. The VMG is written and posted in a conspicuous area in the Center such as bulletin board, receiving area etc.
- d. There are accessible and available copies of laws, policies and guidelines in handling the victim or survivor and their families and other Information and Education Campaign (IEC) materials.
- e. Manual of operations which reflect gender-sensitive policies and does not use sexist language is available.
- f. Governing Board and staff know and articulate organization's VMG
- g. Registration, license and/or accreditation certificates as well as the flowchart of social service delivery system are displayed in a conspicuous place of the head office and facility. Conditions as indicated in the certificates are observed.

2. Functional Organizational and Management Structure

a. Organizational Chart

- a.1. Organizational positions and lines of authority; relationships between and among these structural elements are written and illustrated in a diagram with attached corresponding functions of each staff.
- a.2. The functional organizational chart is posted in a conspicuous area in the Center and indicates the flow of work and other activities.

b. Policy-making Structure

- b.1. There is an identified governing board or its equivalent policy-making body who meets as specified in its By-Laws to review and/or formulate administrative and program policies and address other organizational concerns.
- b.2. Policy-making body formulates and/or approves organizational directions and policies

c. Management Structure

- c.1. Presence of management personnel that provides leadership, guidance and support to the staff in all aspects of agency operations.
- c.2. Management personnel are specified in the organizational functional chart.
- c.3. There shall be an Executive Director/Program Director/Center Head who will be responsible for administering, planning, managing, and controlling the daily activities and for ensuring that the service quality requirements are met

d. Strategic and Operational Planning System

- d.1. Operations are aligned with a medium-term plan (i.e. three- to five-year) strategic plan) addressing the needs of the survivors and their families, which is reviewed and updated at least annually to determine whether the operation being done is responsive to the needs of the survivor and in consonance with the plan.
- d.2. The strategic plan is translated to a yearly work and financial plan.
- d.3. The strategic plan is based on a set of desired survivor outcome indicators.
- d.4. Regular planning cycle is effected.

e. Policy-Making Process and Procedures

- e.1. Policy-making process is documented.
- e.2. Policies being implemented are written and known by all the staff and the survivors
- e.3. Survivors are consulted, if applicable, in the review and formulation of policies to ensure that these are for their best interest and welfare. They are knowledgeable about policies that involve them

f. Ethical Conduct

- f.1. There is written and clear policy governing conflict of interest, confidentiality and ethical standards in dealing with the survivors and their families
- f.2. There is a written and clear policy on the use of “non-sexist language”.

- f.3. Conduct monthly character quality sessions/activities or value formation program among the staff and victim/survivor based on their needs and interest.

3. Efficient Financial and Resource Management

a. Financial Management System

a.1. Financial transactions with clients and non-clients

- i. There are written and operational policies, systems and procedures on financial transactions.
- ii. Processes for making financial transactions are transparent, and properly documented.

b. Fund Allocation

- b.1. Program expenses shall not be less than 80% while the administrative expenses shall not exceed 20% of the total budget .
- b.2. GOs and LGUs allocate Gender and Development (GAD) Budget from General Appropriation Act (GAA) that are utilized for VAWC services and must be reflected in their work and financial plan.

c. Resource Generation

- c.1. Resource generation activities are conducted in accordance with the existing laws and regulations and properly reflected in the financial report .
- c.2. Regular reporting and feedback to donors and sponsors on fund utilization is done. Its frequency shall depend on the agreements between the agency and the donors/sponsors.

d. Control

- d.1. Financial reporting should be done annually and audited by an external Certified Public Accountant (CPA) or Commission on Audit representative for those SWAs with income of Five Hundred Thousand Pesos Php500,000 and above and by an internal auditor for those with income below Php500,000.
- d.2. Disbursement are covered by duly authorized vouchers and are subjected to annual internal and external auditing.

4. Material Resource Management System

a. Facilities/Assets

- a.1 Funds for periodic repair of facility should be allocated and included in the approved annual work and financial plan .
- a.2. Utilization, distribution, disposal, repair and replacement of physical assets are done in accordance with written policies.
- a.3. Physical inventory of assets are done annually and recorded to monitor acquisition, procurement, utilization, distribution, disposal repair and maintenance.

b. Receipt of non-monetary donation

- b.1 There are written policies for securing, acknowledging and distributing non-monetary donations for transparency purposes.

