

The background features a purple-to-blue gradient. In the upper half, there are faint, overlapping line-art drawings of human faces, some looking forward and others slightly to the side. In the lower half, there is a faint illustration of a diverse group of people of various ages and ethnicities standing in a line and holding hands, symbolizing community and support.

Guidelines for the Protection of Dignity and Rights of the Survivors of Violence

Code of Ethics for Organisations, Service Providers and Supporters

**Guidelines
for the Protection of
Dignity and Rights
of the Survivors
of Violence**

June 2009
Second Edition



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Foreword

Mainstreaming ethics – a unique experience.

The first code for the protection of research subject was developed in 1940 (Nuremberg Code of Ethics) and in 1964 World Health Assembly in Helsinki developed a Declaration with guidelines for the protection of research subject. Gradually, this concern was adopted by other national and international bodies, very significant among them being: WHO Council for the International Organization of Medical Sciences (CIOMS) and Nuffield Council of Bioethics. While research ethics pioneered the advancement of ethics in the larger field of health, hospital ethics also soon emerged as a discipline within health care.

There are many networks of non-government organizations in Pakistan, organized around their special areas of interest. The well-known networks are around education, health, rural development, and networks of non-government organizations (NGOs) are also to be found at district, provincial and national levels. Concerned about effectiveness of their work, and learning through sharing, they have not actively engaged with the ethical dimensions of their work. They work with the assumption that to work professionally is to work ethically. History is a testimony to the danger of this assumption, and in Pakistan with its moral considerations under immense pressure from the empirical needs and human greed, and with mechanism of accountability very frail, mainstreaming ethics in work is a challenge of no small measure. That this challenge was purposefully acknowledge and addressed was a commendable step taken by Rozan. The journey began in a truly participatory spirit, which has been retained to date. The process itself was ethical for it is possible to become autocratic in pursuit of ethics. When this happens certain self-righteousness is detectable, as if a set of people or declaring what it is to be ethical. This approach itself can be seen as un-ethical for it does not respect people's right to reflect and analyze and articulate their own guidelines, and thereby bring to surface their inherent sense of morality. The nurturing and strengthening of moral autonomy of each individual is bound to make morality part of work ethos.

Rozan initiated the making of Hurmat -- a network that developed the

guidelines for the protection of the dignity of survivors of violence and also those who have the courage to work with the vulnerable groups. The guidelines are about dealing most sensitively with the survivors of violence, and they lay bare what constitutes sensitive behavior. The guidelines also include issues of protection of the care- providers, whether they be lawyers or mental health professionals, or supporters and friends of survivors. A significant feature of the guidelines is the process proposed for operationalizing the guidelines in an institution. Also offered are suggestions for the members of Hurmat network to collectively uphold the ethical principles enshrined in the concerned document.

Protection of human dignity is the quintessence of Hurmat Guidelines. It is meant for all those who working actively with survivors of violence – whether in their individual capacities or as members of an organization. The guidelines are also a useful ally of the organizations working for the survivors of violence.

The Hurmat Guidelines are unique in that they are probably the only ethical guidelines developed and published in Pakistan. Hurmat Guidelines represent the will and spirit of many organizations and individuals, who collectively have said NO to violence, and have set an example of what is doable even when the social order of Pakistan has been caught in a political, religious and economic storm.

Kausar S Khan

1. The Problem:

The vulnerability of women and children to various forms of violence in our society is a well-established fact.

Pakistani society is structurally patriarchal. These structures maintain the subordination of women and girls. Consequently, women and girls are considered less competent and less worthy than boys and men, and their right to education, nutrition, health, physical safety and political participation is curtailed.

There are formidable barriers in preventing and responding to gender based violence. These range from an inability to perceive these incidents as crimes and a violation of rights on part of the woman, the family, community and sadly even the state, to limited or ineffectual legislation, support systems and safety nets for those who do speak out.

Other menaces such as child sexual abuse are also prevalent in society. Some of the dynamics that make children especially vulnerable are the taboo associated with sex and the lack of awareness on part of care givers/parents. Customary practices, the use of children for commercial sexual exploitation and inadequate protection systems for children by the state are some factors that make addressing this issue difficult.

These are complex and sensitive issues that present daunting challenges from the perspective of rights and responsibilities and have implications for institutions like the state, and civil society groups that seek to support these women and children.

Some Facts¹

- Eighty per cent of women in Pakistan face some kind of domestic violence in their lives².
- Rape occurs every 2-3 hours in Pakistan³. This figure is based on reported cases alone.
- In the year 2006, a total number of 2447 cases of child

¹These figures do not represent national statistics. They have been collected by various organizations from a variety of sources such as hospitals, newspaper, police reports, community-based studies etc.

²Human Development in South Asia: The gender Question 2000.

³Trends in Child Sexual Abuse, Media reports; A Five Year Analysis-2002-2006 by Sahil, Pakistan.

sexual abuse cases have been reported, among which 653 were boys and 1794 were girls⁴.

- In 2008, till June, 3026 cases of violence against women were reported around the country, out of which 257 directly fall under 'Honour' killings.
- Between 2000 and 2006, 9379 women were killed, 3116 women were raped, 1260 women were gang raped, 1503 women were burnt and 4572 women were killed in the name of honour killing.⁵

2. Responses to the Problem

Government

With the signing of the United Nation's covenant on Child Rights (CRC) in 1992 and endorsement of the Beijing Platform for Action in 1995, the Government of Pakistan has acknowledged and publicly pledged to address these issues. Pakistan is also signatory to the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW-1996) and the Ministry of Women Development is the focal government machinery for its implementation.

The National Commission for Child Welfare and Development (NCCWD) is the body responsible for the implementation of the CRC in Pakistan. The National Plan of Action for Women (2000) and the National Plan of Action for Children⁶ are commitments made at the national level by the state of Pakistan to respond effectively and affirmatively to the issues of violence against women and children respectively.

Some tangible steps taken by the government to fulfill these obligations include the passing of the Women Protection Bill (2006) and the Criminal Amendment Act (2004)⁷. Another state initiative in 2006 was the development of Women Centers in different cities of Pakistan to

⁴Aurat Foundation: Situation of violence against women in Pakistan –January to March, April to June 2008

⁵ Human rights report: Asian Human Rights commission: 2006

⁶The first National Plan of Action was prepared on the basis of the targets set by the World Summit for Children (WSC) 1990. The second Plan of Action for Children was developed by the government with the assistance of the United Nations Children's Fund (UNICEF) – December 28-29 2004 and 29-30th January 2005)

⁷The Women's Protection Bill removes some of the most dangerous provisions of the Hudood Ordinances, fails to recognize marital rape. The Criminal Law Amendment Act 2004, which although criminalizes honour killings, but fails to address the issue of 'waiver'.

provide relief/support and to rehabilitate survivors of violence by the Ministry of Women Development. The Ministry has planned 25 centers, of which 21 are operational as of June 2008.

