



TECHNICAL NOTE ON

THE IMPLEMENTATION OF THE UNITED NATIONS PROTOCOL ON THE PROVISION OF ASSISTANCE TO VICTIMS OF SEXUAL EXPLOITATION AND ABUSE

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The photographs seen in this Technical Note do not depict actual victims /survivors of sexual exploitation or abuse.



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ABBREVIATIONS

AoR	Area of Responsibility
CBCM	Community-Based Complaints Mechanism
CBPF	Country-Based Pooled Funds
CCSAS	Clinical Care for Sexual Assault Survivors
CDTs	Conduct and Discipline Teams
CERF	Central Emergency Response Fund
CMR	Clinical Management of Rape
CP	Child protection
CSO	Civil Society Organization
FVRA	Field Victims' Rights Advocates
GBV	Gender-Based Violence
HC	Humanitarian Coordinator
HCT	Humanitarian Country Team
HoM	Head of Mission
HRP	Humanitarian Response Plan
IASC	Inter-Agency Standing Committee

IOM	International Organization for Migration
PFA	Psychological first aid
PSEA	Protection from Sexual Exploitation and Abuse
RC	Resident Coordinator
RRP	Refugee Response Plan
SEA	Sexual Exploitation and Abuse
SGB	Secretary-General's Bulletin
SOP	Standard Operating Procedure
SRSG	Special Representative of the Secretary-General
SVRO	Senior Victims' Rights Officers
UNCT	United Nations Country Team
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNHCR	United Nations High Commissioner for Refugees
UNSDCF	United Nations Sustainable Development Cooperation Framework



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KEY MESSAGES

1. UN Country Teams and Resident Coordinators are responsible for the implementation of the [UN Protocol on the Provision of Assistance to Victims of Sexual Exploitation and Abuse](#) (the 'Protocol'), which includes making sure that assistance and support is available to all victims of sexual exploitation and abuse (SEA), irrespective of whether the victim initiates or cooperates with an investigation or any other accountability procedure. Resident Coordinators and United Nations Country Teams (RCs/UNCTs) can achieve this by integrating protection from sexual exploitation and abuse (PSEA) into development coordination structures and processes, including country-level strategic results frameworks such as the United Nations Sustainable Development Cooperation Framework (UNSDCF). By regularly reviewing the status of the Protocol's implementation, RCs/UNCTs can help ensure that sufficient resources are mobilized to address any gaps in gender-based violence and child protection services.

2. Humanitarian Country Teams and Humanitarian Coordinators, are accountable for PSEA within humanitarian response, including in the Inter-Agency Standing Committee (IASC) priority area of SEA assistance. HCTs/HCs are committed to ensuring that the necessary resources are mobilized for gender-based violence (GBV) and child protection (CP) programming in order to have adequate coverage and quality of services across the humanitarian response. This can be promoted by making sure that PSEA is integrated into the Humanitarian Programme Cycle and related frameworks, such as Humanitarian Needs Overviews and Response Plans.

3. Each UN entity at country level is accountable for the overall assistance and provision of support to any victim of SEA perpetrated by their personnel, including implementing partners, even where they may work with other agencies, including gender-based violence and child protection actors, to provide that assistance.

Assistance and support shall be provided in a manner that is victim-centred, rights-based, age, disability and gender sensitive, non-discriminatory and culturally appropriate.

United Nations Protocol on the Provision of Assistance to Victims of Sexual Exploitation and Abuse

Where there are gaps in services, UN entities should be prepared to utilize internal budgets to address them. UN entities should include information for all staff on how to refer victims for assistance as part of their mandatory training on PSEA.

- 4. The inter-agency PSEA coordinator and network** is responsible for integrating existing gender-based violence and child protection referral pathways into the PSEA network standard operating procedures (SOPs) and providing training to all PSEA focal points on how to promptly receive and refer victims of SEA to those services. This should be done with the **coordination and support of the gender-based violence and child protection area of responsibility, subclusters or working groups**.
- 5. The safety and confidentiality of victims of sexual exploitation and abuse** must be central to the provision of assistance by all responsible organizations and service providers, as outlined in the Protocol and in line with a victim-centred approach.
- 6.** In all cases involving investigation and accountability processes, **protection from retaliation and revictimization must be afforded to victims** by the concerned organizations, as part of the assistance provided. A dedicated case manager/worker should be provided to support the victim throughout the accountability processes, if/ as required and agreed by the victim.

BACKGROUND AND PURPOSE

THIS SECTION COVERS SECTION 1 AND 2 OF THE PROTOCOL

Sexual exploitation and abuse (SEA) by United Nations staff and related personnel¹ is a severe breach of the rights of crisis-affected people and a failure of our duty to protect and do no harm, a violation of international norms and standards, and a betrayal of the core values of the United Nations and the humanitarian community. Behind every report of sexual exploitation and abuse are people who have had their lives affected by these acts of gross misconduct, and who are faced with the repercussions of such actions, which may be social, emotional, psychological, economic, physical or security-related in nature. It is therefore essential that the United Nations promptly and effectively assist victims of sexual exploitation and abuse, and ensure that a victim-centred approach is taken from the outset. Victims have a right to assistance and timely support in a manner that is safe, culturally relevant, and age and gender appropriate. The safety and well-being of children, women and anyone affected by sexual exploitation and abuse must be the most important factor in our response to each report, allegation or rumour. Our response can have a profound impact on their well-being, healing and recovery.