- b.2. The policies are consistently implemented and in accordance with existing laws and polices and guidelines of concerned government agencies,
 - b.3. Distribution and utilization of donations are just, equitable and non-discriminatory.
 - b.4. Receipt and utilization of donations either in cash or in kind are transparent, properly recorded, reported and accounted for.
5. Human Resource Management and Development
- a. Recruitment, selection, hiring and retention system
 - a.1. There are written policies for recruitment specifying among others the qualification standards for each position.
 - a.2. Criteria for the selection process is consistent with Civil Service rules and regulations or its equivalent in the Labor Code.
 - a.3. Qualifications and background of applicants are assessed based on the written policies on hiring personnel.
 - a.4. Job descriptions for all the staff are written and actual tasks of personnel are aligned with what is written.
 - a.5. There is a functional system for hiring new qualified personnel, assigning appropriate responsibilities and compensation.
 - b. Staffing Requirement
 - b.1. Organic Staff

The following staff who shall have the same sex as the survivors shall take charge of the day to day operations of the Center and shall be hired on a full time basis:

 - i. Executive/Program Director/Center Head – shall be responsible for administering, planning, managing and controlling the daily activities of the Center and shall ensure that the service qualification requirements are met. She is also in-charge of developing and maintaining the Center’s financial and administrative affairs as authorized by the Board of Directors.
 - ii. Social Worker or Case/Crisis Worker – shall be responsible for the following in handling the survivor’s case:
 - Gender responsive case management.
 - Provision of psychosocial services in accordance to the need/s of the survivor and her family.
 - Establish networks and make referral to other disciplines to attain the goals set in the treatment plan.
 - Provide/make available other services that may be needed by the survivor and her family.
 - Close/Terminate the helping relationship after the attainment of the intervention objectives.
 - Ensure smooth reintegration of survivor to her family and community through referral to concerned LGU for after care services.
 - iii. Houseparent/caregiver – shall provide immediate care, attention to the physical needs and supervise homelife activities of the survivors.

- iv. Security Guard –shall protect the survivors and staff from any crimes, disorders or illegal activities that may happen at the Center.

b.2. Helping Team Staff

The social worker of the Center shall be assisted by members of the Helping Team who will be on an on call basis. Its members shall be of the same sex as the survivor and shall function in a gender sensitive manner and in accordance with their duties and tasks. They shall act jointly in providing full support and assistance to survivors and their families anytime and in every step of the process. The Rape Crisis Center shall be composed of the following core staff as provided by the law:

- i. Physician – shall conduct medico-legal examinations and provide treatment to injuries and diseases related to the rape
- ii. Psychologist – shall provide psychological evaluation and counseling; prepare a psychological report and document the counseling sessions conducted as source of information for intervention planning
- iii. Psychiatrist – shall provide psychiatric services whenever necessary. He/she shall likewise prepare a report for ready reference and appear and testify in court, when needed
- iv. Police/Investigating Officer – shall conduct the investigation, ensure and safeguard gathered evidences on the case, ensure the speedy arrest of offenders and the filing of cases in court as well as provide security to victim or survivor, witnesses, counselors and social worker/s, where the circumstances merit police security
- v. Prosecutors or Lawyers – shall conduct inquest or preliminary investigation and the filing of the information against the offender including the discharge of a suspected offender to become state witness, among others
- vi. NGO Representatives – shall conduct awareness raising and advocacy activities among others

c. Personnel Competencies and Qualification Standards

- c.1. All personnel at all levels of functions and authority shall have the following qualifications and competencies:
 - i. Appropriate education and/or professional qualifications and skills to provide the services required; preferably female
 - ii. Knowledge of the agency’s VMGs and framework of service delivery
 - iii. Understand agency’s rules and regulations
 - iv. Facilitate interdisciplinary collaboration
 - v. Knowledge of agency procedures and decision-making structures
 - vi. Knowledge of agency target beneficiaries and competence in dealing with them
 - vii. Knowledge on women and children issues, laws and programs
- c.2. Executive/Program Director/Center Head – could be a non-social work graduate who has attended at least 10 days or 80 hours of relevant trainings with two (2) years supervisory/managerial experience in a related field.
- c.3. Social Worker or Crisis Worker – must be a Registered Social Worker with at least one (1) year of relevant work experience and related training on Gender Responsive Case Management (GRCM) of survivors of rape or other forms of sexual abuse.

- c.4. Houseparent – a high school graduate with eligibility equivalent to formal education or 240 hours of related training on caregiving
- c.5. Other staff hired for specific position of the government and private SWDA shall be in accordance with the Civil Service Commission (CSC) and Department of Labor and Employment's (DOLE) rules and regulations respectively.
- d. Training and Development
 - d.1. New personnel are given a program orientation on and proper induction to the organization to include its VMGs, types/characteristics of beneficiaries being served, programs and services, guiding principles/rules and regulations and their respective roles and responsibilities
 - d.2. Continuing training program for all staff on gender sensitivity and VAWC is provided at least 40 hours every year to upgrade and acquire new skills and competencies. These may include, but are not limited to the following:
 - i. Gender Sensitivity Trainings (GST) and other related training on anti-violence against women and children
 - ii. Skills training in dealing/handling survivors e.g. gender responsive case management, reality therapy, counseling, compassion fatigue, family therapy and crisis intervention, etc.
 - iii. Medical, legal and para-legal literacy
 - iv. Self-Care
 - v. Stress Management/Trauma/Crisis Counseling
 - vi. Training program that incorporates survivor attitudes, habits and ethics of work
 - vii. Training program on emergency situations
 - d.3. A program for career pathing and development is developed and implemented by the agency
 - d.4. The governing board or its equivalent supports the training program, consistent with the needs of the service and personnel, manifested primarily by allocation of necessary funding and resources.
 - d.5. Staff development activities are regularly conducted in order to facilitate good communication, cooperation and consistency among the staff in implementing the services
- e. Staff Support Services
 - e.1. Individual and/or group counseling/stress debriefing is provided at least once a quarter or whenever necessary.
 - e.2. Support mechanisms are in place which include, but are not limited to:
 - i. Social Insurance System i.e. GSIS, SSS
 - ii. Annual physical and medical examination
 - iii. Annual rest and recreational activities
 - iv. Technical sharing sessions on knowledge and skills among staff
 - v. Team building and other organizational developmental activities
 - vi. Health insurance coverage such as PhilHealth