In the recent past, in order to address the issue of child abuse and for the rescue, protective custody, care and rehabilitation of destitute and neglected children in the province of the Punjab, the Provincial Assembly of the Punjab passed the 'Punjab Destitute and Neglected Children Act, 2004' (the Punjab Act). As per this Act, Child Protection Bureaus (CPB) have been set up in 6 districts.

Non-Government

The women rights movements and several NGOs have been campaigning against violence against women and children in Pakistan for some time now. The Women's Action Forum was set up in 1981 in response to discriminatory legislation under Zia ul Haq's government. Initially, there were only a handful of groups working on this issue, however within the last decade a number of organizations have either been initiated to work exclusively on these issues or have included them within their larger mandate. These groups have been a powerful force in helping break the silence at the national level. Many have aligned themselves with regional and international networks and instruments and are now a powerful force that pushes state actors for affirmative action including protective legislation for women and children.

Currently a number of NGOs both at national and district level provide services to survivors such as legal help, medical aid, counseling services and shelter.

3. Rationale and process of Hurmat Guidelines

There appears to be some variation in the philosophy, norms and [ethics](#) underlying the practices of NGOs working with survivors of violence.

It is a well-recognised fact that the perceived helplessness and desperation experienced by survivors of violence often renders them [vulnerable](#) to direct or indirect neglect/mistreatment, and even exploitation, at the hands of the service-delivery organisations. On the

other side, NGOs, human rights' activists and service-providers are familiar with numerous dilemmas that confront them as they work with the survivors of violence, such as:

- Are we empowering the victim/survivor or creating dependency?
- Are we highlighting the issue through the media etc. or encroaching the privacy of the survivor?
- What constitutes unnecessary probing and what is justifiable information gathering?

Often the answers to these questions are not simple and clearly understandable.

There have been many instances where survivors are exploited through excessive media attention, unnecessary interviews or exposure in demonstrations where they are used as symbols to highlight the cause. When approached or questioned directly, individuals or organisations justify these acts by saying that the 'consent' of the survivor has been taken. However, unfortunately, at times the body language and the entire demeanour of the 'survivors' belie this claim. Interviews of violence victims with the media and visiting delegations, where they are asked to 'relive' the experience in front of a room full of strangers, are conducted regularly by a number of organisations.

Children represent a vulnerable group in societies of the world today. Working with child survivors becomes even more challenging as issues of informed consent, access to information and the right to decision making are more complicated than when dealing with adults. In a society like Pakistan, where the state does not provide comprehensive or quality support nets to children who may need to leave their families, the service provider often has to constantly ensure that actions taken in the best interest of the child do not place him/her in a more exploitative situation.

People working on issues of violence come from different backgrounds and carry with them their own experiences. Quite often they may also be victims who may or may not have dealt with their own trauma. It is common that consciously, and more often unconsciously, they project their own unresolved feelings of anger, hatred, and helplessness onto the

victim or their work. Often material taken from victims' lives may be used in ways, which empower and feed the needs of the activist rather than that of the victim.

Search for Appropriate Work Ethics:

The initiative to bring uniformity in the work with victims/survivors of violence has been taken up by Rozan, an NGO working on the emotional health of people with a special focus on issues of violence. Having witnessed the diversity in the work on this issue, especially when it comes to the actual treatment of the victim/survivor, Rozan felt the need for Ethical Guidelines for providing services to individuals and groups.

The Process- First edition:

Rozan contacted different NGOs working with victims/survivors of violence and held several informal discussions with them. The keen interest of the NGOs on the concerned issue encouraged Rozan to start a formal collaborative process for the development of the Ethical Guidelines. The purpose was to evolve a set of ethical norms with an aim to ensure that the [rights](#) of victims/survivors of violence are safeguarded and to provide clear-cut guidelines for caregivers of violence [survivors](#) in a non-exploitative way.

Initially 15 organizations made it to the first working group session held on 4-5 July 2003 which helped to initiate the process of the development of these guidelines. This included a workshop, which sought to:

- Understand and identify ethical dilemmas and their underlying principles;
- Develop a first draft of Guidelines for the protection of victims/survivors of violence;
- Suggest mechanisms to operate the ethical principles.

The first working group session nominated a Drafting Committee to prepare a draft of the Guidelines. The draft was sent to the participants for their feedback. At this point specific organizations were asked to ask

survivors residing in state and non state shelters to give their input. Several focus group sessions were conducted with survivors as a result.

Rozaan recorded the feedback sent by the participants of the first working group. The Drafting Committee reviewed the feedback and after consultation finalized the first edition of the guidelines. This was printed in 2004.

At this point, Hurmat was set up as a network of individuals or groups working with survivors of violence that have endorsed Hurmat's ethical guidelines for working with survivors. Hurmat is committed to advancing its goal of promoting and strengthening the ethical dimension of work with the survivors (Please see pages 37-38 for more information about the network).

Second edition:

The process of review was initiated three years after the publication of the first edition. Since the publication of the guidelines in the form of a booklet in 2004, Hurmat members have obtained feedback on the guidelines on various fora such as orientations from different stakeholders, including service providers and survivors of violence.

At the 3rd annual meeting of the Hurmat network (2007), the following main areas were identified which required elaboration or additions in order to strengthen the document :

- Improving the definition of [vulnerability](#) in the section on 'Clarification of Key Terms' in the guidelines
- Strengthening the guidelines for child [survivors](#) of violence
- Strengthening the section on well-being and [protection](#) of [service providers](#)

At the same occasion, a drafting committee was formed consisting of volunteer members, with the objective of formally preparing a draft of the second edition. After two meetings, the drafting committee put up a revised edition of the guidelines to the 4th annual meeting of the Hurmat network in December 2008. Feedback received at this forum was incorporated and the second edition has been published in 2009.

4. How to use the Guidelines

These Guidelines are for the protection of survivors of violence. Survivors are to be protected from possible mistreatment by supporters, abuse and threat by the abuser and his/her possible accomplices. They are also concerned with the protection of the supporters and service-provider/s.

Users of the Guidelines: The Guidelines are meant for organizations working with survivors of violence and especially for those individuals within the organization who are working directly with survivors. They are also meant for independent service providers who may not be affiliated with an organization but offer services (medical, legal, psychological etc) to survivors. They should also be made available to all survivors and their [supporters](#).

Limits of the Guidelines: These Guidelines do not offer easy answers, solutions or a list of recipes for dealing with ethical dilemmas. Rather, they are designed to facilitate decision-making while striving to work for the interest of the survivors, which is their primary concern

Importance of self-awareness: Those using the Guidelines are likely to face the challenge of critical decision-making in the face of ethical dilemmas. To face this challenge the user would need to be honest and courageous. It is recommended that users be part of a support system in order to help them in dealing with the many challenges they may face in their interactions with survivors.