In 2019, the [United Nations Protocol on the Provision of Assistance to Victims of Sexual Exploitation and Abuse](#) (the 'Protocol') was endorsed by the United Nations Secretary-General's High-Level Steering Group on Sexual Exploitation and Abuse, as part of its commitment to advancing a UN system-wide approach to the support that is provided to victims of SEA. The Protocol puts forward a set of core principles, norms and operational measures to protect the rights and dignity of victims and improve our response and support for their needs. The Protocol outlines the accountability of all UN entities to ensure that appropriate assistance is promptly provided to victims of SEA, and the roles and responsibilities for doing so based on the existing UN and humanitarian architecture at country level. Within humanitarian contexts, the Inter-Agency Standing Committee (IASC) has prioritized the acceleration of SEA assistance as part of its overall work on PSEA at country level. In December 2018, IASC Principals endorsed the [IASC Plan for Accelerating PSEA in Humanitarian Response at Country-Level](#), which prioritizes survivor-centred assistance. The IASC Strategy on PSEA (2018–2021) also establishes the improvement of quality, survivor-centred support and protection as one of three priority areas.

Why this Technical Note uses the term 'Victim' instead of 'Survivor': The note covers children and adults affected by sexual exploitation and abuse perpetrated by United Nations staff and related personnel. It also takes into account the IASC priority on scaling up quality assistance for survivors of SEA, as part of the [IASC PSEA Acceleration Plan](#). For the purpose of the Note, the term 'victim' (rather than 'survivor') is used to avoid multiple terminology and to align with the UN policy framework in this area of work, while also being mindful that different entities use varying terminologies. The use of the term 'victim' is not in any way meant to diminish the strength and courage it takes to overcome victimization or the self-determination of the individuals themselves to decide when the shift from 'victim' to 'survivor' occurs.

This Technical Note was developed to support the Special Representatives of the Secretary-General (SRSG), Humanitarian and Resident Coordinators, the United Nations Country Teams and the Humanitarian Country Teams, PSEA coordinators and networks, PSEA focal points, GBV and CP sub-cluster coordinators and specialists and practitioners from other sectors to implement the Protocol. The note also makes reference to the relevant IASC commitments and coordination structures in this area, in order to support the acceleration of SEA assistance in humanitarian response.

It provides practical guidance on *how* to:

1. Assist a victim
2. Address special considerations for child victims
3. Address gaps in services
4. Support effective coordination and integration of victim assistance into country frameworks.

This Technical Note is aligned with United Nations efforts to prevent and respond to sexual exploitation and abuse, as well as established inter-agency standards and guidance, and should be considered in all operational contexts, including in humanitarian, development and UN peace operations.

¹ For the purpose of the Technical Note, the term 'United Nations staff and related personnel' refers to all United Nations and related entities to whom the Secretary-General's Bulletin (SGB) [ST/SGB/2003/13](#) applies, including non-United Nations forces operating under a Security Council mandate, and employees or other related personnel of an implementing partner of the United Nations, as per the [United Nations Protocol on Sexual Exploitation and Abuse Allegations involving Implementing Partners](#).

OVERVIEW OF VICTIM ASSISTANCE

THIS SECTION EXPLAINS INFORMATION COVERED IN SECTIONS 3 AND 5 OF THE PROTOCOL

Victim assistance is the provision of services to individuals with needs directly arising from sexual exploitation or sexual abuse perpetrated by United Nations staff or related personnel. According to the Protocol:

- ✓ The provision of safe, quality assistance is part of the accountability of the United Nations system in response to SEA
- ✓ Every child and adult complainant or victim of sexual exploitation and abuse has the right to receive services irrespective of whether the victim cooperates with a United Nations or other investigation or accountability procedures, regardless of decisions by organizations or others to investigate the case and regardless of the outcome of an investigation
- ✓ Victims are not required to identify the perpetrator or prove that they are victims of SEA to access services.²

As specified in the Protocol (see section 3), the UN shall provide assistance and support to victims as soon as information about an allegation is received. Assistance and support should be provided to victims by skilled and competent service providers in line with the 'do no harm' and victim-centred approach and with respect to GBV guiding principles, especially informed consent.³ When services are victim-centred and rights-based, they are specific, age and gender appropriate, culturally and physically accessible, and driven by the needs of individual victims and support of their self-determination and decision-making.⁴

A victim of SEA has the right to assistance and support and must be able to access the GBV and/or CP services (as

Reporting of SEA is **mandatory** for aid workers and United Nations staff and related personnel⁵ who become aware of an incident or allegation. Victims should always be informed that there are limits to confidentiality (i.e., related to mandatory reporting and to provision of referrals and services) as soon as they come forward with an allegation, and this should be explained in their own language and in such a way that it is easy to understand the information and level of detail that will be reported, who will have access, and what form follow-up actions might take. This will support the victims to understand and assert their right to confidentiality, as it can provide them with an opportunity to reflect on what aspects of their case they may want to disclose or not. For children who are too young to understand, this information should be shared with their trusted adult.

appropriate) in place, which should be named in the inter-agency PSEA network standard operating procedures (SOPs). These services can include immediate assistance such as urgent medical care (for example, clinical management of rape); safety and protection; basic material assistance such as food, clothing, and transportation to access services; psychosocial support, legal services, and support for children born as a result of sexual exploitation and abuse. Longer-term assistance can include comprehensive health care, ongoing psychosocial support, including mental health, legal assistance, livelihood support, skills training and education.⁶ It is preferable for a victim to access [case management](#) services, if they exist, including the option to have a trained professional such as

² For the purpose of providing victim assistance, all individuals who report are assumed to be victims, in order to best meet their needs and also to secure the best possibility of gathering evidence in due course.

³ For more information, see for example [the Inter-Agency Minimum Standards for Gender-Based Violence in Emergencies Programming](#), 2019.

⁴ For more information on the survivor-centered approach, refer to the [Handbook for Coordinating GBV in Emergencies](#), p. 14.

