

GBV AoR HELPDESK

Gender Based Violence in Emergencies

Research Query: Forensic Assessments as a Requirement for Access to Justice

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Introduction

Forensic assessments are administered for the purpose of providing evidence in court cases. In relation to gender-based violence (GBV), the most common type of forensic assessment is the medical forensic assessment used in cases of sexual assault. In this type of assessment, evidence is collected from the survivor, including documentation of physical evidence such as signs of bruising or other physical trauma to the body, forensic evidence,¹ and an oral history of the incident. Other types of forensic assessments that may be used to provide evidence in court related to GBV include, for example, psychological assessments to determine the mental health impacts of GBV on a survivor, or the widely derided practice of “virginity testing” as a measure of whether rape has occurred, particularly in girls and young women presumed to have no prior history of sexual intercourse.

In various parts of the world, these forensic assessments may be mandated by law. Even when not required by law, the practice is often so widespread that it operates as a legal requirement. This requirement for a survivor to undergo a forensic psychological assessment is a particularly under-examined issue for GBV practitioners working in emergency settings. And yet, it is often the case in countries where forensic psychological assessments are part of legal procedures that GBV practitioners may be requested to administer them. For this reason, it is especially critical that GBV practitioners have a basic understanding of issues related to forensic psychological assessments. As this paper discusses, these assessments are themselves not always problematic. However, the requirement that a survivor receive an assessment in order to access justice raises a number of ethical issues.

To support learning for GBViE programmers, this paper explores the practice of mandating forensic psychological assessments in accessing justice. Information is drawn from interviews with experts from several countries, as well as a desk review of resources related to the topic. The paper begins with a brief summary of what constitutes a forensic psychological assessment of a GBV survivor. It then discusses some of the ethical and other critical concerns with mandating forensic psychological assessments. It offers several key considerations for GBV programmers when working in settings where forensic psychological assessments are required or mandated, particularly in relation to the issue of whether GBV service providers should themselves undertake forensic psychological assessments. The paper concludes with brief recommendations for GBV practitioners who find themselves working in settings where this practice is mandated, including the recommendation to advocate against it, even while ensuring that survivors are fully informed of their rights and are supported to access justice as safely as possible.

¹ Forensic evidence includes foreign debris, clothing worn during the incident, hair samples, and samples for DNA analysis via swabs on the skin, in the mouth, genitals, or other areas where saliva could be present. Forensic evidence should only be collected when a survivor wishes to have the evidence collected and it can be processed and used for legal action (WHO, UNFPA, and UNHCR, 2019).

Understanding Forensic Psychological Assessments

Forensic psychological assessments are considered one tool within the larger discipline of forensic psychology. Forensic psychology is defined as the professional application of clinical psychological practice within the legal system (Bartol & Bartol, 2014). For a psychological assessment to be considered a forensic psychological assessment, it must focus on determining accuracy and factual statements, rather than focusing on building rapport and empathy necessary for a therapeutic assessment. Notably, the expectation of confidentiality does not exist with a forensic psychological assessment, since the primary purpose is to present evidence to a court, attorneys, or others within a justice system (Ackerman, 2010).

In GBV cases, forensic psychological assessments are commonly used for three different purposes within justice systems. The first is for judges to determine the need for permanent protection orders (and, in some settings, even temporary protection orders). The second is to strengthen a court case for a survivor. The third is for presenting 'Battered Woman Syndrome'² (Walker, 2016), most often in cases where a survivor is on trial for the murder of her abuser. Battered Woman Syndrome has been used in court cases in the the United States, the United Kingdom, Australia, New Zealand and Canada.³

When forensic psychological assessments are used for protection orders, they can provide information to the judge about the nature of the abuse, the need for the protection order, and the reasons why the order should be permanent. A forensic psychological assessment may be particularly useful in instances when the perpetrator inflicts violence other than physical violence, and therefore a lack of physical evidence exists. For this and other reasons, a forensic assessment may serve to provide additional information in a court case. A forensic psychological assessment can also be a helpful tool to reduce the number of times a survivor must tell her story in court.

As such, forensic psychological assessments are not inherently problematic. However, the practice of *mandating* forensic assessments -- common across many countries in varying formats -- creates ethical, safety and other concerns for survivors and for GBV service providers (UNDP, 2009; What Works to Prevent Violence, 2017; Women's League of Burma, 2019). The next section explores some of the most critical of these concerns.