Use of Glossary:

A list and meanings of important words used in the Guidelines are presented at the end as a 'Glossary'. Words in the glossary are terms that need special explanation within the context of this document. They have been underlined in the text for easy reference and are alphabetically ordered in the Glossary.

Mechanism for monitoring the use of the Guidelines:

It is recommended that the organizations that decide to use the

Guidelines first formally endorse the Guidelines and make this known to all their staff, volunteers and partners. The organizations should then establish an Ethics Review Committee with its TORs in order to ensure the mainstreaming of ethics in its work, and to monitor compliance with the Guidelines.

5. Ethical Principles for working with survivors

Principles set out below outline a set of core values for service providers/organizations and activists engaged with survivors of violence. Specific guidelines that follow have been based on these values, as they are seen as providing the ethical framework which governs attitudes, behaviour, systems and policies

1. Protection of the dignity of survivors shall be the foremost priority.
2. Best Interest of the survivor will have precedent over the interest of the organization or community.
3. Beneficence (do good) and non-maleficence (do no harm) shall be the essential purpose of working with the survivors.
4. Survivors shall participate in all decisions pertaining to their life and well being.
5. Respect for survivors shall be ensured by:
 - Maintaining confidentiality;
 - Ensuring independent decision-making;
 - Ensuring privacy;

Core principles

- * Protection
- * Best interest of the survivor
- * Beneficence
- * Participation
- * Respect
- * No discrimination
- * Right to quality service
- * Timely response to crisis
- * Belief in potential for change

- Obtaining informed consent from the survivors.
6. There shall be no discrimination in working with the survivors on the basis of class, sex, age, caste, religion, and/or profession of the survivor.
 7. Survivors' right to quality service will be a priority for all organizations working with survivors.
 8. In cases of [conflict of interest](#) and / dual loyalty, priority shall be given to the protection and well-being of the survivors.
 9. [Crisis](#) cases shall be addressed without delay.
 10. All people have potential to change for the better.

6. Guidelines

The Guidelines are grouped under two broad heads: organizations and service providers/activists. The guidelines present important considerations (rights and responsibilities) that must be addressed when dealing with survivors. The [rights](#) of survivors are also mentioned at the end, which can be displayed by the organizations for the survivor's information.

A-Guidelines for Organizations

The Guidelines below address an organization as a whole; however, specific guidelines for service providers and activists present within the organizations also address rights of survivors. As such it is important to note that both sections apply to organizations.

It is important to note here that there are two broad classifications of organizations that work with survivors.

- Service delivery/advocacy based organizations, which provide one or more form of support to the survivor. These can be private and public institutions e.g. NGO's, hospitals, drop in centers .

1. Systems and Procedures
2. Services and referrals
3. Media and publicity
4. Training and well-being of care givers
- Institutions that provide shelter and residence to survivors in addition to other services/support. These include government facilities such as Dar-ul-amans and Women Centers as well as private shelter homes for women and children. More specifically they can be defined as 'a place of residence and work where a large number of like situated individuals, cut off from wider society lead an enclosed and formally administered life' (Goffman 1968). A central feature of the latter is the breakdown of normal boundaries between living, work and leisure. This allows a high level of psychological control over inmates, since most aspects of their lives are controlled. If this power and control is coercive, there is far more [vulnerability](#) to exploitation. As such these guidelines hold special significance for such groups.

Systems and procedures

1. Organisations should endorse in writing the Guidelines for the [Protection](#) of the [Dignity](#) and [Rights](#) of the Survivors of Violence.
2. Organizations should ensure that every staff member has read and understood the guidelines. Job descriptions of staff dealing with the survivors should include a section on the endorsement of the Guidelines.
3. Organizations working with survivors of violence should develop clearly defined procedures for working with survivors.
4. Survivors should be provided a private, secure and comfortable atmosphere for discussion of their situation, and for identifying options for action. Where this is not possible, at least an effort to create a confidential environment should be made. In case of female clients, preferably the first stage interviewer (first point of contact) should be a woman.
5. The profiles of individuals seeking jobs in shelter homes must be screened for sensitivity towards the survivor and the issue. Previous employers must be contacted for feedback on

These can include the following policies and procedures

- * Special protocol for crisis cases.
- * Policy on defining misconduct with clients.
- * Policy for referral procedure
- * Information on important procedures, e.g., medico legal examinations and registering F.I.Rs.
- * Policy for follow-up of cases that are ongoing and have been closed.
- * Procedure for assessing risks or harm to client/survivor and to the staff member.
- * Care for caregiver initiatives.
- * Jds of the staff dealing with survivors of violence can be reviewed and the following areas and undertakings that reinforce the ethics of dealing with survivors can be added, for example:
 - * Importance of maintaining confidentiality, respect, non-judgmental behavior etc.
 - * Consequences of misconduct with clients/survivors.

Important questions to ask when seeking reference:

- * What are the candidate's strengths and weaknesses?
- * Please comment on the candidates working relationships with managers/ peers and clients served.
- * Do you know of any reason why we should not employ the candidate?
- * Would you re-employ this person in the same capacity?
- * Please state details of any formal or informal disciplinary action against this person when this person was in your employment.

previous performance on the job. This is particularly important in the case of institutions for children.

6. Organizations/institutions should have clearly defined systems and policies for monitoring performance of staff in order to ensure accountability. These systems can include obtaining feedback from clients or residents.
7. If a staff member is contravening ethical principles, the organization should have a clearly defined policy on the course of action to be taken. The job descriptions of positions dealing with survivors should contain a section on misconduct with the survivor and its consequences.
8. Protocols for [crisis](#) cases should be documented and a crisis case should be handled without delay.
9. Records of the survivor should only be accessed by the concerned people within the organization. Access can be granted after discussion with the relevant persons to authorize relevant people outside the organization. The survivor has the right to deny access to certain groups if she wishes.
10. Photographic records should be avoided. In cases where this is done, it should only be with the consent of the survivor, and access to this information must be strictly monitored as indiscriminate use of this record may violate the survivor's [right to dignity](#). It is proposed that this record be destroyed after a certain time period.
11. In cases where case studies are used by an organization for awareness raising or advocacy it is important that identifying information is removed.
12. In case the abuser happens to be the guardian or when the guardian takes a decision that the organization/service provider feels will be harmful for the child, the organization should explore viable options for custody. If safe custody is not forthcoming the organization should consider taking custody until a sustainable solution is reached. (See annex 1 pg 34)

13. Organizations should consider becoming a party of the legal proceedings where it becomes absolutely necessary. Individual staff members would however, need to be appointed in this case. The protection of such staff members should be the responsibility of the organization.