- f. Performance Appraisal
 - f.1. Assessment of staff performance is conducted every semester based on agreed upon plans and targets and a systematic feedback mechanism on its result is installed.
 - f.2. Tool for performance appraisal is developed and utilized establishing standards for quantity and quality of output, timeliness of results, manner of performance, effectiveness in use of resources, and trait-based criteria (personal character and attributes) especially in relation to dealing with clients.
 - g. Compensation System
 - g.1. For government agencies, salaries, benefits and incentives are given in accordance with the Salary Standardization Law, CSC rules and regulations and other relevant laws and government policies.
 - g.2. For private SWDAs, compensation policies including incentives and benefits system such as but are not limited to provision of separation pay for five years of employment and a retirement plan among others are developed, written and implemented in accordance with the Regional Wage Board, labor laws, labor standards and regulations.
 - g.3. Performance-based incentives and rewards are in place to motivate the staff to work towards the promotion and fulfillment of the rights of the survivors being served.
 - h. Volunteer Management
 - h.1. Policies on the recruitment of volunteers, the type of volunteers that will be accepted, the work they are expected to do and their responsibilities are written and implemented.
 - h.2. Volunteers given disciplinary control over survivors shall meet the qualification requirements for organic personnel.
 - h.3. Volunteers are given orientation on the organization and a programmed interaction between the volunteer and the clients.
 - h.4. Mechanisms are existing to protect the survivors from possible abuse by volunteers.
 - h.5. A reward system for volunteers who have shown dedication and commitment in helping the survivors is implemented.
 - h.6. Support mechanisms for volunteers are in place, to include intermittent processing of experiences and an exit interview.
 - i. Discipline
 - i.1. Appropriate complaints and grievance system is in place and functional.
 - i.2. Progressive discipline system is developed and is properly administered.
6. Availability of Support Services
- a. General Services
 - a.1 Policies and systems on official transactions involving procurement, repair and maintenance of building/facilities, vehicles and equipment are written, operational and properly documented.

- a.2 Timeline for processing each transaction is indicated and observed
- b. Information Management System
 - b.1 A mechanism for documenting organizational events is in place.
 - b.2 Administrative and program files and records are maintained. The recording system is kept confidential and functioning effectively in order to facilitate management of cases.
 - b.3 Database system is developed for significant information on cases managed by the agency in aid of organizational decision-making, of policy and program development and research.
 - b.4. There is an existing Social Marketing and Advocacy Plan and is periodically enhanced to suit the needs of the victims or survivors at the Center.

B. Program Management

Projects and activities are responsive to the needs of the survivors and appropriate resources are allocated and utilized efficiently towards attaining the SWDA's VMG as well as in improving the total well being of the survivors. These include:

1. Program Management Structure
 - a. Structures for program management are written in a Manual of Operation which uses non-sexist language.
2. Program Management Process
 - a. Planning
 - a.1. Assessment of the situation of the survivor is done with sufficient data collection to support program design and strategies.
 - a.2. A clear program/action plan consistent with the center's goals, objectives and helping strategies is formulated considering the program scope, timeframe, resources needed and priorities.
 - a.3. Plan is supported with baseline data and formulated in consultation with staff, survivors, volunteers and other stakeholders.
 - b. Implementation
 - b.1. Structures are operational.
 - b.2. Required resources for implementation of programs are provided by the organization.
 - b.3. Schedules for provision of services are consistent with organizational intent and program design.
 - b.4. Institutional linkages with other government agencies and non-government organizations in implementing programs and services for the survivor/s of rape and other forms of sexual abuse.
 - b.5. A referral system is in place.
 - b.6. Program implementation is documented.

- c. Monitoring
 - c.1. The agency conducts quarterly monitoring of the quality of all program records, activities undertaken, availability and condition of facilities/resources and the decisions made by the staff and takes appropriate action to remedy deficiencies of the staff in order to safeguard the interest and welfare of the survivors and achieve program objectives.
 - c.2. The agency prepares regular reports (quarterly, bi-annual and annual) to account for services provided and resources expended.
 - c.3. Monitoring logbooks to record daily activities, admission, incidents, turnover of staff on duty and other significant events of the program implementation.
- d. Evaluation
 - d.1. Semestral assessment of plan and accomplishment is done, result of which is utilized as basis for program planning and enrichment, among others with the participation of the survivors, staff and other partner stakeholders.
 - d.2. Conduct of bi-annual evaluation of actual accomplishments.
- e. Community Integration
 - e.1. Immediate community is aware of the Center and its activities.
 - e.2. Concerned Local Government Unit (LGU) is aware of the Center operation; Center coordinates its projects or activities with LGU/s where it operates.
 - e.3. The center cooperates/participates in relevant projects of immediate community or organizations in the area.
 - e.4. Referral system is in place for cases that are not within the services of the Center.