Ethical Concerns Linked to Mandated Forensic Psychological Assessments in GBV Cases

The GBV guiding principles of safety, respect, confidentiality, and non-discrimination are the foundation of a survivor-centered approach (GBV AOR, 2019). In addition to these four GBV guiding principles, WHO, UNFPA, and UNHCR (2019) underscore several principles when undertaking forensic medical assessments related to life, self-determination, the highest attainable standard of health, and information. None of these principles can be fully upheld when forensic psychological assessments are mandated in order for survivors to access justice. Although many ethical concerns overlap across principles, a few concerns related to specific principles are highlighted below.

- **Right to respect and self-determination.** A primary ethical concern with mandated forensic psychological assessments is that the mandate itself (whether as a legal requirement or as a customary practice) supersedes the survivor's wishes and is therefore contrary to survivor-centered practice of respecting survivor choice (International Commission of Jurists, 2016). A survivor may choose to have an

² Battered Woman Syndrome is a theory of violence asserting that women who are in persistently abusive intimate relationships experience a repetitive cycle of violence that can result in 'learned helplessness' and symptoms often associated with Post-traumatic Stress Disorder. It has been used primarily as a way to defend women claiming intimate partner violence as a defense when being prosecuted for killing an intimate partner—with the idea that women who live for an extended time with an abuser share a similar psychological profile that may help to explain their behavior and can be used to inform the analysis of a judge or jury in the court proceedings (McClennen, J., Keys, A.M., Day, M., 2016). However, even the basic concept of such a syndrome is the focus of ongoing debate and criticism. The terminology, conceptual framework, and use in court proceedings all face critical analysis and calls for change. Of particular concern are an over-focus on the powerlessness of women in relation to their abusive partners, as well as a tendency to categorize all women who experience violence in a similar way, rather than recognizing that each woman exposed to intimate partner violence will likely have a wide array of responses that will make her own experience unique (Dutton, 1993; Ferraro, 2003; Schuller et al., 2004).

³ Court cases in these countries include R v Lavalee (1990) in Canada, R v Ahluwalia (1992) in England, R v Fate (1998) in New Zealand, Osland v the Queen (1998) in Australia and Weiland v State (1999) in the United States.

assessment done because it is in her own best interest and has promise to strengthen her court case. However, she should never be required to complete an assessment in order to access justice. Being forced to participate in the assessment process itself, and being required to answer questions that the survivor has not willingly agreed to answer, is not only potentially retraumatizing (see below), but is also counter to the principles of respect and self-determination.

- **Right to confidentiality.** As was noted previously, the rule of confidentiality does not apply with forensic psychological assessments because the expectation is that the information will be used in the court. This lack of confidentiality links closely to the right to self-determination: the survivor is expected to tell the truth in the assessment, but has no right to determine what information can be used (or not) at trial. When an assessment is mandated, further confidentiality concerns may arise in contexts where a survivor is required to access the assessment through government-employed psychologists. Approved psychologists in these settings are often extremely limited. Therefore, if seen accessing services from this provider, community members may easily infer the reason.
- **Right to safety.** The inability to access justice services without undergoing the assessment violates the right to safety by denying the survivor legal recourse to escape her abuser. In contexts where the primary use of forensic psychological assessments is for issuing protection orders, there is potential for further risks to safety for the survivor insofar as the need to complete the assessment can result in critical delays in accessing police protection as well as the protection of the larger justice system.
- **Right to non-discrimination.** One of the most critical ethical issues is that a forensic psychological assessment will be used in a discriminatory way against the survivor during the trial *even if she is recovering well from the abuse*. This may happen if a forensic psychological assessment is used to demonstrate that a survivor has not had a “typical” response to her victimization—that she is not exhibiting diagnostic symptoms of Post-traumatic Stress Disorder (PTSD), Battered Women’s Syndrome (noted above), depression, or anxiety. If the survivor is presented as resilient or relatively psychologically unaffected by her exposure to violence, judges and juries may be less inclined to find a perpetrator guilty or sentence him as harshly because of the expectation for women to be psychologically “damaged” and demonstrate significant negative impacts of abuse. Of course, the absence of psychological damage does not mean that a survivor has not experienced negative impacts from the abuse, or will not experience negative impacts in the future. The impact on a survivor can vary greatly depending on her access to support, community resources, and the range of choices available. Conviction and sentencing of perpetrators must never rely significantly or solely on a survivor proving the psychological impact of abuse. In all cases, a perpetrator must be charged and tried according to the relevant laws, regardless of a survivor’s reactions to the abuse. In order to avoid discrimination against the survivor, the choice to bring the issue of psychological impact into court proceedings must always lie with the survivor and her attorney.
- **Right to well-being and health.** As was noted above, the goal of the assessment is data collection; thus, if the assessor is not trained in empathic, survivor-centered care, the process may be emotionally challenging for many survivors. The forced retelling of her story, as well as the inability to exert control over decisions regarding her care and the services she wants and needs can exacerbate the feelings of powerlessness that the GBV incident caused, resulting in further trauma to the survivor. This forced retelling directly contradicts the principle of highest attainable standard of health, which explicitly states that survivors should be supported to tell their stories in a way that is as comfortable as possible for them, or at minimum feels to them that the benefits outweigh the potential negative impacts (WHO et al., 2019). Moreover, in countries where trained forensic psychologists are not widely available, even the stress of trying to find an assessor may cause considerable strain for the survivor. Although forensic psychology is a specialized field, in settings where providers trained in forensic psychology, particularly in forensic assessments, do not exist, it may be the case that GBV service providers are asked to step in (by courts, lawyers, and even the survivor herself), to complete an assessment. If not done carefully, this can result in harm to the relationship between the service provider and the survivor, and undermine the well-being and recovery of the survivor, as is discussed further in the next section (also see Box 1, below).