Pirbhat dealt with a case of a young girl who was sold by her father. The police arrested the father and the man buying her. Her medical report revealed that she had also been sexually abused. The court gave temporary custody of the girl to a lady constable. Pirbhat, considering the well-being of the child, applied for the custody of the girl. After meetings with judges and officials it was clarified that it was not possible for an organization to take custody of the girl. Pirbhat nominated a female representative from the organization and filed a custody petition. The girl remained in custody of the appointed member of the organization and this facilitated her legal proceedings. She was however, referred to Pannah shelter home in Karachi for her protection.

14. Consent for a course of action should be termed informed consent only when:

- All information is conveyed to the survivor and truth is not withheld;
- All possible pros and cons of the situation are discussed;
- Consent is given voluntarily without any stress or coercion;
- It is obtained by an individual that the survivor is comfortable with;
- It is taken in a place where the survivor is comfortable.

Important note:

It should also be kept in mind that in case of compromised competency, decision-making should be delayed. The current situation of the survivor may affect her competency to give consent or make an informed decision. In case delay is possible, a surrogate who can act in the best interest of the survivor such as a family member or a friend should be involved in giving consent or making an informed decision.

15. Consent should be taken in writing in case of legal and medical services provided. This does not increase vulnerability and risk of harm to the survivor.
16. Informed consent from minor survivors (under 18 years of age) would need to be taken in consultation with parents/guardians who are acting in the best interest of the

minor, and are not the abusers in the case. An attempt should be made to share important facts with the minor in an age appropriate manner and his/her preferences should be given due notice.

17. The choice/decision of the adult survivors (18 years of age and above) should be taken as final but the survivor must be informed about the implications of the choice/decision.
18. Dialogue shall be considered even with those adversely connected with the case. The purpose of this dialogue would be to advocate the [best interest](#) of the survivor and evoke understanding of the survivor's right.
19. All survivors and their families should be informed about the existence of the Guidelines for the Protection of the Dignity and Rights of the Survivors of Violence. The rights of survivor given on page 23 can be displayed in the form of a poster in the organizations.

Services and Referrals

20. Every organization needs to provide the following services to the survivors directly or via referrals:
 - Psychological counseling and other healing practices;
 - Medication;
 - Legal aid;
 - Rehabilitation and social re-integration;
 - Shelter/support;
 - Police help;
 - Financial support.
21. Referral services identified should be sensitive to quality, time and financial concerns. In cases where the involved organization (or service provider or [supporter/s](#)) is unable to find quality referrals, then it should weigh possible risks against benefits expected from the referral. The survivor must be informed in case of gaps/limitations of the referral services and be prepared for the kind of service he or she may receive.

22. Clear procedures for regular follow ups of on-going and concluded cases should be developed by the organization, especially in cases where the risk of [harm](#) is present. In cases where the case has been closed, but the organization is still concerned for the well being of the survivor, the organization should identify set mechanisms for continued contact and follow-up with the survivor. Consent of the adult survivor for follow up must be sought. In case of children, refer to guideline No16.

'N' came to the 'Mera Ghar' shelter home after leaving her home and husband in Swat. She had left her husband, as he had wanted to forcibly marry off her younger daughter. The shelter, in addition to providing her with security, also facilitated her in retrieving her property and other assets from her husband. After this, she left the shelter, took a house on rent and started living independently. Soon after, she married again. Noor Education Trust (NET) as part of their policy kept in regular contact with her and during one of their visits discovered that two legal cases had been filed against her by her first husband and these were becoming a source of disturbance in her relationship with her second husband as well. NET then assisted her legally and started the reconciliation process with her second husband.

23. The follow up of cases should be both with the survivor, as well as the referral service.
24. Local and national referral networks should be developed. This is particularly important in remote areas where it may be difficult to find adequate and sensitive services; and also can be a useful source of support for the organizations in controversial and difficult cases.
25. In case more than one organization or service provider/s, is involved, efforts to support the survivor must be coordinated and the [best interests](#) of the survivor should be kept in view. Organizations should also avoid making contradictory and/or public statements against each other.

Media publicity

26. In case a public statement is required to be made regarding a case, any such statement should be given with the consent of the survivor or guardian, in case of a minor (provided that the

guardian is not the abuser or party to the violence). The organization should appoint one staff member who acts as the focal point of contact with the media.

27. The survivor must never be used for advancing the interest of the activist/s supporter/s and/or the service provider/s or organizations. Using a survivor in such a manner is a form of exploitation, and must never occur.

Publicity of a case can be considered as an exception in the following situations.

- a. Where the survivor is at a stage of recovery where she can truly make an informed decision. Some women choose to break the silence around the violence in their lives as a way to help others. Often this happens after some time has elapsed and the case has either been resolved or become dormant.
 - b. Where the survivor's (woman or child) legal proceedings stand to benefit from it. In this case informed consent must be taken.
 - c. Where the survivor herself proposes this course of action despite being informed of possible negative repercussions.
28. Survivors requesting media exposure will be informed of possible positive and negative implications of using the media. In cases of press conferences or media interviews, it is important that the survivor is prepared for the kind of questions she may be asked and is also appraised of her right to refuse questions she does not wish to answer. The media personnel can also be briefed beforehand on appropriate and inappropriate questioning.
29. When an organization is found to be using a survivor for their publicity, other organizations that have endorsed the Guidelines should collectively review the case and develop procedures for addressing and monitoring the case, as well as the involved organization.

Training and well being of care givers

30. All staff of an organization should undergo core training of working with survivors. The focus of the core training should be on *respect for the survivor*. Staff providing specialized services must be trained in their areas, which could include:
- Effective counseling skills (working with women and children);
 - Managing stress and burnout;
 - Ethical considerations;
 - Conflict resolution;
 - Understanding the psychological impact and needs of clients who have experienced domestic violence; sexual assault; and women, children and adolescents, commercial sex workers; and [children living in especially difficult circumstances](#);
 - Handling aggressive and/or manipulative survivors and aggressive children etc;
 - Orientation on medico legal procedures;
 - Para legal training;
 - Crisis management;
 - Gender sensitization.
31. Systems for providing emotional support to staff working with cases of violence and particularly [crisis](#) cases should be in place. Staff members providing services to survivors are often at risk of suffering from burn out and therefore organizations need to incorporate emotional health programs e.g. stress management training opportunities for de-briefing of difficult cases, team retreats and mandatory leaves.
32. In very high risk cases, organizations must develop a procedure for assessing risk or harm to the survivor and staff member/s.
33. Protocol in high-risk situations to ensure physical safety of caregivers should be outlined. These could include the

following:

- A staff member who has to leave the premises of the organization for follow up of the case, such as for court hearings or legal procedures may be accompanied by another staff member and/or security guard.
- In high-risk cases or situations, no staff member or service provider should be identifiable. Similarly, organizations can raise the issue from the platform of networks and joint forums instead of doing it independently in order to diffuse the intensity of the risk.
- Where possible, staff should be insured against possible injury during the performance of duties in line with organizational protocol.

