

## 11) Referral pathways

### Why referral pathways are important

When an allegation of sexual exploitation or abuse is made, the National Society is responsible for providing - as deemed necessary and appropriate on a case-by-case basis - assistance and support to anyone who has reported sexual exploitation and abuse by Red Cross and Red Crescent personnel. **Encouraging community members, volunteers and staff to report concerns without providing adequate protection and assistance could be putting people at risk of further harm.**

While National Societies may have extensive services for those with short term crisis needs, there are also agencies handling specific areas of need, who are specialists in their field. Anyone reporting sexual exploitation or abuse should be referred or signposted to the appropriate support. This might include healthcare, including sexual and reproductive healthcare services, physical rehabilitation, psychological and psychosocial support, legal assistance, socio-economic support and spiritual services, required<sup>14</sup>. See section 15 for further information on appropriate provision of assistance for survivors.

**Once referral pathways have been established, safe referrals should only be made by people who have professional experience in protection and have received training. Please reach out to the protection experts in your National Society for support with this step, in order to avoid potential harm.**

### **Actions**

The purpose of this section is to outline the steps required to set up a referral pathway for anyone who has experienced SEA as well as whistleblowers and subjects of complaint<sup>15</sup>. It should be guided by the survivor-centered approach<sup>16</sup> which means giving priority to the rights, needs and wishes of the individual.

**Red Cross Red Crescent role:** It is important to understand the role of your own organization in relation to protection concerns. Some National Societies may be able to implement a fully-fledged case management program or they may only be able to administer referrals to other specialist agencies who provide relevant case management services. Such agencies may include government institutions, NGOs or international agencies.

**Rights and access to services:** Find out which support services are currently being accessed by groups vulnerable towards SEA. Do these services protect the dignity and safety of survivors, for example, through non-discriminatory access, confidentiality and privacy, and in addressing issues such as social stigmatization of survivors? Depending on the population, rights and access to services can vary greatly. Men, women, boys, girls, gender and sexual minorities, persons with disabilities, the elderly, ethnic minorities and religious groups may all have varying levels of access to authorities and social services, depending on the legal framework of their own country or their current location.

**Law enforcement:** Make a summary of legislation governing welfare and protection of children and adults. Ask is SEA illegal and is the legislation enforced? What is the legal age of consent and marriage? Establish if there are risks in reporting SEA concerns to the police.

---

<sup>14</sup> Resolution 3, Sexual and gender-based violence: Joint action on prevention and response

<sup>15</sup> Adapted from the "Safe Referrals: A Pocket Guide", Danish Red Cross

<sup>16</sup> Definitions are taken from the PSS training for SGBV survivors, p.35: <http://pscentre.org/wp-content/uploads/2018/03/SGBV-A-two-day-psychosocial-training-final-version.pdf>

**It's good practice to coordinate** with other agencies, clusters and sub-clusters (Protection, GBV, Child Protection, PSEA, etc.), as they may have already established a referral pathway, or mapped the services necessary for your program activities.

**Service provision mapping:** When identifying the appropriate service providers, it is important to be aware of both governmental and non-governmental actors. At a minimum, include civil society groups and community-based organizations providing child protection, health care (including sexual and reproductive health care service), trafficking in persons, counseling and legal services. Existing referral pathways that 'do no harm' should be mapped. This should include procedures and eligibility criteria; as well as how survivors are referred to the receiving agency, how the dignity and safety of survivors is ensured, and how the service in question fills a gap or complements services being offered by a Red Cross and Red Crescent actor.

**Disseminating the referral pathways to staff and volunteers:** For the referral pathways to be used, it is important that they are well communicated with the staff and volunteers who work directly in communities. Information, education and communication materials should be prepared to raise awareness among field staff and volunteers on how best to provide support to survivors. This should include details on when, how and where to signpost support for an individual who requires assistance, and how to request referral by staff trained in supporting survivors of SEA. Movement members should consider integrating PSEA into onboarding, security and other sector training sessions<sup>17</sup>.

Staff and volunteers should be made aware that they may direct members of the community to services on the referrals list but that they should **NOT DO CASE MANAGEMENT** unless they have the skills and it is their specific role in the organization. Other members of the communities could also be made aware of the pathways, such as women's groups, selected community organizations and informal actors in the communities that work with more at-risk populations (for example, teachers, youth leaders, and so on).

For further information on establishing and making referrals (which should be done by trained protection staff), refer to the Global PGI Toolkit "**Guidance on Basic Case Management and Basic Referral Pathway**".

---

17 The "Seven Moves", PGI and SGBV in Emergencies training programs provide modules on PSEA and psychological first aid.