C. Gender Responsive Case Management (GRCM)

The management of cases shall adopt the Gender Responsive Case Management (GRCM) to ensure that women and girl-survivors, who are mostly the victims-survivors of rape and other forms of sexual abuse, are given appropriate and responsive interventions.

A manageable number of survivors in accordance to standards are handled by the registered social workers and other qualified paraprofessionals applying (a) specific social work methods; (b) innovative approaches/strategies and processes; and (c) are in accordance with the assessment of the survivors' problems and treatment plan including the systematic documentation of the helping process as basis for determining appropriate interventions and their effects on the survivors being assisted. Specific indicators are the following:

- 1. Caseload
 - a. One full time Registered Social Worker for at most 15 survivors at a time
 - b. The RSW shall manage the following methods /approaches/processes singly or simultaneously:
 - b.1. For individual counseling –session is conducted twice a week for critical cases or as need arises
 - b.2. For group counseling – session is conducted after a minimum of four individual counseling per survivor and should be based on a purposeful group work program prepared by the RSW/counselors in-charge.
 - b.3. For group work – at most three groups at a time

b.4. For work with families

- i. At most three families at a time either for case work or group work
- ii. Family conferences conducted as needed
- iii. Case conferences- conducted monthly for collective case management and learning

2. Helping Process

Whether through walk-in, referral or identified during an outreach activity, a survivor shall be accepted at the Center regardless of her race, nationality, age and religion with a maximum stay of three weeks. Each survivor (individual, group, family) accepted by the Center for a helping contract has a written intake and case study/assessment, which clearly shows the following:

a. Initial Supportive Responses

The initial interview is very critical in the helping process, hence the social worker must ensure that the necessary data are gathered and appropriate immediate actions are undertaken.

- a.1. Intake interview should be undertaken by the RSW within thirty (30) minutes upon arrival of the survivor at the Center.
- a.2. Intake interview and initial counseling should not go beyond an hour unless the survivor is assessed as not yet ready for such activity.
- a.3. Conduct of alternative activities like journal writing, painting, drawing etc. if in case the survivor is not yet ready for conversation, illiterate or has disability and language barriers.
- a.4. Presence of an interpreter to assist the survivor if she cannot articulate herself due to illiteracy or language barrier or disability e.g. deaf, mute, etc.
- a.5. Leveling of expectations between the agency and survivor as well as families of survivor.
- a.6. Thorough and adequate orientation regarding the policies, programs and services of the Center.
- a.7. Initial assessment should be written and formulated within 24 hours upon admission of the survivor which will serve as basis for provision of interventions.
- a.8. Observe the following steps during the initial intake interview
 - i. Identify the state of mind of the survivor.
 - ii. Create a safe environment and stabilize the survivor eg. make sure the perpetrator is not present or within distance during the interview.
 - iii. Use a gender sensitive interview e.g. make the survivor feel welcome; allow the survivor to tell her story and express her emotions; maintain a non-judgmental attitude etc.
 - iv. Make an initial assessment and identification of problem.
 - v. Take immediate responsive actions/referrals needed e.g. medical, psychiatric, legal and attend to the emergency cases based on existing protocols among others.
- a.9. Ensure as much as possible that the survivor is not re-victimized.

- b. Gender Based Assessment
 - b.1. Presentation of information relevant to the problem system and priorities to be worked on.
 - b.2. Assessment of the survivor's situation to include the following:
 - i. Psycho-social, emotional condition, cognitive and behavioral responses
 - ii. Safety and security-including the lethality of their situation and their need for temporary shelter
 - iii. Biological and medical, including reproductive health concerns
 - iv. Need for legal assistance and protection
 - v. Strengths and weaknesses
 - vi. Support systems (internal and external)
 - vii. Dependents or other family members
 - viii. Significant events that led to the current situation and coping strategies of the survivor and her family
 - b.3. Validation of the initial data gathered through several collateral interviews with the family, relatives, friends, neighbors or co-workers of the survivor.
 - b.4. Ensure participation of the survivor.
 - b.5. Use of Gender Survivor Assessment (GSA) Tool (Annex A) and/or Inter-disciplinary Gender Assessment (IDGA) Tool (Annex B) in data analysis.
- c. Goal and Contract Setting and Planning
 - c.1. Problem/development issues and directions are clearly discussed and recorded; shows agreement of survivor to participate in helping tasks, unless she is mentally incapable to make decisions. This agreement/commitment should be concretely expressed in writing and in a language understood by the survivor.
 - c.2. Plan should be properly focused on what specific situations or behavior should be changed and ensure the roles and responsibilities of each of the Team members as to the implementation of the intervention plan.
 - c.3. A separate intervention plan for the family of the survivor is formulated together with the LGU Registered Social Worker (RSW) as part of the reintegration plan of the survivor.
 - c.4. Recommended treatment/helping plan are clearly stated based on written desired impact/goal, objectives, resources required to support the intervention, responsible person involved, time frame and expected changes/effect on the survivor.
- d. Helping Process
 - d.1. Active participation and self-determination of survivor
 - i. There are regular activities to elicit/ensure contributions of the survivor to her helping/treatment plan.
 - ii. Decisions on short and long-term activities that affect the life/directions of the survivor are done with her participation.