Some Guiding Questions for assessing risk or harm to survivor

- * Was this the first time the abuse occurred?
- * Did the abuser threaten to kill you?
- * Has he threatened you before?
- * Did you believe that it could really happen?
- * Have you been forcefully confined?
- * Has the abuser ever hurt the children?
- * Has the abuser ever pulled a weapon on you?
- * Does the abuser have a criminal record?
- * Is the abuser an influential person or from some clan or tribe?
- * Have you ever thought of killing yourself?
- * Have you ever attempted to harm or kill yourself? If yes explore when, why, and what methods were used.

Safety plan should take in consideration the safety of both survivor and service provider.

34. Organizations should take a proactive role in supporting the staff member in case of risk of defamation. Legal support should also be provided to the staff member if required.

B- Guidelines for Service Provider/s⁸ and supporter/s

Service providers/individuals should endorse in writing the Guidelines for the [Protection](#) of the [Dignity](#) and [Rights](#) of the Survivors of Violence.

⁸This can be an employee of an organization or an independent agent. e.g. lawyer, doctor .

Self awareness and attitudes

35. Service provider/s and/or supporter/s should be aware of their feelings, personal blocks and the role they play in their interaction with survivors.
36. Service provider/s and/or supporter/s working independently are encouraged to ensure that they look after their own well being. This includes physical safety needs as well as emotional health. See guidelines 31-33.
37. When listening to the survivors, service provider/s and/or supporter/s should be non-judgmental.
38. Activist/s and/or supporter/s should take on the role of facilitators and not controllers.

Knowledge and skill

39. Service providers should actively try and develop referrals for the following services:
 - Psychological counseling and other healing practices;
 - Medication;
 - Legal aid;
 - Rehabilitation and social re-integration;
 - Shelter/support;
 - Police help;
 - Financial support.
40. It is important that the service provider is adequately trained to handle survivors of violence. He/she is encouraged to look at areas identified in guideline 30.
41. Service-provider/s and supporter/s should assess the nature and severity of the situation, identify vulnerable individuals, and plan accordingly to maintain the safety of the vulnerable supporter/s and service providers.

42. Service providers and supporter/s are encouraged to look at Guidelines No. 4, 8-10, 14-18 20,21, 24, 26-28 as these may also be applicable to them.

RIGHTS OF SURVIVORS

It is my right that:

- ★ I am dealt with dignity, without discrimination and prejudice.
- ★ I am provided with a private, secure and comfortable place to share my case.
- ★ I receive immediate help when I am in crisis.
- ★ Confidentiality is maintained regarding my case and only relevant staff accesses my files.
- ★ All information pertaining to my situation is shared with me.
- ★ I will not be influenced or pressurized to take certain decisions.
- ★ My consent is part of the future decisions taken.
- ★ I am not used for publicity of some specific organization.
- ★ I have access to all my records.
- ★ I am prepared and informed for the services that I am being referred to.

7- Glossary of Key Terms

Beneficence: doing good, benefiting other/s. Unlike non-maleficence, which guides one to preventive actions, beneficence requires a proactive approach to action involving the rights of the other. It is a principle of obligation and thus, is not merely an act of charity. There are cases where beneficence for society has been used to justify research on vulnerable subjects, hence it is important to maintain a focus on beneficence as the right of the survivor, or vulnerable group/s.

Best interest of the survivor: The notion of best interest is linked with the issue of doing good. It would be in the interest of the survivor that no harm is experienced, and protection of the person and her psychological and legal needs are also addressed. Interest of the survivor would be the primary interest of an individual or group or a network like Hurmat. In other words, if there are competing interests, that of the survivor versus the safety of the providers/supporters of survivors, priority shall be given to the protection of the best interest of the survivor. When the survivor is not competent to take a decision, a surrogate may be required to take decision. It is imperative to ascertain that the surrogate decision maker has the best interest of the survivor. For example, in the case of incest, the mother may be more protective of her husband than safeguarding the interest of the child.

Children in Difficult Circumstances: Certain children are more vulnerable than others when their basic needs for food, shelter, education, medical care, or protection and security are not met. Such children are at great risk of suffering from malnutrition, violence, exploitation, disease and possibly death.

Groups of children in especially difficult circumstances include children who live and work in hazardous, illegal occupations or situations, on the streets, abandoned and neglected children, orphans, battered children, children with disabilities, child workers, children in armed conflicts, child mothers (including child brides) and their children, displaced and refugee children, children infected and affected by AIDS, children of imprisoned mothers, children studying away from home in madrassahs (schools for religious education) that may be abusive and school hostels, and sexually abused children and sexually

exploited children. These categories of children are on the increase almost everywhere in the world and need special attention⁹.

Conflict of interest: A person or an institution can face a conflict of interest when there is a risk of its interest taking precedence over the interest of the survivor. For example, an organization may be more interested in building its image as of a champion of survivors of violence, rather than in the well being of the survivor. Thus, the more complex needs of the survivor (his/her interest) may become secondary. Similarly conflict of interest could be experienced by an individual within an organization as she/he strives to balance her/his own interest with or that of the institution and that of the survivor..

Crisis: Crisis is a perception of an event or situation as intolerable, and is a difficulty that exceeds the person's resources and coping mechanisms. It requires immediate timely support or intervention as the person may face immediate danger or threat from herself or others. Support needed may include shelter, legal or police action, medical support or psychological counseling.

Dilemma: Dilemma is a situation presenting a difficult choice in which the alternatives available are equally persuasive, and each carry different degrees of benefit and harm. It is a situation when more than one decision can claim to be the right situation.

A dilemma becomes a moral or ethical dilemma when 'one can appeal to moral considerations for taking each of two opposing courses of action' (Beauchamp and Childress. Bioethics 2nd Edition. Page 4) Simply stated, an ethical dilemma is the situation when more than one decision can claim to be the right situation.

Resolving a moral dilemma

A dilemma is to be resolved on the basis of moral reasoning and not social values predicated on possible social discriminations emanating from differences on the basis of sex, class, age, occupation, and/or any other variable of vulnerability. Moral reasoning is expected to transcend given social discriminations.

⁹Source of this definition: Economic and social commission for Asia and Pacific (ESCAP)
HRD Course on Psychosocial and Medical Services for Sexually Abused and Sexually Exploited

Dignity: The notion of dignity is at the heart of human rights. It is the core of humanity irrespective of class, gender, religion, caste, race, ethnicity, language and profession. Dignity is that universal element which provides to the entire human race the common platform of equality. Respect for human dignity could take many forms. It can be respect for the needs of the person, but the needs are to be fulfilled in a manner that is not demeaning or condescending. Thus, the attitude, in terms of voice, tone, body language, must express care and support with respect. Survivor's fears and anxieties would also need to be respected through active listening. Thus, ethics is about adopting ways to practice respect, which is above mere tolerance for the person. It is a habit to be cultivated.

