HANDOUT 16.1

SAFETY PROTOCOLS FOR CASEWORKERS ADDRESSING CHILD MARRIAGE CASES

INTRODUCTION

Caseworkers across diverse humanitarian and regional settings have highlighted the need for dedicated safeguarding procedures, referred to here as **safety protocols**, specifically designed to support them when handling **child marriage cases**. These protocols aim to address key **safety and security risks** that caseworkers may face in the course of their work, and to provide **practical**, **context-sensitive guidance** for managing these risks while continuing to deliver essential services.

While the primary focus of these protocols is on **caseworker safety**, they are firmly grounded in the **survivor-centered approach**, which places the rights, safety, and dignity of **child survivors** at the center of all actions. In this context, caseworkers must also uphold key ethical principles related to **confidentiality**, **informed assent/consent**, and **mandatory reporting**, especially as failure to manage these aspects carefully can increase risks for both the child and the caseworker. These issues are addressed in more depth in the scenario-based guidance and case management materials that accompany this tool.

In addition to physical safety, these protocols also recognize the **psychological impact** of working on child marriage cases—including exposure to secondary trauma, emotional stress, and burnout. Organizations should ensure that **psychosocial support and supervision mechanisms** are in place to promote staff wellbeing.

WHAT THESE PROTOCOLS COVER

The following protocols outline adaptable strategies for caseworkers to manage risk in high-risk situations linked to child marriage, including:

- Encounters with armed or violent groups
- Interactions with unsupportive or aggressive family members or spouses (perpetrators)
- Conducting Home visits, exceptional circumstances only
- Managing **retaliation risks**, including threats of **abduction**

These protocols are meant to complement—not replace—existing organizational safety and child safeguarding policies. They should be adapted to fit the context and operational environment of each setting.

KEY PRINCIPLE

These protocols prioritize caseworker safety while maintaining survivor-centred approaches and service delivery integrity.

1. GENERAL SAFETY PROTOCOLS

These protocols outline essential safety measures for organizations and caseworkers to mitigate risks in various high-risk scenarios, not limited to child marriage cases. They provide a foundation for managing individual and organizational safety while maintaining effective, child survivor-centered service delivery.

GENERAL DO'S AND DON'TS FOR CASEWORKER SAFETY

✓ DO

X DON'T

Inform your supervisor of your destination, route, and return time.

Conduct a risk assessment and review local threats or tensions.

Establish contacts with community leaders before field engagement.

Carry an emergency kit (whistle, flashlight, cash, ID, first-aid).

Keep communication devices charged and test regularly.

Arrange for a trusted companion if needed.

Dress to blend in with the community.

Memorize key emergency contacts (supervisor, colleague, hotline).

Identify escape routes and safe areas in advance.

Participate in ongoing safety, cultural sensitivity, and debriefing sessions.

Maintain community relationships and share lessons learned with the team.

Seek psychosocial support and report all incidents promptly.

Don't carry identifiable case files in high-risk settings.

Don't publicize your activities online or in public spaces.

Don't meet in isolated areas without safety protocols.

Don't confront aggressors or raise your voice in tense situations.

Don't ignore early warning signs like changes in tone or body language.

Don't enter a home or unsafe space without prior risk assessment.

Don't remain in a situation if safety is compromised—exit immediately.

GENERAL SAFETY PROTOCOL

Every caseworker must be familiar with these emergency procedures. Tailor communication strategies to local cultural norms to avoid misunderstandings or hostility.

2. SPECIFIC CHILD MARRIAGE SCENARIO PROTOCOLS

A. ENCOUNTERS WITH ARMED GROUPS

DE-ESCALATION PROTOCOL

This protocol provides guidance for caseworkers when encountering armed or violent individuals or groups in the context of child marriage cases. The primary objective is to help caseworkers de-escalate potential threats, maintain situational awareness, and prioritize safe practices in high-risk environments. Follow these steps when confronted by armed or violent individuals.

GENERAL IMMEDIATE RESPONSE

- Maintain calm composure
- Observe behavior, tone, and demands.
- Use respectful, non-confrontational language.
- Avoid sudden movements
- Signal for help using pre-agreed SOS.
- Don't escalate; use phrases like "Let's talk calmly".