⁵ The [Secretary General's Bulletin on PSEA](#) (2003, section 3.2(e)) and related agency/organizational policies oblige UN staff and implementing partners to report promptly all concerns or suspicions of SEA by colleagues and others via established reporting mechanisms, whether or not the alleged perpetrator is from the same agency.

⁶ It should be noted that there is no fixed categorization of 'immediate' versus 'longer-term assistance' in the Protocol and the [United Nations Comprehensive Strategy on Assistance and Support to Victims of Sexual Exploitation and Abuse by United Nations Staff and Related Personnel \(A/RES/62/214\)](#). This is because the assistance will depend on the individual needs of the victim.

a social worker accompany them throughout the process of service provision. **A victim has the right to make their own choices. This includes the option of refusing assistance or support at any time, including after they have begun to receive it. They also have the right to access support at a later stage if/when they choose to do so.**

Note on children’s participation in decision-making

concerning assistance: For children⁷ who are too young to understand information about their rights and service options, this information should also be shared with their trusted adult who can support the child to participate in making a decision. Young children feel safe and secure with adults that they know and trust, and can express themselves more openly in the presence of their trusted adult.



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1. TYPES OF SERVICES

The table below outlines the types of essential services to support victims of SEA. Victims have a right to assistance and support, which should be provided free of charge, and should not accrue any costs including transportation and accommodation to access the assistance they need.

TYPE OF SERVICE	DESCRIPTION
 <p>Safety</p>	<p>Immediate safety or protection measures for victims, witnesses and complainants, including whistle-blowers, to address the risk of retaliation or further violence, such as survivor safety planning, safe shelter (i.e., a space that offers temporary safety to individuals fleeing harm), relocation support.</p>
 <p>Immediate medical care (including Clinical Management of Rape (CMR))</p>	<p>Immediate medical response to injuries, administering of medication to prevent or treat infections, and prevent unwanted pregnancies. Treatment within 72 hours should be provided, particularly to administer post-exposure prophylaxis (PEP) for HIV or emergency contraception; survivors may present much later than 72 hours and still require treatment.</p> <p>Clinical Management of Rape (CMR) can include treatment, counselling and follow-up care as well as the collection of forensic evidence and the provision of a medical certificate. It is important to note that medical staff are not in a position/expected to make a legal determination as to whether an individual was sexually assaulted or not.</p> <p>For victims who get pregnant and give birth to children as a result of sexual exploitation and abuse this can also include prenatal and postnatal care.</p>
 <p>Dignity kits</p>	<p>Dignity kits are generally provided to women and girls and typically contain standard hygiene items such as sanitary napkins, hand soap, toothbrushes, toothpaste and underwear, as well as information on available GBV services, including where and how to access those services.</p>
 <p>Mental health and Psychosocial support</p>	<p>Mental health care, emotional and practical support, either individually (by trained social workers) or community based. This also includes counselling and case management, assessment of service needs, and provision of information and referral of victims to other services to provide support to meet their needs.</p> <p>Victims who experience more severe responses to abuse and trauma may require specialized services delivered by mental health professionals, such as a psychologist or psychiatrist, in a manner appropriate to the local social and cultural context.</p>

⁷ For the purpose of this note ‘child’ is defined as a person under the age of 18, regardless of the age of majority or age of consent locally.

TYPE OF SERVICE	DESCRIPTION
 <p>Legal services</p>	<p>Legal assistance services, including free legal counselling by an attorney/legal aid provider of their choice, legal representation, advocacy and other support. Legal assistance may be part of GBV and CP referral pathways and/or be included in a one-stop centre, as part of a holistic approach. A GBV/CP subcluster coordinator and/or specialist may be able to assist victims in locating legal service providers. For accountability processes that involve multiple jurisdictions, transnational legal assistance should be provided, where needed and based on the victim's wishes.</p>
 <p>Basic material assistance, Socio economic empowerment/ Livelihoods</p>	<p>Provision of food, clothing, shelter, education assistance (to prevent dropout or promote school re-integration) and livelihood support (examples are income-generating initiatives, vocational training and cash-for-work for adults and skills training and savings schemes for older adolescents). Where the victim is a child, the child's caregivers should have access to livelihoods assistance based on their and the child's needs.</p>
 <p>Support for children born as a result of SEA</p>	<p>Medical and psychosocial care and pursuit of paternity and child support claims, in conjunction with relevant national governments. The UN may also facilitate the pursuit of claims of paternity and child support and ancillary benefits, such as the nationality or citizenship for children born of SEA. This could be pursued by a guardian or the child themselves. The UN should refer victims to legal assistance in line with their wishes and can link them with the appropriate officials in the country where they wish to bring their claim.⁸</p>

2. OVERVIEW OF CASE MANAGEMENT PROCESS TO SUPPORT VICTIMS OF SEA

Victims may find it helpful if the primary point of contact for assistance is a trained professional with good knowledge of SEA victim assistance and GBV services, and the compassion and empathy to provide moral support. Because victims may require a range of services across sectors, a case management approach is often integral to the effective provision of assistance. A case management approach usually involves a psychosocial support or social services actor taking responsibility for making sure that victims are informed of all the options available to them and that their needs are identified and the services, as needed and desired by them, are followed up in a coordinated way, and providing the victim with emotional support throughout the process.⁹ It is important to remember that not all victims will want or need case management services.

Victims can be reluctant to receive support services for fear of being stigmatized and losing assistance, especially if the alleged perpetrator is employed by the organization providing the service. If it can be avoided, the organization that employs the

perpetrator should not be chosen and another service provider should be identified to provide services to the victim. If this is not possible (i.e., the required services are not available from another provider in that location), it is recommended for the case worker to follow these best practices:

- ✓ If the victim is an adult, explain the risks associated with this option (such as retaliation, harassment, etc.) so they can make an informed decision on how they want to proceed and whether they want to receive services from that organization, being fully aware of the risks.
- ✓ If the victim is a child, depending on their age and level of understanding, they should be consulted on their preference. For young children (under the age of 12), always consult the trusted adult they identify and take into account their best interests when making a decision on their behalf.¹⁰
- ✗ Services should not be provided by a service provider from the organization that employs the perpetrator if there is any possibility of the child victim coming into contact with the perpetrator.