Box 1: The Case of Colombia and Venezuela: The dilemma of case manager-provided psychological assessments

Colombia's Law 1257 of 2008 (Friedemann-Sanchez & Grieve, 2017) and Venezuela's Law of the Right of Women to a Life Free of Violence (La Asamblea Nacional De La Republica Bolivariana De Venezuela, 2007) both articulate reasons for the use of a forensic psychological assessment for survivors of GBV. In Colombia, this assessment is meant to be used primarily by the Family Commissioners to issue both temporary and permanent orders of protection. In Venezuela, the law articulates the use of assessments for determining the need for protective orders. Venezuelan law also includes a provision for use as expert testimony in cases going to trial.

These assessments are meant to be completed by trained psychologists working within specific GBV-focused government agencies. However, these agencies are understaffed, and offices do not exist outside of major city centers in either Colombia or Venezuela. Where they are functional, staff typically provide services at times of their own convenience, rather than based on the needs of the survivors. Survivors frequently struggle to complete the assessment due to unavailability of psychologists, problems with travel required to obtain the assessment, and other issues. Without this evidence to move a case forward, prosecutors will turn to GBV case managers to request that they complete the psychological assessments for survivors.

Survivors themselves will also sometimes request a case manager to complete and present a psychological assessment to the prosecutor. However, GBV service providers in both Colombia and Venezuela share many concerns about completing these assessments. Conducting forensic psychological assessments is outside of their scope of work. Assessments provided to the courts by the case managers may at times be determined inadmissible by a judge because they are not completed by designated professionals. Case managers recognize the limits of their experience and expertise, including that any assessment they provide is not a legal forensic psychological assessment. Even if they wanted to develop this expertise, the ability to access the necessary education and training to provide forensic psychological assessments is limited within each country and GBV agencies do not seek to duplicate services that should be provided by the government.

At the same time, case managers want to support the survivor to access the services she prioritizes. They know that she will be unable to access justice or move her case forward without a forensic psychological assessment. They also fully recognize the challenges of completing this assessment with the appointed government representative. The decision to provide a moderated form of psychological assessment when requested by a survivor is not taken lightly, even as these GBV teams search for alternative solutions to this issue. As yet, the GBV service providers have not found a resolution to this challenge.

Considerations for GBV Programs and Case Managers Asked to Undertake Forensic Psychological Assessments

The ethical concerns discussed in the previous section are a starting point from which GBV programs and case managers can begin reflecting on how to address the particular challenges of working in settings where psychological assessments are a requirement for survivors to access justice. The points below are meant to provide a few concrete suggestions for GBV programs to consider, particularly in situations where GBV case managers may be requested to complete these types of assessments, either by the court system, or by a client. A whole-of-agency approach is critical to ensuring the best possible outcomes for the program, the case manager and the survivor.