SCENARIO 1 - CHECKPOINTS

What to do when stopped at a checkpoint

- Prepare a short, non-threatening script.
- Comply with reasonable requests calmly.
- Do not carry identifiable case documentation.
- Inform security focal point if safe to do so.

SCENARIO 2 – ARMED INDIVIDUALS IN SAFE SPACE

What to do if someone enters a safe space with a weapon

- Emphasize space neutrality if appropriate.
- Calmly discourage presence of weapons.
- Guide vulnerable people to a safe area discreetly.
- Activate pre-planned emergency protocols (evacuation or lockdown).
- Avoid social media updates during the incident.
- After incident: conduct a headcount, debrief, and review protocols.

B. INTERACTIONS WITH UNSUPPORTIVE OR AGGRESSIVE FAMILY MEMBERS AND ABUSIVE SPOUSES

Definition Note: *Unsupportive or aggressive family members* refer to individuals within the family who either do not provide the necessary support or actively create a hostile environment.

- **Unsupportive behaviors** may include resistance to assistance, indifference to the well-being of the girl, or obstructing case management efforts—especially in child marriage cases.
- Aggressive behaviors can involve verbal threats, intimidation, or physical violence, and may escalate if the girl seeks external help or challenges family decisions.

These behaviors increase safety risks for both the girl and the caseworker and require careful planning and support.

GENERAL IMMEDIATE RESPONSE

Use when dealing with any hostile or unsupportive family member or spouse

- Maintain professional boundaries
- Use non-confrontational body language and tone
- Apply active listening techniques
- Avoid disclosing sensitive information.
- Focus the discussion on the child survivor's general well-being
- Avoid direct confrontation especially with known aggressors
- Seek support or referral from a protection actor where needed

SCENARIO 1 – UNSUPPORTIVE OR AGGRESSIVE FAMILY MEMBERS

What to do when engaging resistant caregivers or relatives

- Select a neutral meeting location
- Arrange for a trusted community mediator with the child survivor's consent.
- Prepare de-escalation strategies in advance
- Brief your supervisor/support team on potential risks
- Let the mediator lead if tensions rise
- If possible, engage a female caseworker for added comfort

SCENARIO 2 -ABUSIVE SPOUSES OR KNOWN PERPETRATORS

What to do when the spouse is the source of risk or aggression

- Do not meet the perpetrator alone or without a clear safety plan
- Involve trained mediators or legal protection actors
- Never share the child survivor's location or case details with the spouse
- Where needed, facilitate alternative access points to services (e.g. through a health facility or neutral location)
- Document any threats, intimidation, or retaliation
- Refer the case for legal or protection action where applicable

The child survivor should **ALWAYS** choose who meets with the spouse:

- Preferably, a trusted advocate, lawyer, or law enforcement representative
- The caseworker should **NOT directly engage** with the abusive spouse

Critical Caution: The most important recommendation is to seriously question whether direct engagement with an abusive spouse is ever truly safe or necessary. Prioritise using legal channels and involving law enforcement for immediate safety concerns.

C. CONDUCTING HOME VISITS IN SPECIFIC CASES

IMPORTANT NOTICE

Home visits should only occur in **exceptional** cases and under clear child survivor-driven circumstances, such as when married girls explicitly request it as a safer alternative. These visits must be conducted with strict risk management practices in place, focusing on caseworker and child survivor safety. This protocol provides guidance for minimizing visibility, maintaining communication, and preparing for emergency exits to support caseworker safety during home visits.