⁸ Member States have the duty to facilitate matters relating to paternity claims involving military or police personnel. As a practical measure, the SG has requested Member States to provide the contact information of an appropriate focal point within their national legal system to receive and advise on paternity and child support claims from nationals of countries in which their citizen served with the UN ([Conduct in UN Field Missions](#), [Paternity claims](#), UN).

⁹ [Interagency Gender-Based Violence Case Management Guidelines](#), p. 8.

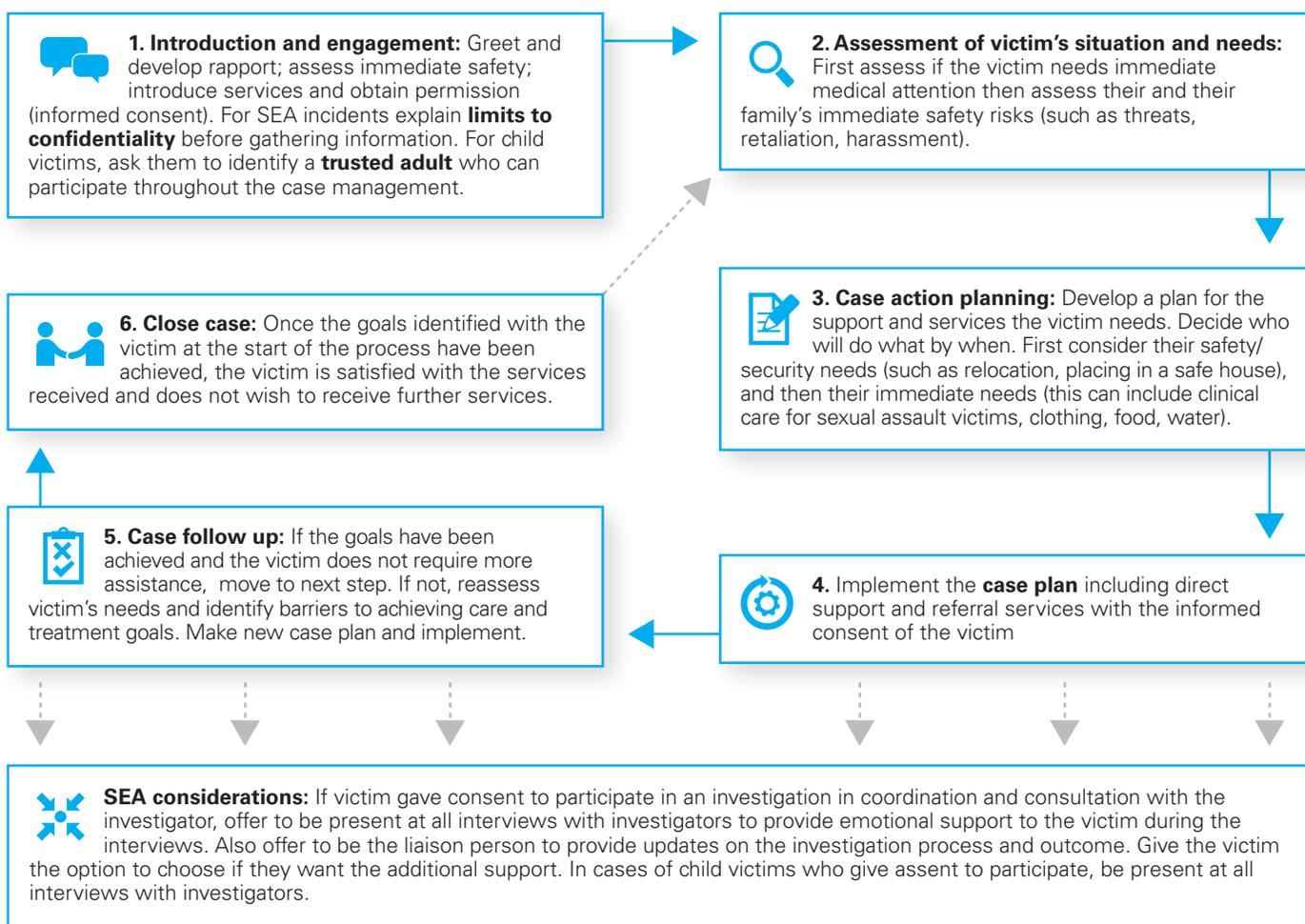
¹⁰ See page 102 of [Caring for Child Victims of Sexual Abuse](#) for guidance for applying the 'best interests of the child' principle to determine what safety and protection measures to take.

- ✓ Explain the availability of other service options and offer support to the victim to access these (either in another location or via another service provider), depending on the severity of the risks.
- ✓ The development of an immediate **safety or protection plan** to address protection risks may be necessary. If relocation is possible and the victim agrees, they may be relocated to a **safe place** depending on needs and means available.

Case management should be provided by a specialized, competent service provider trained on the GBV case management process. **It is not the role of a PSEA coordinator, PSEA Focal Point, GBV or CP subcluster/AoR coordinator or Field Victims' Rights Advocate (FVRA) to provide case management directly.**

The flow chart below details the steps of case management for an adult and a child.¹¹ Specific considerations for victims of SEA have been included, so that GBV and CP service providers are aware of additional issues they should look out for when assisting an SEA victim.