1. Determine organizational policies related to providing psychological assessments.

Before engaging in and agreeing to provide psychological assessments, GBV programs should determine if this is something that aligns with their organizational mandate. This may include internal reflections on the impact on an agency's ability to uphold "Do No Harm" principles and GBV guiding principles; act in the best interests of the survivors; and avoid replication of services that are the responsibility of the government to provide. Different service providers across contexts will likely come to different conclusions based on their individual agency mission and vision; the legal context where they operate; the expressed wishes and needs of the survivors they serve; and the governmental systems with which they work. In some settings, it may be appropriate for GBV programs to hold focus group discussions or other forums for feedback from survivors and other women and girls in the community to discuss priorities.

If teams determine that the provision of psychological assessments is within their organizational mandate and aligns with other organizational policies and guidelines, they should then consider what the scope of these assessments is going to be. They should ensure that they have appropriate staff to complete these assessments, corresponding case management and psychosocial support services, and appropriate training and supervision resources and structures for case managers who are designated to provide the assessments. Teams should also ensure that undertaking this work will not damage their agency reputation or impact their ability to work effectively in the context. Each of these points is discussed further below.

2. Determine whether the agency will offer a forensic psychological assessment, or an adapted psychological assessment that partially fulfills legal requirements but may better serve the rights of the survivor.

GBV programs that are considering undertaking forensic psychological assessments must do "due diligence" about the legal requirements of the assessments and their ability to meet them; in particular, they must understand whether and how to meet legal requirements in a way that supports the best interests of the survivor. If there are elements of a forensic psychological assessment that a GBV case manager simply cannot complete (or should not complete), the program must recognize this and the case manager must be prepared to explain this to the survivor. As well, the content and organization of forensic psychological assessments can vary widely from country to country when used in GBV cases. Each GBV program should have their own template for a psychological assessment and ensure that this psychological assessment will be admissible in court processes. The case manager may also need to include notice of their professional education and experience or an acknowledgment that the assessment provided may not meet the criteria for a forensic psychological assessment. There should be a protocol established for completing the assessment with the survivor and having it reviewed by a supervisor and then shared forward to relevant legal personnel.

3. Assess the training and other needs of staff who will be assigned the role of assessors and those who will supervise them and develop a plan for ongoing training and support.

When proceeding with a decision to provide psychological assessments, GBV programs must determine how they can offer the necessary training, supervision and other support to case managers. If financial and other resources—such as highly specialized trainers and training curricula—are not available, the team may want to revisit the viability of offering forensic psychological assessments within their programs. Case managers must be well-versed in legal mandates and issues of confidentiality in order to share this information with a survivor as part of the assessment process. Even when laws mandating assessments do not exist, but customary practice requires some sort of assessment or reporting, it is important for case managers to be well-trained in this information in order to share it forward to survivors. It is also important that case managers understand how to testify in court, if this is a requirement.

In many settings, guidance or tools on forensic psychological assessments related to GBV cases –if they exist at all-- may center around concepts informed by Battered Woman Syndrome which, as noted previously, is a contested theory. It is important that programs find trainers that can offer strategies for undertaking forensic psychological assessments in ways that do not reinforce psychopathology, but rather that the psychological

assessment itself follows survivor-centered principles that are as empowering as possible for the survivor. (See Box 2.) This may involve seeking out technical advisors and consultants from local women's organizations, and legal aid organizations with a wide array of knowledge on laws, the court system, women's rights, and testifying in court within the local context.

Training needs are not the only consideration when identifying resources necessary for programs to undertake forensic psychological assessments. Staffing needs to meet the extra demands of this added responsibility are critical, both for case managers and supervisors. Case managers assigned the role of assessor should not be expected to take on this responsibility in addition to their existing responsibilities.

Box 2: Applying Survivor-Centered and Feminist Principles to a Forensic Psychological Assessment

If a survivor requests a forensic psychological assessment and continues to want this assessment after all potential risks have been discussed, and the agency has determined that they will offer this service, a designated case worker within the agency should work with the survivor to co-create an assessment. The case worker should not focus strictly on mental health issues, nor should they include their own personal opinions about the behavior of the survivor in the assessment. Instead, the case worker can develop *with the survivor* a profile that highlights her actions and perseverance while surviving the abuser within a society that is not equipped and often unwilling to support her in her recovery (Schuller et al., 2004; see also Ferraro, 2003; Dutton, 1993).

The assessment can focus, for example, on the survivor's "social agency" by addressing:

- Her individual experiences and the systemic barriers and opportunities she faces because of her intersecting identities.
- Her agency and action within her individual experience of abuse.
- Various obstacles to seeking and receiving help and support.
- Societal reactions and any inadequacies or gaps in services available (Schuller et al., 2004).