- e. Multi-disciplinary/Multi-sectoral Involvement
 - e.1. LGU social workers and relevant professionals of different disciplines are actively involved in appropriate phases of the helping process (e.g. case conference/consultation). Such involvement is documented.
 - e.2. Periodic conference/meetings should be undertaken to provide update, re-assess progress of the case and re-plan for subsequent intervention/activities.
- f. Implementation
 - f.1. Implementation of any intervention is based on a plan agreed by the survivor together with the worker. Any necessary change/s in implementation is/are agreed upon with the survivor.
 - f.2. Assist the survivor in implementing her plans through various activities and interventions including but not limited to: follow-up counseling, appropriate referrals, escorting survivor and her family members, group counseling sessions and advocacy.
- g. Monitoring and Evaluation
 - g.1. Periodic monitoring activities are conducted to ensure effectiveness and consistency of interventions.
 - g.2. Ensure the participation of the survivor, RSW, members of the interdisciplinary team and other stakeholders.
 - g.3. Assessment of effects of interventions is done regularly. Results are basis for the revision of the treatment/helping plan.
 - g.4. Feedback of survivor on the processes and on results is elicited and is responded to by the worker.
 - g.5. Conduct of peer group conferences among survivors e.g. therapeutic community approach.
- h. Closure/Termination
 - h.1. Pre-Termination Phase
 - i. A transfer summary of the case must be ready during the pre-discharge conference to enable the LGU RSW to be guided on the focus of the after care services. Tasks and responsibilities are clearly defined/discussed with the survivor and her family.
 - ii. Termination plan is formulated with the survivor, if applicable, prior to actual termination.
 - iii. Survivor transition is processed with the survivor and her family, if applicable. Exit interview and pre-discharge conference are conducted with the presence of the Center RSW, LGU RSW, survivor and her family members, if available, as well as any member/representative of the Barangay Council of the community where the survivor will be reintegrated.
 - h.2. Termination Phase
 - i. Closure/termination is done according to written agency policies and procedures, which include the following:
 - Sustainability of necessary services outside the agency is arranged prior to termination.

- Support and action towards mainstreaming are planned. After-care services and reintegration plans are formulated in coordination with the receiving LGU RSW.
- ii. Closure/termination is done when the helping goals are achieved, when the survivor can already manage her own life, when she has developed adequate support to continue her plans and when her needs are beyond the Center services.

h.3 Post Termination/After Care Services

- i. Referral to receiving agency.
- ii. Presence of a mechanism that actually monitor aftercare services such as eliciting feedback from the receiving agency/office from six months to one year.

3. Case Recording

- a. The RSW must ensure that all cases have complete records in separate/individual folders.
- b. Intake assessment is written for each case, showing basis for contracting help or referral to other services. Intake sheet for individual cases is written completely and properly accomplished indicating among others:
 - b.1. Demographics
 - b.2. History of abuse
 - b.3. Effects of the abuse
 - b.4. Victim or survivor's behavior and physical condition
 - b.5. Needs and concerns and actions taken/referrals
 - b.6. Initial plans of the victims/survivors
- c. Appropriate recordings
 - c.1. Masterlist/inventory of cases indicating names, date of admission/s and discharge/termination, and a logbook, capturing significant information such as category of survivor's name, age, addresses, names and ages of dependents or family members, date of admission and discharge/termination.
 - c.2. Individual case folders containing the following are maintained:
 - i. Referral for admission
 - ii. Admission slip
 - iii. Picture upon admission and six months thereafter
 - iv. Duly Accomplished General Intake Sheet
 - v. Sworn affidavit or complaint affidavit
 - vi. Police Report
 - vii. Social Case Study Report (SCSR). SCSR should be completed within five (5) days after initial interview and updated as needed depending on the nature of problem/s being worked on
 - viii. Treatment Plan
 - ix. Medical records (including dental reports and x-ray)
 - x. Medico Legal report, if any
 - xi. Psychological and/or psychiatric evaluation and treatment (if available)