CASE MANAGEMENT STEPS FOR ADULTS AND CHILDREN, WITH SPECIAL CONSIDERATIONS FOR SEA VICTIMS



11 Interagency Gender-Based Violence Case Management Guidelines, 2017

3. STEPS FOR ASSISTING A VICTIM OF SEXUAL EXPLOITATION AND ABUSE

WHEN RECEIVING AN SEA ALLEGATION THAT DOES NOT COME FROM THE VICTIM

Where an SEA allegation or incident is not reported directly by a victim (e.g., reported by another community member, a rumour is reported, the allegation is referred through a third-party channel, etc.), the recipient of the information should adopt the following steps to ensure the 'do no harm' principle:

All staff:

- ✓ Refer the information to your PSEA focal point, while respecting the confidentiality of the information and of the person making a report. Where present, you may also report an allegation to the Senior Victims' Rights Officer/ Field Victims' Rights Advocate (SVRO/FVRA) if you do not have a PSEA focal point.
- ✗ Remember, do **NOT** seek out the victim to provide assistance as this may create risk of harm to the victim. Provide information about any resources and support that may be available based on the existing GBV/CP referral pathways or a service mapping for that area and encourage the individual to share this information safely and confidentially with the victim.

PSEA focal points, SVRO/ FVRA:

- ✓ Inform the PSEA coordinator about the report as per the interagency PSEA network SOPs – without sharing identifiable information.
- ✓ Follow up with the individual or organization that reported the SEA allegation to confirm if assistance has been offered and/or provided, in accordance with the needs and wishes of the victim. Provide any additional support necessary to link the victim with the appropriate assistance provider(s).
 - If the victim chooses to participate in an investigation, coordinate between the investigators and the service provider(s) to ensure that protection and assistance is provided to the victim during the investigation, as part of a victim-centred approach.

PSEA coordinator, PSEA focal points, SVRO/FVRA:

- ✓ Proactively conduct **an SEA risk assessment and awareness-raising activities** in targeted areas to identify risks of SEA, engage communities on PSEA and

provide information about how to report SEA and receive assistance. This should include information about the **rights of victims** and the **services available**, with the aim of ensuring victims get the support they need and encouraging them to report incidents.

- ✓ Coordinate with the GBV and CP subcluster/ AoR coordinators, to share information about SEA risk and how to receive assistance, and to flag up issues and concerns.
- ✓ Treat the information about an allegation as confidential during awareness-raising activities in order not to cause harm to the victim and to avoid a stigma that may be attached to the community that is the focus of awareness-raising activities.

WHEN RECEIVING AN SEA DISCLOSURE DIRECTLY FROM A VICTIM

Victims may choose to tell their story to anyone they trust, including family, friends, community leaders and service providers. It is crucial that victims are able to access clear, accurate and timely information to support them through the process of receiving assistance and participating in an investigation if they so choose. This can help victims to feel more in control of the process and support their decision-making. Victims should be treated with dignity, and it is our duty to inform them properly of the assistance they are entitled to. If an adult or child comes forward with a question or concern, the staff receiving the notification can convey empathy and provide support to victims by following these guidelines:

All staff:

- ✓ Listen, support and promptly refer the victim to the appropriate person within the organization (i.e. PSEA focal point), or the services of their choice using the GBV/CP referral pathways. For practical guidance on how to make referrals, please see the LOOK, LISTEN, LINK procedure described in the [GBV Pocket Guide](#). These are the five steps in this process:
 1. After introducing yourself (name and your role in the organization), conduct a safety check to assess immediate needs for safety and security. If the victim is in immediate or impending danger of serious harm, and needs immediate protective action, refer the case to the lead GBV actor or child protection actor if the victim is a child.
 2. Inform the victim about their rights and your obligation with regard to mandatory reporting and explain limitations to confidentiality so the victim can evaluate their options and possible outcomes of their decisions

(risks and benefits) prior to the victim giving informed consent or assent (for children).¹²

3. Listen and validate victims' experiences by restating and paraphrasing what they said to you. Allow the victim to share as much, or as little, information about the incident as they want – do not force them to give information and do not ask probing questions.
4. Inform about resources and provide referrals according to victims' needs and wishes. Know who your organization's PSEA focal point is and have access to the GBV/CP referral pathways or list of available services so that victims can be referred to the right services of their choice. A victim may also be referred to the inter-agency PSEA coordinator and/or the SVRO/FVRA, where present.
5. Review the information provided and confirm if and how the victim would like to be contacted for follow-up.

All staff's role ends once the victim has been referred to the appropriate focal point and/or service providers for assistance. Staff should then follow established reporting procedures of their organization for reporting SEA allegations.

A PSEA focal point, SVRO/ FVRA:

- ✓ Know what GBV and CP services exist as well as non-specialized services for referral of victims (see section 4 for examples of non-specialized services). If the victim has asked to maintain communication with the PSEA focal point/SVRO/FVRA, this should be done in a confidential and safe manner.
- ✓ Provide guidance to victims on 'what comes next' and what will happen with the report.
- ✓ Follow up with the individual or organization that reported the SEA allegation to confirm if assistance has been offered and/or provided, in accordance with the needs and wishes of the victim. Provide any additional support necessary to link the victim with the appropriate assistance provider(s).
 - If the victim chooses to participate in an investigation, coordinate between the investigators and the service provider(s) to ensure that protection and assistance is provided to the victim during the investigation, as part of a victim-centred approach.