Case managers should also seek to include references to all survivors' experiences, including the multiple factors that can impact and shift experiences (Schuller et al., 2004). Before sharing the assessment with a supervisor, it should be reviewed with the survivor and her consent should be reaffirmed to share it forward. It should then go to a supervisor before it is shared externally.

4. Continuously reflect on the potential impact on the survivor, as well as the agency reputation and work.

Even if an agency decides that providing psychological assessments is at least theoretically possible, teams then needs to determine *for every case* the potential impact on the survivor, as well as the reputation of the agency itself for completing each forensic psychological assessment. If case managers do complete and submit these assessments, testify in court, and otherwise engage in the legal process, what are the risks to the survivor? What are the risks to the case manager and survivor relationship? To the agency reputation?

A case manager who provides a forensic psychological assessment will be in a 'dual relationship' with the survivor as they are in a helping relationship with the survivor and serving in a role for the justice system regarding her case. Guidance typically discourages dual relationships between providers and survivors because of the conflict of interest this creates (Ackerman, 2010). If a case manager provides an assessment to the legal system and the result of the case is not to a survivor's satisfaction, the relationship between the survivor and case manager may suffer from lack of trust, resentment, and even feelings of betrayal. If the judgment is not as severe on the perpetrator, or even favorable to him, the survivor may feel that the case manager failed her by not highlighting the severity and impact of the violence enough in the assessment. Despite a case manager's best effort, a satisfactory result may be elusive, especially considering the low rate of success in prosecuting many

types of GBV cases globally, largely due to unfavorable attitudes and lack of knowledge within the legal system (UNDOC, 2014). For this reason, it may be very important for the agency to develop a system whereby the case manager conducting the forensic psychological assessment is not the case manager providing the support services to the survivor, even if this means that the assessor may have less case information immediately available to complete the assessment.

This risk of generating mistrust can cascade to other survivors, and even the broader community. By becoming involved in some cases, the agency may be seen as engaged with or aligned with a flawed and often hostile court system. The answer to this question must be determined context to context.

5. Continue advocacy to eradicate the mandate.

Whether or not GBV programs decide to offer forensic psychological assessments as part of their services, in settings where these assessments are required in order for survivors to access justice, it is important that all GBV programs work together to advocate against this requirement (whether legal or customary). GBV programs can collaborate with women's rights organizations to educate and advocate within the justice sector about the fact that mandated forensic psychological assessments for GBV cases:

- violate GBV guiding principles, human rights law and other rights frameworks (e.g. Do No Harm⁴, the Convention on the Elimination of All Forms of Discrimination against Women⁵, etc.);
- reflect the tendency of legal systems to overlook GBV survivor's rights and wishes;
- often revictimize survivors through a mandated retelling of their story, giving them no control over how information is shared in court;
- reinforce pathologizing stereotypes of victimization that tend to belittle survivors and devalue resilience.

Key Recommendations

Legal requirements related to forensic psychological assessments in cases of GBV vary greatly around the world. In settings where they are mandated, this can be a deterrent for survivors to access justice. The eradication of these requirements is the best way to support access to justice for survivors, uphold GBV guiding principles, and reduce the potential harm survivors face within the justice system. However, this may not be immediately achievable. Moreover, in some settings, GBV service providers may be asked to step in to complete forensic psychological assessments. While working to change these policies, GBV programmers should consider how best to support survivors to ensure they receive the support they need. Some key actions include:

- In collaboration with women's rights organizations, educate relevant actors in the justice system about the potential harmful impacts of mandating forensic psychological assessments and advocate against the practice.
- Educate and inform women and girls of their rights under the law and support them to access their rights, particularly in settings where forensic psychological assessments are part of customary practice rather than law.
- If working in an agency where the issue of mandated forensic psychological assessments has surfaced as a need, take a whole-of-agency approach to determine whether the agency can meet this need for survivors in a safe and ethical way.
- If the decision is taken that a GBV program will undertake a forensic psychological examination in response to a request from a survivor, ensure standard protocols are in place that reflect survivor-centered and feminist principles for best practice. In particular, consider assigning a case worker to conduct the assessment who does not always work with the survivor. Train the case worker to utilize an

⁴ Do No Harm framework available at https://www.globalprotectioncluster.org/assets/files/aors/protection_mainstreaming/CLP_Do_No_Harm_Handbook_2004_EN.pdf

⁵ CEDAW text available at <https://www.un.org/womenwatch/daw/cedaw/cedaw.htm>

approach that allows for the co-creation of the assessment with the survivor, so that the survivor is empowered as possible in the process of drafting the assessment and releasing it to the courts.

