**SEA Safe Referral Principles**

Once a SEA allegation is received through official reporting channels, the receiving organization’s trained personnel will immediately assess the survivor’s health, safety and security, and psychosocial needs. Only with the informed consent of the survivor, psychosocial interventions will be conducted/provided. The assessment and the provision of assistance to a survivor are entirely independent from administrative and/or criminal actions taken on the complaint, including both referral for investigation and the outcome of any initiated case.

**All** SEA survivors’ complainants are entitled to assistance. Complainants who are not survivors, including whistleblowers, may also require a physical security assessment and other safeguards to protect their interests. The assessment should be conducted by trained personnel of organizations, institutions or agencies that deliver GBV or Child Protection case management services. If needed, some cases may require other actors to be involved, on a strictly need to know basis, to ensure adequate protection measures are applied.

Based on identified needs and with the survivor’s informed consent, a referral for appropriate services including but not limited to psychosocial, healthcare, and safety/security must be made by a trained professional (case worker, social worker) duly authorized by the referring organization and recognized by the PSEA Network, according to the referral pathway and services mapping.

Information gathered from the initial assessment shall be kept confidential in a case folder. It will only be shared upon official request made through the levels of the Heads of Offices. When a need to refer the survivor for appropriate services, and with the approval of the Head of the Office, the case folder shall be shared only to the specialized personnel that will provide case management services.

**Referral procedures**

Survivors of SEA should be referred to specialized GBV or Child Protection actors for provision of assistance. Prior the conduct of another assessment, the GBV or Child Protection actor should refer back to the case folder and get information that are not in the initial assessment but are crucial in provision of assistance and case management. Clarificatory questions can be asked to verify conflicting information provided in the initial assessment.

PSEA Focal Points and frontline service providers who are not authorized or trained in any SEA incident case management should always ensure to refer as soon as possible reported SEA incidents to authorized specialized personnel and through recognized reporting channels. It is not the role of the PSEA Focal Point or of any other humanitarian worker to prove whether the person is saying the truth or not, whether s/he really needs help or not.

In case of SEA, involving a child, the PSEA FP may need to report to the judicial authorities in some cases where the law obliges to do so or where other children are at risk. In the latter, the PSEA FP will ensure that there is someone with the child who will help and guide him/her with the process of working with the law-enforcement to bring the perpetrator(s) to justice.

PSEA Focal Points or other Humanitarian Actors to whom an incident of SEA is disclosed should take into consideration the following standard operating procedures:

**Listen**

1. Always introduce yourself and find a safe, confidential and quiet space to talk. Ask if you can provide help. Listen in case the survivor/incident reporter would like to talk about what happened.
2. Listen actively: give your full attention, gently nod your head, use appropriate body language and tone of voice which shows that you are engaged with what the survivor is saying. Always encourage free narrative.
3. Ask survivors only relevant questions, do not ask detailed questions about the incident. For child survivors, relevant questions should be short and simple appropriate to the age of the child. Talk clearly with comprehensible pronunciation.
4. Help the person to feel comfortable. Although some needs may be obvious, always ask what the person need and what their concerns are. Do not pressure the person to talk and do not expect her/him to display particular emotional reactions.
5. Comfort the survivor using healing statement such as: “It’s not your fault”, “I believe you”, “I am very glad you told me”, “I am sorry this happened to you”, “You are very brave for telling me”, “Thank you for sharing this with me, and sorry because this happened”, There are limits for what I can do, but I can refer you to someone who can better help…”

Ensure to properly document information gathered using the organization’s referral or intake sheets if any or the PSEA Network Referral Sheets that are kept in folders and secured.

**Pointers when approached by a child SEA survivor**

In some cases the child will take the initiative and reveal that he/she has been a victim of SEA. Keep in mind that disclosing SEA, is a big step for the child and often carries an element of risk. Make sure to tell the child and supportive parent/caregiver that you undertand and share their feelings. Consider the following pointers when in this situation:

* Be open and friendly an do not over react to what the child tells you. Be sensitive to the emotional distress or fear that the child may be experiencing. Be empathetic and gentle.
* Reassure the child that you will ensure confidentiality. Affirm that the child has made an important step by talking about SEA.
* Reinforce with the child that SEA is not his/her fault and that there is no excuse for violence and the responsibility lies with the perpetrator, and SEA is not acceptable.
* Listen to what the child is saying. Use active listening. Show the child he/she is being heard. Demonstrate sincere concern and compassion and not horror.
* Determine the best way to communicate with the child and adapt your language to the child’s age and level of maturity.
* Do not talk sitting behind a desk or table. Sit close to the child but not too close, otherwise the child will be uncomfortable. Sit at same eye level and maintain eye contact with the child. You might need to sit on the floor if the child is sitting on the floor.
* Praise the child for talking with you, “It’s hard to talk about stuff like that”
* Acknowledge what he/she told you. Statements that you can use are “That must have been frightening for you”, “You are a strong person to have survived that ...”, “This must be difficult; it’s not easy”.
* Reassure the child that her/his reaction to the abuse is normal (e.g. physical, emotional, behavioral reactions).
* Be sensitive to the immediate needs of the child and address them, for example first aid, food, water, need to use the toilet, CMR and others.
* Provide the child with as much information as you can about what will happen next.
* Obtain the consent of the child for referrals to case management servcies, but inform him/her that reporting SEA is mandatory.
* Report the SEA case to the PSEA FP in your organisation in a confidential manner “password protected email “ with no body in copy .