- xii. Birth certificate
 - xiii. Behavioral reports of the houseparents and/or helping team members
 - xiv. Profile of perpetrators, if any
 - xv. Progress reports/follow-up reports
 - xvi. All communications/ correspondences concerning the victim or survivor
 - xvii. Recordings relative to counseling session conducted
 - xviii. Minutes of case conferences
 - xix. Court orders and other legal documents
 - xx. Transfer and closing summary
- c.3.Process/progress recording – are significant process notes on the case and significant interactions between and among the survivor, social worker, other survivors among others.
- c.4.Summary recordings
- i. Transfer summary - when transferring a case to another worker/agency
 - ii. Closing summary - when case is closed
- c.5.Assessment and evaluative statement, which is the worker’s professional evaluation on survivor’s situation; presented at the end of every recording.
- d. Records/documents relevant to the objective of helping is properly kept
- e. Case records should be easily accessible to agency staff yet the record’s privacy and confidentiality are ensured.
- e.1.Case records and significant documents including updates on the case are systematically arranged per folder in a locked filing cabinet and kept in a location that can be monitored.
- e.2.Only identified users of records are allowed on records access.
- e.3.Policies on records access and use are written and observed.
- f. Taking of pictures of the survivor is prohibited at the Center.
- g. Recordings/documentation significant to each case is updated and shows the history and development of the survivor’s situation from initial interaction with the center, to the termination of services, based on helping goals. Records show participation of the survivor in decisions that affect her.
- h. All records shall be made confidential and shall not be opened to the public unless with consent by the survivor and authorized by court or appropriate office

D. Helping Strategies

A safe and short-term refuge is available to survivors with security risks, limited resources, and without a place to go to escape an abusive situation. The survivors at the Center shall receive the following services that are gender-responsive, age appropriate and sensitive to their needs and concerns that contribute to the attainment of the helping goals.

- 1. Psychosocial care
 - a. Practice is aligned with the policies on the provision of psychosocial interventions.

- b. Psychosocial interventions are handled by qualified professionals (e.g. counseling; trauma and crises counseling; therapy; psychological testing; etc.).
- c. Confidentiality policies are discussed with the survivor where decisions on this matter are arrived at with her participation.
- d. Disciplinary measures on a survivor is based on written policies and is always geared towards achieving helping objectives. Corporal punishment and deprivation of rights-based needs are prohibited. Likewise, a complaint or grievance system is available to the survivor.
- e. Psychological/psychiatric tests are used in relation to other relevant information in assessment and in planning for interventions.

2. Health

- a. There is provision of or access to professional health services e.g. conduct of health examinations, treatment or medical intervention.
- b. Functional referral mechanism for emergency cases e.g. to appropriate doctor or hospital in order to provide timely and appropriate treatment.
- c. Medicines apart from the over-the-counter medicines should be administered, according to prescriptions by licensed physicians. Prescription and administration of these medicines are explained to the survivor by a licensed health professional.
- d. Use of indigenous health management/practices in the community is certified safe by the appropriate government agency.
- e. Health education is provided according to the life cycle and rights of survivor (e.g. reproductive health, sexual education). This may include but are not limited to the following specific reproductive health and women friendly health services:
 - e.1. Referral for medico-legal examination
 - e.2. Utilization of Rape kit
 - e.3. Laboratory examination for STD, HIV AIDS, pregnancy test
 - e.4. Family planning
 - e.5. Provision of medical treatment as appropriate
 - e.6. Hygiene and self-care
 - e.7. Maternal and child care
 - e.8. Breastfeeding
 - e.9. First Aid
 - e.10. Common health problems peculiar to women and children
- f. Conduct of laboratory examination, surgery or provision of assistance for physical restoration are according to the advice/prescription of appropriate medical/health professional.
- g. Coordinate with the designated medico-legal officer for the survivor's medico legal examination.

3. Protection and Safety
 - a. Provision of mechanisms for protection from mental, emotional, physical and sexual abuse and other forms of exploitation.
 - b. Survivor is trained on personal safety and protective behavior such as life skills, assertiveness, self-defense, etc.
 - c. Survivor is trained on the use of and/or are given protective gadgets when involved in activities or jobs that pose physical risks/harm.
 - d. Survivor is trained on women rights and other women related laws/policies.
4. Provision of clothing and personal items
 - a. Provision of or access to decent, clean, culture-sensitive, adequate and appropriately-sized clothing and personal items needed for physical protection, good grooming and personal health and hygiene to include but are not limited to the following:
 - a.1. Two sets of clothing, each set consisting of outer clothing, under wear and sleeping clothes
 - a.2. One pair of slippers
 - a.3. Toiletries such as face towel, toothbrush, soap, and shampoo
 - b. Donated used clothing are cleaned by the agency before distribution.
5. Legal or paralegal assistance
 - a. Survivor is referred to legal/paralegal services not provided by the Center
 - b. Survivor is involved in the choice of her legal counsel.
 - c. Survivor is guided or prepared and accompanied, if necessary, in legal processes especially before, during and after court hearings including the taking of the sworn affidavit.
 - d. Options are provided to the victim or survivor before taking decisions on legal action/s.
6. 24-Hour Hotline Telephone Crisis Intervention
 - a. Must maintain a 24 hour, seven days –a-week telephone line or access to telephone crisis intervention for survivors, significant others and other individuals needing assistance. The purpose of this service is to provide crisis intervention services for survivors, family or friends, and to receive referrals from law enforcement, hospitals, and community agencies.
 - b. The crisis line must be manned at all times by the RSW to provide immediate crisis intervention and information and referral to survivors.
 - c. Staff are knowledgeable and trained to appropriately respond to the calls of the survivors.
7. Advocacy and Social Preparation
 - a. Advocacy program is designed, planned, implemented and evaluated with the community to increase awareness among stakeholders and move them into action and support.