Ethics: Ethics is about creating an ethos whereby rights of the vulnerable are protected, and those in power are fully cognizant of their obligation to care for the vulnerable and ensure that they are not exploited. Ethics cannot be equated with law; as laws can be both ethical and unethical. Ethics goes beyond the legal and technical requirements and procedures. Unlike ethics, laws can be enforced, whereas ethics requires self-regulation and/or regulation through moral pressure by individuals and groups. When institutions undertake the responsibility of consciously pursuing ethical behavior, their norms and procedures could act as 'laws' for that institution.

Harm:¹⁰ Harm is one of the fundamental principles of bioethics, and its essence is: do-no-harm (nonmaleficence). It is to be avoided, or at least minimized if unavoidable. For example, a child suffering from incest may legally be removed from her family, though deprivation of family life may be considered harmful. Thus, harm may be acceptable while removing a more serious form of harm. Harm can result from an act of commission or an act of omission. Hence, not taking action to prevent harm, or ignoring what may benefit a person would amount to harming through an act-of-omission.

Informed consent: Informed consent is an agreement to a course of action taken by a stable survivor of violence, who has received and understood the necessary information, and who, after considering the

¹⁰See Tom L. Beeauchamp, James F. Childress, Principles of Biomedical Ethics, Second Edition. Chapter 4, The Principle of Nonmaleficence. Pages 106 –147.

information, has arrived at a decision without having been subjected to coercion, undue influence, or inducement or intimidation.¹¹

Protection: The word protection in the title of the proposed Guidelines reflects the concern imbibed in the concept of ethics. Protection refers to the protection of victims or survivors of violence from any form of exploitation. It also entails protection of all those who are vulnerable to harm in the process of working for the well being of the survivors of violence.

Quality of service: A survivor may need legal, psychological and/or medical service. It would be unethical to refer survivors to services that are known to be of poor quality and/or not affordable. It is the moral responsibility of supporters of survivors to strive for the best available service at the disposal of the survivor.

Rights: The word rights are too well known to require any elaboration. Suffice it to say that it refers to the survivors of violence, as well as all those at risk of harm as they work for the well being of survivors. Rights can be of individuals, groups or an institution. The term rights also helps draw attention to laws and procedures, which may impede protection of human dignity, or may support promotion of rights, and help pre-empt violations of rights.

Supporters: There can be at least five groups of supporters of survivors:

- a) Persons from within the family of the survivor including spouse, fiancé, sister/brother, cousin, aunt/uncle. ;
- b) Friend/s;
- c) Someone from the neighborhood;
- d) Activists from other NGOs;
- e) Members of the NGO that has initiated the action for the support of the survivor, and that are working with the survivor.

Survivors v/s Victims: The difference in the meaning and implication of the words survivor and victim is well debated by those working with victims/survivors of violence. Those engaged in the struggle for the rehabilitation of victims, and working for the rights of victims, find the

¹¹ Adapted from Council for International Organizations of Medical Sciences (CIOMS) 'Internationals Ethical Guidelines for biomedical research involving human subjects, Geneva'

word survivor more significant as it contributes significantly to the recovery of dignity and self-respect of the victim. Given the power of language, to call a victim of violence a victim is to re-enforce her/his powerlessness. A critical aspect of healing is to facilitate the victim to recover the abused dignity and to take strength from the fact of survival. The word survivor thus emphasizes hope, recovery and strength.

Vulnerability: A number of factors can make a person more susceptible to harm, or at risk of being harmed. Harm can be blatant or subtle. For example, by being over-protective of a survivor and to not let her take decisions could be harmful, for it can delay recovery of confidence and dignity. Whereas the primary concern of the Ethical Guidelines is the protection of the survivor, it is to be recognized that all those involved in this work could become vulnerable. Persons in the following categories are considered to be at risk of harm (and hence vulnerable):

1. Survivors;
2. Family members and supporters;
3. Service Providers and organizations that initiated have started the action;
4. Fellow survivors (in the shelter home).

Vulnerability is about susceptibility to harm or attack, or at risk of being harmed or attacked. Harm or attack can be physical, mental, and/or emotional, and dehumanises a person. Vulnerability could be predicated on biological characteristics of a person, for example, sex, age, physical condition (disability), or mental condition/s. Vulnerability can also be a social construct, whereby class, race, ethnicity, religion, religious sect, occupation, and/or position within an organization could expose a person to harm. It can be an outcome of power relations based on any one or more of the variables of the social constructs. In a patriarchal and class stratified society, for example, women of a subordinate class are more likely to be vulnerable to exploitation and abuse. Furthermore, a society with a weak judicial system, and weak social and legal deterrents of abuse and harm of the vulnerable groups, also enhances vulnerabilities of a person or group.

In case of couples who have decided to marry against the will of their

family members, the male spouse may be at risk too. Often, the vulnerability of men can be overlooked, as most shelters do not have provision or arrangements for men.

Service providers: Services can be provided by the NGOs, government department/s, and shelter homes and/or by individuals and/or other NGOs. When service is being provided by the NGO dealing with the survivor, vulnerability of these service providers could increase.

While considering the vulnerability of an individual and/or group, or an NGO, their status in the society should be considered. For example, a large NGO is likely to be less vulnerable than a small NGO/CBO. Similarly, a NGO that is part of a network would be less vulnerable than an isolated NGO/CBO. The service-provider may also become an active supporter by going to the court, demonstrations, etc. In such cases his/her vulnerability will increase.

Background and Resources

Ethics is a concern of every human being, but not all study it or consciously pursue it. In the field of health and medicine, Bioethics emerged as a critical issue after the trials of Nazi doctors who experimented with human subjects. This led to the Nuremberg Code (1949) for the protection of human subjects. This was followed by the Helsinki Declaration (1964) of the World Medical Association. To date, the Helsinki Declaration has gone through several drafts to accommodate the research ethics issues, as they emerged in the face of new diseases, new technologies and new vulnerabilities. Council for the International Organization of Medical Sciences (CIOMS), a sister organization of WHO played a significant role in the decades of 1990s and 2000 by developing ethical guidelines for population based studies. Besides CIOMS and WHO, UNESCO has also been working on ethical issues and guidelines and has championed the teaching of ethics in schools.

Within the health sector, many countries have developed national ethical guidelines for health research and some countries have also developed guidelines for social sciences research.

In the health sector, concern for ethics is not limited to research, as clinical ethics is also being taught and mechanisms for dealing with ethical dilemmas in clinical settings have also been developed. Similarly, institutional ethics is also an emerging area of concern.

Following are some resources for discovering more about bioethics:

1. UNESCO – <http://www.unesco.org/shs/ethics>
2. http://www.nuffieldbioethics.org/fileLibrary/pdf/Public_health_-_ethical_issues.pdf
3. http://www.cioms.ch/080221feb_2008.pdf
4. <http://www.fda.gov/oc/health/helsinki89.html>
5. Beauchamp T L, Childress J F. Oxford University Press, 2001, Principles of Biomedical Ethics.
6. Aga Khan University, Bioethics Programme. Contact arshi.faruqui@aku.edu for information on bioethics workshops and courses.