The organization/agency of the alleged perpetrator:

- ✓ Ensure that immediate assistance is provided to the victim by qualified service providers. This may involve referrals to service providers according to the needs and consent of the victim (**within 24 hours** or as stipulated in standard inter-agency PSEA network SOPs); if the agency/organization has received the complaint directly from the victim
- ✓ Refer the victim to a service provider that can provide case management and provide a case worker (if this exists, otherwise to a service provider that has been identified by the PSEA network or PSEA focal point) if agreed by the victim
- ✓ Through the concerned organization's PSEA focal point or the Head of Agency, inform the PSEA coordinator about the incident as stipulated in the PSEA network SOPs – without sharing identifiable information.¹³

The PSEA coordinator, PSEA network co-chairs:

- ✓ Ensure that the inter-agency PSEA network SOPs integrate to the GBV/CP referral pathways, and that all PSEA focal points are trained on how to refer victims through the referral pathways should they receive an allegation of SEA
- ✓ As per the inter-agency PSEA network SOPs, provide support to ensure that any victim of SEA who comes forward is immediately referred for assistance, regardless of the affiliation of the agency receiving the allegation and/or the affiliation of the alleged perpetrator
- ✓ Inform the RC/HC that the incident was reported within the agreed timeframe as per the PSEA network SOPs and share updates on whether assistance was promptly offered, without sharing identifiable information
- ✓ Refer the victim to the service of their choice and inform the organization concerned as per the PSEA network SOPs.

Providing information to victims in a safe, ethical and confidential manner, in their own language, about their rights and options to report and access care (including potential risks of doing so), is a responsibility of ALL actors who interact with affected populations.

12 For further guidance see [the FAQs on inter-agency PSEA](#) FAQ No 45: How do we respect both victim consent and mandatory reporting obligations? and the [Caring for Child Survivors of Sexual Abuse Guidelines](#) (pp. 91–95) for comprehensive guidance on how to comply appropriately with mandatory reporting that can be applied to both adults and children. On explaining confidentiality to children, refer to page 97.

13 The PSEA coordinator is informed about SEA allegations to analyse trends about victim assistance, which will help the PSEA network in identifying gaps in services, which in turn will improve programming and advocacy efforts.

SPECIAL CONSIDERATIONS FOR CHILD VICTIMS OF SEA

THIS SECTION EXPLAINS INFORMATION THAT IS COVERED IN SECTION 6 OF THE PROTOCOL

Children, including adolescent girls and boys, are particularly vulnerable to sexual exploitation and abuse because of their age, gender and dependency on others. In some cases, this may even include the use of children to solicit SEA on behalf of adult perpetrators. Protection and assistance to child victims is therefore a core component of the Protocol. A determination of the child's best interests should inform all decisions related to the provision of assistance to children, including where children may be involved in accountability processes. Child victims should be provided with assistance from trained professionals who can provide child-focused care. This includes health, psychosocial, educational and legal services, as outlined by the Protocol, in a child-friendly environment, which is appropriate to the age and developmental stage of the child. In all cases involving children, concerned agencies and organizations may work in close consultation with UNICEF (see para 6.2 of the Protocol) to ensure that the rights and best interests of the child are upheld. UNICEF can provide guidance on how to support child victims in a safe and appropriate manner, including through specialized CP services that may be available. Assistance to children should also include those that may be witnesses of SEA, given the serious potential consequences for their health and well-being. This assistance should include age-appropriate psychosocial assistance and other services as appropriate and with due regard to the best interests of the child.

ASSISTANCE CONSIDERATIONS FOR CHILDREN DURING ACCOUNTABILITY PROCESSES

The accountability process (i.e., investigation and disciplinary and/or judicial action) in place for SEA allegations can directly impact on the assistance needed by victims if they choose to participate in and have consented/assented to the accountability process. Children have the right to participate, in accordance with their wishes and evolving capacity, in the investigation process and/or judicial process. To facilitate this and ensure a 'do no harm' approach, the following assistance should be provided:

- ✓ **Psychosocial support** before, during, and after an investigative interview
- ✓ **Accompaniment by a case worker** during the investigation processes. An adult victim can request to have a case worker or another trusted person to accompany them to interviews and child victims should always be accompanied by a case worker and their trusted 'safe' adult
- ✓ **Accompaniment by a protection/ security actor** to the appointments during the investigation processes
- ✓ **Logistical support** for the victim such as translation and transportation for interviews and accommodation measures for persons with disabilities
- ✓ **Provision of information to victims on the status of their cases**, as all victims have the right to receive regular updates from their case worker or contact person
- ✓ In line with the victim-centred approach, the victim should be **notified if there is an investigation** and whether the perpetrator has been informed of the allegation against them. This information is important for their safety planning and should be provided to victims regardless of whether they are participating in an investigation.

To ensure there is adequate coordination in the provision of assistance to child victims, the designated PSEA focal point should liaise with the case worker (or similar) and investigator. For the purpose of PSEA network SOPs, the PSEA network can consider adding some basic guidelines for ensuring child victims are supported and provided with assistance related to accountability processes, including investigations.

SAMPLE GUIDELINES ON SUPPORT PERSON FOR CHILD VICTIMS DURING INVESTIGATION AND LEGAL PROCEEDINGS¹⁴

The following guidelines are aimed to protect and support child victims during SEA investigations, in accordance with the 'do no harm' principle and in order to avoid re-traumatization. To both support the child and facilitate the investigative process, in addition to trained investigators with specific knowledge and skills on how to interview children, it is recommended to have an adult 'support person', to support the child throughout the interviewing process of the investigation and legal proceedings. The requirements, role and responsibilities of such a 'support person' are outlined below.

Suggested requirements of the support person

- The support person can be appointed if it is considered to be in the best interests of the child and if the person has the appropriate profile to support the child.
- The support person cannot be a witness or potential witness, or someone who has a personal involvement in the case and will not be a parent or primary carer of the child. (This does not preclude the presence of family members during interviews, at the request of the child.)
- The support person will be a child protection officer, social worker, community worker or a psychologist who works with the United Nations or an identified UNICEF implementing partner providing assistance to children, or from a qualified organization providing services to child victims of GBV.
- It is the responsibility of the support person to familiarize him/herself with the child's circumstances and his/her emotional state.
- It is recommended that in cases where the child victim is a girl, whenever possible, the support person will be female. If the child to be interviewed is a boy, it will be decided in consultation with the child whether the support person should be female or male.
- The support person will not interfere prior, during or after the interviews in a way that may jeopardize the investigation or undermine the credibility of the child victim/witness (such as by leading the child, 'coaching' or manipulation).

