

Establishing Referral Pathways

Overview

Once an allegation of sexual misconduct is made, it is the responsibility of the National Society to provide assistance to the complainant/survivor. This is actioned by referring the victim to specialist services including medical, psychological and legal support.

These service providers must be mapped out ahead of time in an exercise called referral mapping. Referral mapping allows a National Society to list the essential service providers available. The Libyan Red Crescent is one of the National Societies which has completed its referral mapping. This case study showcases its process.

Background

The Libyan Red Crescent received assistance from the British Red Cross throughout the process of mapping referrals. The sexual and gender-based violence (SGBV) specialist at the British Red Cross trained specific focal points from the Libyan Red Crescent in SGBV on how to conduct referral pathways. The training was first delivered to headquarters then step-down training was given to three branches of the National Society. Focal points were identified at branch level as well.

The volunteers at branch level discussed previous cases of SGBV and outlined the local attitudes towards violence against vulnerable people in each community of the branches. This was done to identify the potential need for services in each branch.

Steps taken

There are no specialised organisations for victims of abuse in Libya. However, it was possible to identify the services which provide generalist care for victims.

First, research was carried out to search for services through consultations with UN organisations and other organisations operating in Libya. These consultations established which different service providers it might be suitable to access.

After that, the SGBV specialist from the British Red Cross, the head of communications and the volunteers manager from the Libyan Red Crescent interviewed each of the organisations and service providers to evaluate them. The evaluations were conducted via phone and Zoom calls. They asked them a number of questions which covered: their previous experience in dealing with victims of abuse, the way they work with victims of abuse and the level of training the service staff have to deal with complicated cases.

They include law enforcement, medical (including sexual and reproductive health), psychological and legal services. All are available to all members of the community free of charge.

The referral pathways were then disseminated to the volunteers of the three branches involved. The process took around two-three months to complete.

No referrals have been made yet.

Successes and challenges

The main success was taking the first step in providing suitable services to the community in SGBV. The whole process from receiving training to conducting the referral pathways was found to be extremely beneficial. Branch volunteers were highly motivated and engaged fully with the process, especially the female volunteers. The partnership with the British Red Cross and at times the IFRC was found to be very helpful as well.

The main challenge was the lack of acceptance in the community when discussing the sensitive subject of abuse. There was difficulty in sourcing referrals as talking about sexual exploitation and abuse (SEA) as well as SGBV remains a taboo in Libyan culture. Therefore, many organisations were reluctant to engage in evaluations and discussion for potential referrals. Moreover, the low number of services available to victims of abuse posed an issue to the process.

Key learning

A top tip from the Libyan Red Crescent to other National Societies is to fully understand the attitudes of the target communities around SEA and SGBV. If local traditions and customs are sufficiently understood and appreciated, there could be ways to gain a greater degree of acceptance from the communities and branch volunteers.