Centre for Bioethics and Culture, CBEC.

8. Case Studies

Often case studies help illustrate ethical dilemmas faced by organizations, service providers and supporters. These case studies below outline how answers are often not easy and each response and action needs to be carefully thought through. The questions under the case studies identify the ethical quandary faced in each case. The case studies have been shared by Hurmat Members.

Case1. A CBO working in a remote area shared the case of a 7-year old girl who had left her home as she was being sexually and physically abused by her father. The case was brought to the notice of the NGO through the local media who printed detailed stories and pictures of the case and initially had access to the girl. The medical report also showed evidence of abuse. During the process of registration of the FIR, a number of difficulties were faced. The girl belonged to an influential family and the organization received threats from the family as well as other influentials of the area. However, the girl's mother as well as the paternal uncle and grandmother admitted that the abuse had happened and were even willing to act as witnesses in the case.

The organization did not have a shelter facility and due to this the girl was put up at the home of a Board member. As the case progressed, the organization had to face a great deal of criticism from various segments of society which included the press, and a number of legal cases were also filed against it for wrongly accusing a respectable member of the community. Due to the intense pressure, the organization recorded the girl's statement and sent her to Dar-ul-aman.

After some time, the girl's family also refuted the occurrence of abuse and the girl's mother pressurized her to take back the allegation. The girl accordingly gave another statement saying that her initial statement was false and that she had been drugged at the time she gave it. As a result, the credibility of the organization within the community suffered. Furthermore, some volunteers as well as family members of a number of the staff, were very critical of the organization's handling of the case as they felt that it was not possible for the father to have been an abuser.

Ethical Questions:

- a. Is the child competent enough to make a decision about returning to the abusive situation?
- b. Are the child's non abusive guardians, in this case the mother and paternal uncle, acting in the best [interest](#) of the child?
- c. How could the organization have protected itself and its staff members in this situation?
- d. In case the organization faces a threat, does its security/reputation take precedence over support of the survivor?
- e. Which ethical principles and subsequent guidelines could be useful for the organization and/or service providers?

Case 2. A rape case was shared which had received a great deal of attention and publicity. A newly married couple was visiting a local shrine, where the woman was kidnapped and gang raped. The family and husband approached a number of local NGO's and local government officials. A number of organizations/groups strongly supported and took action on the case. There came a point when there was much confusion due to lack of communication between the organizations/groups working on the case. There were some instances where press statements against each other were also given.

As a result, the needs and wishes of the survivor and her family were ignored and the progress of the case suffered. The image of organizations working on issues of violence against women and children was also affected negatively.

Ethical Questions:

- a. What strategy could have been adopted by the organizations/groups in order to successfully take the case forward?
- b. Whose needs take precedence, the survivor or the organizations?
- c. Which ethical principles and subsequent guidelines could be useful for the organization and/or service providers?

Case 3. A 19-year-old rape survivor contacted an NGO for support in her case. She had left her home due to differences with her parents and had contacted an employment agency due to financial pressure. The person running the agency called her to his office under the pretext of finding her a job. She claimed that she was drugged and raped. The NGO arranged a medical test, which revealed that she was seven weeks pregnant. The girl strongly felt that the offender must be punished and she wanted legal support in this case. However, she did not want her family to know about the matter as she would have to face a negative reaction from them and may be blamed for misconduct on her part. She also shared that a male friend was supporting her in paying the rent. However, she did not want his name to come up as he was married and his family was not aware of the financial support he was providing.

The girl was referred to a lawyer. However, the lawyer felt that her case was very weak and there was no strong evidence and she may even be implicated for having a sexual extra-marital relationship. The lawyer also felt that the girl was not being completely honest and the lawyer suspected that she had a sexual relationship with her male friend.

Ethical Questions:

- a. Whose decision should be final - that of the girl's or that of the organizations providing services?
- b. Should the possibility of the girl's involvement with the male friend hold any relevance to the quality of support the girl is offered?
- c. Which ethical principles and subsequent guidelines could be useful for the organization and/or service providers?

Annexure

Annex 1:

Legal Information (Guardianship of children)

In Pakistan, the Guardians and Wards Act 1890 (“the Guardian Act”) is applicable to custody and guardianship cases while keeping in view the personal law to which the minor is subject. It is only where the parents are incapable of being the guardians of a minor's person or property that the question of a third party being appointed as the guardian can arise. Section 7 of the Guardian Act empowers the Court to make an order as to the guardianship of the minor after being satisfied that it is for the welfare of the minor that such an order be made. As stipulated in section 8 of the Act an application for the appointment of a guardian may be made not only by a person desirous of being or claiming to be the guardian of the minor but also by any relative or friend of the minor and in some cases by the Collector. Keeping in view the welfare of the minor various considerations, such as nearness of kin and the child's own preference, have been laid down in section 17 of the Guardian Act and must be given due weight while appointing a guardian. In absence of the mother, female relatives are given preference for the custody of the minor and in the absence of any appropriate female relative, the custody of the minor belongs to certain male relatives, subject to limitations, the first and foremost being the father. The right of the custody of a minor is not an absolute right rather it is always subject to the welfare of the minor. While considering award of custody to a parent, his/her remarriage may be one of the factors that the Court would keep in mind but need not be a principle concern.

In view of Muslim personal Law, that a Non Governmental Organization (NGO) in its capacity as a charitable society may be disadvantaged in applying for custody of a minor whose parents are alive or has relatives fit for award of the child's custody. However, in the absence of any relative suitable for the child's custody, an individual from an NGO can make such an application provided the Court is satisfied that it is in the best interest of the child and the individual seeking custody is beneficially interested in the minor being a “friend” for the purposes of the Guardian Act.

In cases where a minor guardian is alleged to be unfit, an application under section 39 of the Guardian Act needs to be filed before the Court to seek removal of the guardian on the grounds stated therein. Although application of section 39 with regards to disqualifying a natural guardian is disputed, however there are judicial pronouncements disqualifying the father keeping in view the paramount consideration i.e the well being of the minor. It is through the Collector that the State is appointed as the guardian, for the purposes of the Guardian Act, of the minor's person or property, or both; the child's welfare being paramount.

In cases where the minor is being abused by the parents, the courts can declare such parents to be undesirable for the child's custody on the ground that it is against the material, intellectual, moral and spiritual well being of the child. It is only in the absence of suitable relatives, for the purposes of the Guardian Act, that a third person claiming to be beneficially interested in the minor will be awarded custody of the child.

In the recent past, in order to address the issue of child abuse and for the rescue, protective custody, care and rehabilitation of destitute and neglected children in the province of the Punjab, the Provincial Assembly of the Punjab passed the 'Punjab Destitute and Neglected Children Act, 2004' (the Punjab Act).