Suggested roles and responsibilities

Before and during the interview

- The role of the support person is to provide emotional support to the child before, during and after the investigative interview, as needed, in a sense that his/her presence during the interview is comforting and reassuring to the child. Should the testimony of the child be needed in a legal proceeding, the support person should accompany the child and should check and advocate for confidentiality and protection measures to be in place.

- The support person will locate and inform the child and his/her parents (as possible and appropriate) about the interview.
- Prior to the interview, the support person will communicate to the investigator/s any questions or concerns the child may have expressed regarding the interview, and any special needs or accommodation that the child may have or require.
- Before starting the interview, the purpose and ground rules of the interview will be explained to the child with the assistance of a support person in the child's native language and in a gender- and age-sensitive manner by the interviewing investigators.
- The support person will communicate to the investigators if the child expresses in some way signs of tiredness or distress.
- The support person **will not take part in the interview**: he/she will not intervene answering or asking questions or prompting the child. The support person must also watch his/her own body language and facial expressions to avoid conveying any emotions or intentions towards the child, and as much as possible, he/she will be outside the vision of the child but will move to physically comfort the child if the need arises.
- The support person will not translate (this will be done by a professional translator) and will not take notes during the interview.

After the interview

- The support person will check the impact of the interview on the emotional state of the child and will comfort and reassure the child as needed. He/she will make sure that the child is not left alone but has a trusted responsible adult around after the interview.
- Following the interview, the support person will report to the investigators any key observations regarding the child's well-being or safety in relation to the interview or the investigation.
- The support person may share with UNICEF any concerns regarding the interview methodology or other issues affecting the child's well-being related to the interview, so that UNICEF raises them with the concerned investigative body if deemed necessary.

Adherence to confidentiality

- The support person will sign a confidentiality agreement prior to the interview taking place, under which the support person agrees not to disclose any information regarding the interviews to the media or to any other individual or organization.
- Breach of confidentiality as required under the above agreement can be grounds for disciplinary action or even termination of contract and summary dismissal of the support person by the employer.

¹⁴ Adapted from the draft guidelines developed by UNICEF, MONUSCO CDT, OIOS/NIOS, UNFPA for use in the Democratic Republic of the Congo (DRC)

GAPS IN SERVICES

There may be localities where specialized GBV/CP services are not available. In some instances, victims may have access to services provided through remote service delivery approaches. In these instances, it is important to refer a victim to services that are available in their locality, based on their preferences. The PSEA coordinator should work with other sector leads (together with the GBV/CP subcluster/AoR coordinators) to identify existing services that can be made available to victims of SEA when specialized services are not available.

Below are some options that could be explored and offered when specialized services are not available:

- ✓ **Safety:** Based on the safety plan made with the victim; can include transportation/relocation to a safe place
- ✓ **Medical care:** Referrals to any health facility available in the locality for treatment or for basic medication and to UNFPA or UNICEF for dignity kits if applicable
- ✓ **Mental health and psychosocial support:** Options might include community structures/ services that can provide some emotional support such as through women's/ children/ youth groups
- ✓ **Legal services:** Work with agencies like Office of the United Nations High Commissioner for Human Rights (OHCHR) and United Nations Development Programme (UNDP) to identify organizations that provide legal support or liaise with State structures that provide legal support. Due to the sensitivities surrounding SEA cases, legal referrals should be carefully assessed and made to a vetted network of legal providers that can provide sensitive and gender and age-appropriate legal aid
- ✓ **Basic material assistance:** If the relevant agencies are not present, the organization whose personnel is responsible for the allegation should buy items for the victim that they may need immediately such as food, clothing, dignity kits, medication
- ✓ **Programmes or services that operate remotely** (i.e., through electronic or phone communications) such as hotlines that can provide remote counselling services

and information, if victims have access to the required technology to access these services

- ✓ **Collaboration with local communities** to identify support services such as religious and faith-based institutions, women's groups and disability service organizations that can provide some support to victims.

These options should be at least reinforced to be able to meet the needs of victims. However, the priority should be to invest in and scale up GBV and CP services. The PSEA network should advocate for the necessary specialized GBV and CP response services to be available in all areas where humanitarian or development actors are present, from the onset of response, and to encourage entities to be responsive to the specific needs of SEA victims.

Unavailability of GBV and CP services locally does not absolve the concerned organizations from having to take action to ensure the victims receive assistance. Where services are not locally available for victims, agencies of last resort are obliged to find a way to provide assistance and this can mean acting as a case worker for a victim. Refer to UN agencies and missions for provision of services as a last resort¹⁵ if access to other services is not possible for victims. For example:

- ✓ UNICEF is the provider of last resort for child victims and UNFPA for adults 18 and older
- ✓ United Nations entities' internal resources, including the Trust Fund (see section 5 for further details).
- ✓ Mission budgets can be activated to provide this type of assistance to victims where local services are not available
- ✓ Specialized services, including PSEA, GBV and CP, should be included and funded in the HRP, RRP, or similar. Humanitarian pooled funds – Country-based Pooled Funds (CBPF) and Central Emergency Response Fund (CERF) – can also be used.

¹⁵ IASC Global SOPs, section 4.2.2.