Relevant Tools and Guidelines

Gender-Based Violence Area of Responsibility (AOR). (2019). [*The Inter-Agency Minimum Standards for Gender-Based Violence in Emergencies Programming*](#). United Nations Population Fund (UNFPA).

This set of guidelines presents 16 minimum standards for GBV programming. These standards do not speak directly to the issue of mandated forensic psychological assessments or GBV service providers completing these assessments. However, they do establish a common baseline of minimum standards in programming with a focus on not causing harm. The principles included in this resource can help GBV programs to determine priorities for the context. The guidance includes standards on the use of survivor data and on assessments within the larger programming aspect of assessment, monitoring and evaluation. These two standards may be useful for programs when determining if the agency will provide forensic psychological assessments, how, and the limits to that service provision.

International Commission of Jurists. (2016). [*Women's access to justice for gender-based violence: A practitioners' guide*](#). ICJ.

This guide, written by the International Commission of Jurists, uses the legal expertise of its members to ensure progress in the development and implementation of international human rights law. This guidance focuses specifically on women's access to justice regarding GBV cases. It outlines the limitations of legal approaches to GBV in addition to their importance. Certain sections of this guidance can inform GBV programs' advocacy efforts to change laws and practices mandating forensic psychological assessments. The guidance provides specific sections on a variety of issues of concern in GBV cases, including virginity testing, the "social value" of a woman to determine sentencing, victim blaming and stereotyping under the law, and others. When using this guidance with respect to mandated forensic assessments, section VII provides measures required for appropriate rights-based services and section VIII focuses on improving justice systems and measures to fight impunity. Useful information that can be applied directly to this issue exists in both sections.

World Health Organization & United Nations Office on Drug and Crime. (2015). [*Medico-legal Evidence in Sexual Violence*](#).

This toolkit focuses on medico-legal evidence and providing key information for all sectors involved in legal cases of GBV incidents. It includes basic guidance for social service actors. While the guidance included for social service actors is quite basic, it can be a useful tool for teams as they discuss the potential provision of forensic psychological assessments and their mandate as a social service organization. The ethics section can be used to inform advocacy efforts. The *core competencies* and *documenting the story and responses* sections can help ensure appropriate trainings are developed for case managers providing forensic psychological assessments.

World Health Organization (WHO), United Nations Population Fund (UNFPA), & United Nations High Commissioner for Refugees (UNHCR). (2019). [*Clinical management of rape and intimate partner violence survivors: Developing protocols for use in humanitarian settings*](#).

This most recent guidance on the clinical management of rape now also includes intimate partner survivors. It provides the most comprehensive set of guidance that can be applied to forensic psychological assessments, despite being primarily focused on the provision of forensic medical assessments. The guiding principles of this document are referenced in this paper explicitly. Mandated forensic psychological assessments may violate multiple of these principles in different ways. In addition to the guiding principles, several other sections in this guidance can be applied to forensic psychological assessments. *Part 1.5 Training staff* and *Part 2: Providing first-line support* serve as guidance for training development and minimum requirements that are applicable to GBV case managers in this instance. The entirety of *Part 3: Clinical management of rape (step by step)* does not apply to GBV case managers. But within this section, *Step 2: Obtaining informed consent and preparing the survivor* and *Step 3: Taking the history* can be used in structuring specific guidance or tools for providing forensic psychological assessments. GBV programmers may also find other steps and parts within this guidance useful depending on their context and resources and services available.

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The GBV AoR Help Desk

The GBV AoR Helpdesk is a unique research and technical advice service which aims to inspire and support humanitarian actors to help prevent, mitigate and respond to violence against women and girls in emergencies. Managed by Social Development Direct, the GBV AoR Helpdesk is staffed by a global roster of senior Gender and GBV Experts who are on standby to help guide frontline humanitarian actors on GBV prevention, risk mitigation and response measures in line with international standards, guidelines and best practice. Views or opinions expressed in GBV AoR Helpdesk Products do not necessarily reflect those of all members of the GBV AoR, nor of all the experts of SDDirect's Helpdesk roster.

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You can contact the GBV AoR Helpdesk by emailing us at: enquiries@gbviehelpdesk.org.uk

The Helpdesk is available 09.00 to 17.30 GMT Monday to Friday.

Our services are free and confidential.