For the purposes of this Punjab Act, proceedings can only be initiated with regards to a child who has not attained the age of fifteen years notwithstanding that during the course of proceedings he may have attained the age of fifteen years.

In order to achieve the above cited objectives, a Child Protection and Welfare Bureau, with the power to appoint child protection officers and child protection units, has been established. For the purposes of adjudicating matters with regards to this Punjab Act a Child Protection Court (the Court) has also been established which shall be deemed to be a Court of Sessions. At present, an Additional Sessions Judge is presiding over the Court in Lahore. It is in this regard that Child Protection Centres have also been set up in at least six Districts of the Province, namely Lahore, Multan, Rawalpindi, Faisalabad, Sialkot and Rahim Yar Khan.

As laid down in the Punjab Act a child protection officer may take into custody a destitute and neglected child and produce him before the Court within twenty four hours. However, in case of a destitute and neglected child who is in the custody of his parent/s or guardian/s, the child protection officer shall not take the child in his custody but shall make a report to the Court. On receipt of such a report the Court may call upon such parent/s or guardian/s to produce the child before it and Show Cause why the said child should not, during the pendency of the proceedings, be removed from his custody. The Punjab Act also empowers the Court to issue search warrants for a child who is likely to be removed from the jurisdiction of the court and order the child's immediate admission to a child protection institution.

It needs to be clarified that the Punjab Act is the initiative of the Provincial Assembly of the Punjab and not the Federal Government. However, taking cue from the Punjab, the Governments of the Sindh and NWFP are also contemplating such enactments in their respective provinces.

It is pertinent to mention that the Guardian Act holds force in all the provinces with regards to guardianship and custody matters of minors, hence all the matters with regards to custody and guardianship of a minor are dealt with in light of the Guardian and Wards Act, 1890. It is only in the context of destitute and neglected children, as defined in section 3(k) of the Punjab Act that the Punjab Act comes into operation.

Prepared by Advocate Haider Rasul Mirza, Barrister-at-Law for Rozan

Annex 2:

The Hurmat Network : Objectives, Membership Criteria

Hurmat is a network of NGOs working with survivors of violence that have endorsed Hurmat's ethical guidelines for working with survivors. Hurmat is committed to advancing, promoting and strengthening the ethical dimension of work with survivors.

The Hurmat network seeks to:

- act as a self-reflective and learning body that handles ethical dilemmas by mutual consensus and sharing.
- increase endorsement of the code by private and public institutions that offer support to women survivors through building capacity and awareness.
- act as a pressure group to challenge organizations that handle survivors unethically.

Members of Hurmat are eligible to receive the following:

- Access to Hurmat e-group: This is a learning forum for Hurmat members to discuss and share ethical dilemmas faced by members in their work. (For Full members only - see below)
- Occasional Hurmat Newsletter: This also serves the same function as the e-group. The publication is produced from time to time as and when the secretariat has enough material for publication and dissemination.
- Invitation to attend national events organized by the Rozan secretariat
- Invitation to attend chapter meetings.

Membership Criteria:

There are two types of Hurmat members;

1-Full members

These are endorsing individuals or organizations that work directly with survivors of violence and are seeking ways to further strengthen and

promote the ethical dimensions of their work with this vulnerable group.

Full members are encouraged to ensure that organizational policies and systems are inline with the principles and guidelines outlined by the document. Support can be sought from the Hurmat network members as well as the secretariat specifically for this.

2- Associate members

These are endorsing organizations or individuals that do not work directly with survivors, but promote the ethical standards of work with survivors.

- Individuals and organizations wishing to become Full or Associate Members should fill out the endorsement form below and send it to the Rozan secretariat.
- Members are encouraged to attend an orientation on the ethical Guidelines for the Protection of Dignity and Rights of the Survivors of Violence. An orientation request can be sent to the city chapter's focal organization or directly to the Rozan secretariat. Endorsing organizations are encouraged to carry out an orientation with other staff members of their organization.
- Endorsing organizations are also advised to set up an ethical review committee¹² within the organization. (Sample TORs for the ethical review committee can be requested from the Rozan secretariat).
- Endorsing organizations and members are encouraged to become affiliated with the local chapter in their city, if there is one. If there is not, the Rozan secretariat can be contacted.

¹²The Ethical review committee is an internal advisory and learning body of an organization, responsible for deliberating upon possible courses of actions in 'dilemma cases'. This could also include an analysis of the case after it has been closed. They can also challenge unethical activities or approaches within the organization.

Annex3:

Organisations part of the development of the Ethical guidelines - Phase 1 (2003-04)

Organizations involved in the process of formalizing, reviewing and finalizing the first edition were:

1. Amal, Islamabad
2. AGHS-Legal Aid Cell, Lahore
3. Aurat Foundation, Islamabad
4. Aurat Foundation, Peshawar
5. Cavish, Islamabad
6. Dastak, Lahore
7. Dost Welfare Foundation, Peshawar
8. Government Crisis Center, Islamabad
9. International Catholic Migration Commission (ICMC), Islamabad
10. Islamabad Women Welfare Association
11. Khwendo Kor, Dir
12. Khwendo Kor, Peshawar
13. Mera Ghar, Peshawar
14. Rozan, Islamabad
15. Rural Development Project, Haripur
16. Sahil, Islamabad
17. Save the Children Sweden, Peshawar
18. Save the Children US, Islamabad
19. Struggle for Change (SACH), Islamabad
20. War Against Rape (WAR), Lahore

Individuals involved:

1. Narjis Zaidi (Journalist)
2. Uzma Khalid (Advocate)

Members of the Second Drafting Committee-2008

- | | |
|----------------------|--|
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| 2. Ms. Zarqa Amber | Pirbhat Development Society |
| 3. Ms. Zubaida Noor | Noor Education Trust |
| 4. Mr. Ibrash Pasha, | Khwendokor |
| 5. Mr. Nadeem Fazal | WAR Lahore |
| 6. Mr. Abdul Wadood | Seher |
| 7. Ms. Maria Rashid | Rozan |
| 8. Ms. Zehra Kamal | Rozan |
| 9. Ms. Ayesha Khan | Rozan volunteer |
| 10. Ms. Saliha Ramay | Rozan |

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Annex 4:

Endorsement Form

Membership as an organization

Name: _____

Head of the Organization:

Postal address: _____

Tel: _____

Fax: _____

Email: _____

Area of work: _____

Signature by head of the organization: _____

Would you like to receive an orientation on the ethical guidelines?

Yes/ No

Endorsement Form

Membership as an Individual

Name: _____

Head of the Organization:

Postal address: _____

Tel: _____

Fax: _____

Email: _____

Area of work: _____

Signature by head of the organization: _____

Would you like to receive an orientation on the ethical guidelines?

Yes/ No

Hurmat

A network setup to protect the dignity and
rights of survivors of violence

Hurmat Secretariat Rozan

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