- b. Conduct advocacy and networking functions to improve response to violence against women and children.
- c. Conduct public information campaign on violence against women and children at least once a year.
- d. Developed reader friendly violence against women and children information education materials that are translated into different local languages.
- e. Developed a social marketing plan for fund generation purposes of the agency.

8. Family Reintegration

It will be pursued if the SCSR for the survivor shows that it is the best intervention for the achievement of treatment goals. Family reintegration entails coming and staying together with the supportive members of the family to enable the survivors regain her self-worth and self esteem after the experienced abuse.

9. Referral to other services

- a. Facilitate referral and transfer of the survivor to DSWD, LGU or registered and licensed private SWA residential care facility for temporary shelter/protective custody.
- b. Coordination with LGU RSW for the conduct of family debriefing, therapy and counseling.
- c. Coordination with LGU RSW where the survivor and her family reside and requested for a case conference, if the survivor manifested the desire to undergo healing and recovery in the community where there is no threat in her life.
- d. Referral to partner agencies and provision of services such as affidavit taking, medico legal examination and temporary shelter/protective custody.

E. Physical Structure and Safety

Physical facilities shall be designed to promote the well being of the survivor and the staff and shall conform to the basic safety standard requirements and program requirements for the day to day operation and implementation of the Center's programs and services.

1. Location

- a. The Center shall be established in areas where there are high incidence of rape cases as reported by the concerned agencies such as Philippine National Police (PNP) , NGOs and LGUs.
- b. Accessible to staff and survivor by public transport system.
- c. Accessible to community facilities such as schools, churches, clinics/hospitals.
- d. Located in a safe distance from dangerous structures/conditions like gas and power stations, cliffs, main thoroughfares, or measures are installed to prevent loss of life and harm to health and safety that may be caused by these structures/conditions.

2. Physical Structure and Facilities

- a. Basic utilities such as telephone or any adaptive means of communication shall be available; there shall be adequate supply of light/electricity and potable water as certified by proper authorities on an annual basis.
- b. Office and facilities are kept in safe place and decorated in such a way as to create a pleasant and therapeutic environment for clients, staff and visitors as well; adequately lit and well-ventilated.
- c. The Center which shall be established as a new facility shall have the following rooms:
 - c.1. An interview/counseling room equipped with fixtures that would allow interaction between the survivor and the social worker such as art materials, throw pillows, anatomical dolls, toys and other materials depending on the age and purpose of the interview/counseling sessions.
 - c.2. A mini-conference or function room where members of the multi-disciplinary team could hold their inter-disciplinary case conference and to be utilized for group activities and trainings. This can also be used as a place for survivors to receive visitors.
 - c.3. An office space that is ample and appropriately furnished and used exclusively by the staff of the Center.
 - c.4. Clinic or its equivalent for use during medical consultation and other medical needs.
 - c.5. A wellness or resting room or reflection area. This could also be used as a “safe” room where the survivor could stay in case there is a threat from the perpetrator.
 - c.6. Sleeping quarters with a bed capacity of at least five (5) at a given time and shall meet the following supplementary conditions:
 - i. Bedroom has a window.
 - ii. No basement shall be used as sleeping accommodation unless declared fire-safe by authorities.
 - iii. Each survivor has own bed appropriate to age, a clean mattress and beddings appropriate to weather condition and climate.
 - iv. No survivor who has serious difficulty negotiating stairways shall be placed in a bedroom above or below the ground floor level of the Center.
- d. Separate toilets are provided for survivors and staff. One functional toilet/bathroom for every ten female survivors.
- e. A standby vehicle.
- f. The Center which shall use an existing facility or building shall conform , with the required specifications as indicated in item no. 2.c.

3. Safety Features

- a. Accessibility features are installed where rooms and spaces are barrier free and properly labeled with appropriate signage for access to survivor, staff or visitors.
- b. There must be safety measures to deal with emergencies which include at least the following:

- b.1. Clearly marked emergency exits and escape route.
- b.2. All exit doors shall be equipped with hardware which does not require the use of a key to unlock the door from the inside. Exit doors should not be blocked.
- b.3. First aid kit which is strategically located.
- b.4. Basic building and fire safety requirements including availability of functional fire-fighting gadgets (e.g. fire extinguishers or its equivalent like bags of sand, drums of water, etc.).
- b.5. Orientation on safety precautions and first aid.
- b.6. Declared structurally and fire safe by proper government authorities.
- b.7. Conduct of annual emergency drill among staff and survivors.