BEFORE THE VISIT

- Conduct a risk assessment with supervisor approval
- Ensure girl agrees and feels it is safer for her
- Avoid visibility (no logos, branded vehicles)
- Schedule visits in daylight hours
- Agree on a neutral "cover story"
- Arrange a trusted companion to wait nearby
- · Set regular check-ins and agree on SOS signal
- Review transport, exit points, and phone signal
- Carry minimal non-identifiable materials

DURING THE VISIT

- · Reassess safety on arrival
- · Keep visit brief to minimize exposure
- Use neutral and non-sensitive language
- Sit near exits, stay alert to surroundings
- If unexpected people are present, use pre-agreed signals with the girl
- Do not discuss sensitive topics if it puts the girl or yourself at risk
- Keep conversation general and document risks later

AFTER THE VISIT

- Check in with your supervisor or agreed contact
- Debrief with safety focal point if needed
- Document safety concerns or unusual dynamics
- Access mental health support if affected
- Update the girl's safety plan and your protocols if needed
- · Share lessons with your team to improve planning

D. MANAGING THE RISK OF ABDUCTION OR RETALIATION

PREVENTION PROTOCOL

In areas with heightened risks of abduction or retaliation, this protocol offers preventive measures and response actions for caseworkers. The aim is to reduce visibility, establish reliable contacts, and follow strategies that support safe practices in case of abduction or retaliation, including steps for staying calm and seeking opportunities for safe release.

Retaliation: Refer to general protocols for guidance on routine risk monitoring, documentation, and psychosocial support.

PREVENTIVE MEASURES	IF RETALIATION OCCURS
Build relationships with local community leaders to mitigate hostility or suspicion about caseworker activities.	Engage law enforcement or protective agencies if the situation escalates beyond manageable risk.
Increase awareness among communities and families about the role and responsibilities of caseworkers, emphasizing neutrality and confidentiality.	Temporarily relocate caseworkers or child survivors if threats escalate.
Maintain discretion by limiting the visibility of caseworkers' activities to avoid drawing attention to specific cases or individuals; ensure that interactions appear routine and unrelated to sensitive matters.	Collaborate with community allies to de-escalate tensions and rebuild trust.
Promote community ownership by working with local groups to encourage collective responsibility for addressing child protection concerns, reducing the focus on individual caseworkers or interventions.	Ensure that the caseworker receives targeted psychosocial support and follow-up guidance.

Abduction: Refer to general protocols for guidance on varying routines, maintaining low profiles, traveling in pairs, and setting up check-ins.

PREVENTIVE MEASURES	IF ABDUCTED
Use trusted local guides when navigating unfamiliar or high-risk areas.	Stay calm and composed to avoid escalating the situation.
Avoid predictable patterns when entering or exiting communities.	Cooperate with basic demands unless doing so puts you in greater danger.
Keep emergency contacts and safe routes updated and accessible.	Avoid resistance unless necessary for survival.
	Discreetly note details about your surroundings (e.g., landmarks, time, voices).
	Maintain mental resilience and wait for a safe opportunity to escape.

3. POST-INCIDENT PROTOCOL

This section outlines the critical steps caseworkers must take following any security incident, whether it involves encounters as mentioned above or other high-risk situations. These actions prioritize the immediate safety and well-being of caseworkers while increasing a culture of reflection, learning, and adaptation to improve safety protocols and prevent similar occurrences in the future. By adhering to these guidelines, caseworkers and organizations can enhance preparedness and maintain a safer working environment.

REPORTING RECOMMENDATIONS

Complete these steps after any security incident.

Ensure immediate safety: Move the caseworker to a secure location as soon as possible following the incident.
Conduct a headcount: Ensure all staff and community members present are accounted for and safe.
Report promptly: Notify the supervisor or safety focal point within 24 hours.
Document thoroughly: Record incident details comprehensively and objectively, including what happened, who was
involved, and what actions were taken.
Attend a debriefing session: Review the incident with relevant staff (e.g., supervisor, safety focal point), follow up on
actions, and reflect on lessons learned.
Access mental health support: Ensure caseworkers have the option to receive psychosocial support to address
emotional or psychological impacts.
Revise protocols: Review and update safety procedures to address any identified gaps or new risks.
Share lessons learned: Conduct a team-wide briefing to strengthen collective awareness and improve preparedness.
Engage the community: Work with local leaders to rebuild trust and ensure continued access to at-risk populations
while mitigating future tensions.

REMEMBER

Caseworker safety is paramount. Never compromise safety for service delivery. If at any point you feel unsafe, implement your exit strategy immediately.