|  |
| --- |
| ***The child with disabilities[[1]](#footnote-1)[1]***Some disabilities affect the way that children and adolescents communicate. It can be difficult to understand them, and difficult for them to understand others, which can also lead to misunderstandings that further impede comprehension. * Never assume that the child who has some form of disability is not capable of communication.
* Communicate with the child with disability in the manner in which he/she is most comfortable (e.g. sign language, Braille, plain languages/picture or audio aids). If you are not able to communicate with him/her, ask for the assistance of a speech language therapist.
* Always consider the best interest of the child and do not use force when a child with disabilities is not able to communicate on his/her own.
* Keep in mind that given the relationship between children with disability and their caregiver, some children prefer to talk in the presence of their caregiver. This is totally fine; allow the caregiver to be present with the child.
 |

**Provide information**

1. Explain to the complainant that SEA is strictly prohibited under UN / NGO codes of conduct and that you are under an obligation to report all allegations of sexual exploitation and abuse via the established reporting mechanisms. You should seek informed consent/ascent for a child, to report on the incident, particularly identifying information about the complainant, the survivor and the name of the alleged perpetrator
2. For SEA cases involving a child and if you are not the PSEA FP; inform both child and parent/guardian that you will inform the PSEA FP in your organization, who will protect the privacy of the child and provide the needed assistance. Explain that reporting SEA is mandatory.
3. Explain that for the purposes of an investigation, the name and contact details of the complainant, survivor or incident reporter will be necessary and that recording and reporting information regarding the incident is important for follow up and an investigation to be able to take place. Explain that reporting the incident will not affect their right to services and assistance.
4. Inform the survivor about the support she/he can get through the case management services: briefly explain that case management service providers have specialized staff who assist persons who faced the same problem as him/her. The staff will listen to them and help her/him in reaching the different type of assistance they want; including psycho-social assistance, medical assistance, legal assistance, and assistance to find safe shelter if needed. All these services are free of charge and it is the right of any survivor to receive or decline services and support.
5. If relevant, explain that specialized medical assistance is available for survivors of sexual violence and can be provided after the incident notwithstanding how long time elapsed. However, some CMR services are beyond 72 hours (i.e. STD test and medication, HIV and pregnancy test). All are assisted without any discrimination; information is confidential and nothing will be done without the express consent of the complainant.
6. You shouldn’t advice/encourage the survivor to seek a certain type of services. Limit your interaction to providing information and not advising the survivor on your preferred option. Providing assistance to a survivor is about empowering survivors to make their own decisions about their own lives. It is up to the survivor to decide the best way to solve her/his problems.
7. Do not raise expectations – be honest and accurate (e.g.do not say: they will give you money; they will solve all your problems).
8. For child survivors, PSEA core principle number 2 always apply as per SG’s Bulletin and IASC PSEA Core Principles. As duty bearer’s, regardless with or without the consent of the guardian, SEA incidents involving a child/children must be reported.
9. For PSEA Focal Points it is important to be know how to complete the SEA complaint intake and referral forms.

**Ask for informed consent**

1. Ask the survivor/complainant the consent to contact a specialized GBV or Child Protection service provider for referral and explain what the referral entails (which information will be shared and the possibility for the survivor to change idea about receiving specialized services). This can be done verbally, a written document is not advisable, if confidentiality procedures are not known or cannot be followed. Protecting a survivor’s right to confidentiality is a key guiding principle, as such the survivor needs a clear explanation of situations in which confidentiality will be broken. If these situations are not clearly explained than there is the risk that consent will not be informed, the survivor’s rights and wishes will not be taken into consideration, and further harm could be caused.
2. If the person is unwilling to be referred for assistance, you need to respect her/his wishes and can provide him/her with hotline numbers if available so they’ll be able to seek help whenever they feel ready.
3. The following are limits to confidentiality and informed consent principle that could apply:
* When a survivor threatens his/her own life, threatens to harm another person
* When person is non responsive (i.e. unconscious) or a person without capacity of discernment
* When it is a child SEA survivor it is in always on the best interest of the child[[2]](#footnote-2)

**Timely refer**

1. Refer the complainant to a GBV or Child Protection actor according to the referral pathway. While doing the referral, by phone or email or in person, remind the importance of data protection.
2. If referral forms are used, the hard copy of the forms should be kept in locked cabinet, soft copy should be kept password protected on computers. To help ensure confidentiality, the survivor’s name should not be used in any correspondence. Instead, a code (e.g. case code, numbers or other letters) should be used.

If there is any reason to believe that following the GBV or Child Protection referral pathways would be unsafe, the PSEA Focal Point or the PSEA Network Coordinator will refer to the GBV or Child Protection actor of the nearest geographic zone, according to the best interests and the informed consent of the survivor.

If for any reason the PSEA Focal Point or the PSEA Network Coordinator receives a complaint where waiting for a needs’ assessment would cause harm the survivor – e.g. at hour 72 on a sexual violence report – the Focal Point/Coordinator will immediately refer the survivor to a health clinic that provides Clinical Management of Rape, while at the same time following the GBV or Child Protection referral pathways and informing the relevant GBV or Child Protection actor of the additional referral.

1. [1] Afghanistan guidelines [↑](#footnote-ref-1)
2. The child has right to have his/her best interests taken as primary consideration. This right should be ensured in all decisions concerning the child with regard to providing, withholding or terminating any intervention. It should also be ensured in all decisions related to reporting cases of abuse or neglect. The child’s best interests should be based on his/her physical, emotional, social and educational needs, age, sex, relationship with parents and caregivers, and his/her family and social background, and after having heard his/her views. [↑](#footnote-ref-2)