VI. ASSESSMENT OF COMPLIANCE

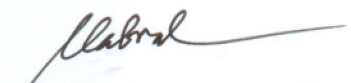


In consideration of the varying service capacities of SWDAs implementing Rape Crisis Center,

1. An assessment tool in the accreditation of Rape Crisis Center shall be prepared by the Standards Bureau within six (6) months after the approval of this guidelines.
2. DSWD authorized staff and intermediaries shall use the prescribed accreditation assessment tool in assessing SWDA's compliance to standards.
3. Indicators of the assessment tool shall be reviewed and updated every three (3) years to ensure applicability with current social work practice.

VII. EFFECTIVITY

This Administrative Order shall take effect immediately

Issued in Quezon City on this 8th day of September, 2009.


DR. ESPERANZA I. CABRAL
Secretary 


Attachment:

Annex A - Gender Survivor Assessment (GSA) Tool

Annex B - Inter-disciplinary Gender Assessment (IDGA) Tool

GENDER SURVIVOR ASSESSMENT CASE STUDY FORMAT

Instructions:

The Gender Survivor Assessment (GSA) Case Study Format is to be accomplished by the Social Worker managing the case.

The GSA Tool is used in the following manner:

1. Write down the identifying information;
2. Clearly identify the problem in behavioral terms (identified problem/frequency-when-where-circumstances-effects);
3. Make an analysis of the gender relationships existing in the family in terms of:
 - a. Each family/household member's roles and activities in the family and/or in the community
 - b. Access and control over income and resources of family members
 - c. Implications on the family relationships of the roles and activities, access to and control of income and resources by each family member
4. Identify the internal/innate strengths of the woman/girl survivor (positive character, etc) and the personal constraining factors that hinder or pose difficulties in the realization of her potential;
5. Identify the existing external support system of the survivor, i.e. the supportive environmental elements and the constraining or negative environmental elements that pose difficulties for the survivor;
6. Make a summary statement of the assessment to ensure all the data are synthesized and ready for the intervention planning

I. Identifying Information

II. Presenting Problem

<i>Problem</i>	<i>Frequency</i>	<i>Where</i>	<i>When</i>	<i>Circumstances</i>	<i>Effects</i>

III. Gender Analysis of Family Situation

<i>Member</i>	<i>Roles and Activities</i>		<i>Access and Control over Income and Resources</i>	<i>Implications</i>
	<i>Family</i>	<i>Community</i>		

IV. Internal Power of Survivor

<i>Strengths (Positive)</i>	<i>Constraints (Negative)</i>

V. External Power(Support Systems)

<i>Sustaining (Positive)</i>	<i>Constraints (Negative)</i>

VI. Summary Statement

1. Brief Statement of the Case
2. Effects of the Abuse (physical, emotional, cognition and behavioral)
3. Gender Assessment
4. Statement of the current stage of the survivor in the change model (substantiate with indicators)

VII. Intervention Plan

<i>Desired Impact</i>	<i>Objectives</i>	<i>Inputs/ Enabling Mechanisms</i>	<i>Interventions</i>	<i>Time Frame</i>	<i>Effects</i>

Accomplished by:

Name and Signature of Agency Social Worker

Date

Noted by:

Name and Signature of Center Head

Date

INTER-DISCIPLINARY GENDER ASSESSMENT (IDGA) TOOL

I. Identifying Information

II. Presenting Problem

<i>Problem</i>	<i>Frequency</i>	<i>Where</i>	<i>When</i>	<i>Circumstances</i>	<i>Effects</i>

III. Gender Analysis of Family Situation

<i>Member</i>	<i>Roles and Activities</i>		<i>Access and Control over Income and Resources</i>	<i>Implications</i>
	<i>Family</i>	<i>Community</i>		

IV. Internal Power of Survivor

<i>Strengths (Positive)</i>	<i>Constraints (Negative)</i>

V. External Power(Support Systems)

<i>Sustaining (Positive)</i>	<i>Constraints (Negative)</i>

VI. Interdisciplinary Survivor Analysis

1. Medical Assessment
2. Psychological Testing
3. Psychiatric Evaluation
4. Legal Case Opinion

VII. Summary Statement

Accomplished by:

Name and Signature of Agency Social Worker

Noted by:

Date

Name and Signature of Center Head

Date

Instructions:

The Inter-Disciplinary Gender Assessment (IDGA) Tool is to be accomplished by the Social Worker managing the case in coordination with the other disciplines..

The IDGA Tool is used in the following manner:

1. Coordinate with other service providers for the needed assistance/services for the survivor.
2. Request professional assessment of the case as needed, such as:
 - a. Medical assessment from health professionals re: physical condition
 - b. Psychological testing re: intellectual ability, personality test, etc.
 - c. Psychiatric evaluation, mental status examination and diagnosis
 - d. Legal opinion of the case
3. Call a case conference with the other professionals to discuss and validate their findings and agree on collaborative measures to assist the survivor. As the case manager of the survivor, the main responsibility rests on the social worker
4. Clarify the active participation of the survivor in decision-making and ensure, above all, that the interest of the survivor is served well
5. Discuss the findings with the survivor and together plan the intervention accordingly