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SECTION FIVE

EFFECTIVE COORDINATION AND INTEGRATION OF SEA VICTIM ASSISTANCE INTO COUNTRY-LEVEL FRAMEWORKS

THIS SECTION EXPLAINS INFORMATION THAT IS COVERED IN SECTION 7 OF THE PROTOCOL

1. COORDINATION FOR VICTIM ASSISTANCE

The most senior UN official (Head of Mission/ SRSG, RC/ HC) holds the ultimate responsibility for inter-agency PSEA in-country, which includes the implementation of the Protocol. The RC/HC chairs the UNCT/HCT at the strategic level, consisting of heads of organizations, and the senior-level body holds the primary accountability, decision-making, and oversight authority for collective PSEA activities at country level. These obligations are further reinforced within the humanitarian coordination structure as per the [IASC Plan for](#)

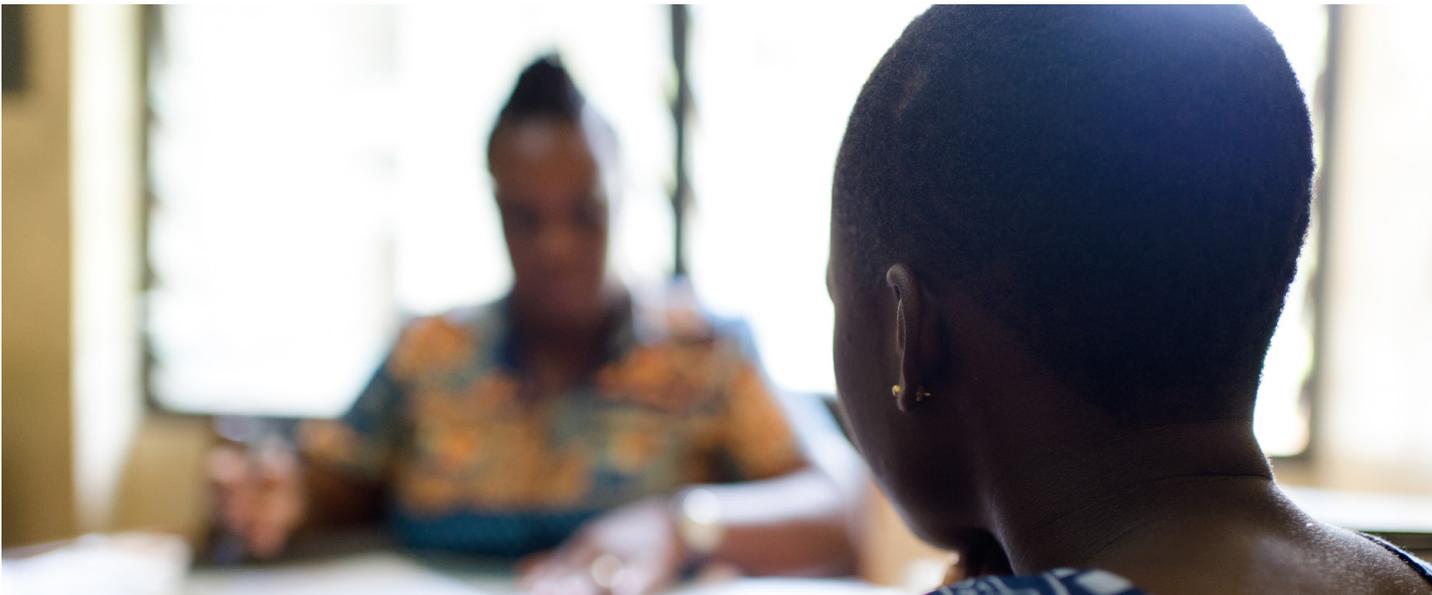
[Accelerating PSEA in Humanitarian Response at Country Level](#) and PSEA is also part of the key roles of RC/HC as outlined in the RC/HC Handbook.¹⁶

The implementation of the Protocol is reliant upon the inter-agency coordination structure in-country and the table below describes the proposed actions that need to be taken on victim assistance at each level, where these positions exist. These actions are complementary to the overall UN system-wide roles and responsibilities on SEA victim assistance that are outlined in the Protocol itself.

16 [Leadership in Humanitarian Action: Handbook for the UN Resident and Humanitarian Coordinator](#) (pg. 52)

LEVEL		ACTIONS
STRATEGIC	Head of Mission/SRSG Humanitarian/Resident Coordinator (HC/RC) Humanitarian Country Team (HCT)/UN Country Team (UNCT)/PSEA Steering Committee	<ul style="list-style-type: none"> RC/HC has the lead role on PSEA for the UNCT/HCT, in <i>non-mission</i> settings, and is responsible for the coordination of the provision of assistance to victims and reporting on actions taken in-country to prevent and respond to SEA Where there is a <i>peacekeeping operation or special political mission</i>, the Head of Mission (HoM) is the most senior responsible United Nations official for the country on PSEA, working with the RC/HC
	Co-chairs of the PSEA Network	<ul style="list-style-type: none"> Agency co-chairs support the PSEA coordinator and network to address any gaps in assistance coverage, in coordination with relevant GBV and CP actors.
TECHNICAL	PSEA coordinator	<ul style="list-style-type: none"> Responsible for ensuring that inter-agency PSEA network SOPs include the GBV/CP referral pathways, and that all PSEA focal points are trained on how to use them. Coordinates with the GBV and CP subclusters/ AoR/ working group coordinators on the provision of assistance to victims of SEA and identifies gaps in services. Reports directly to HC/RC on victim assistance gaps and needs
	Conduct and Discipline Teams (CDTs)	<ul style="list-style-type: none"> In peacekeeping and special political missions, CDT coordinates the provision of assistance to victims of SEA perpetrated by United Nations mission personnel. CDT coordinates with SVROs/FVRAs where they are present.
	Senior Victims' Rights Officer/ Field Victims' Rights Advocate (SVRO/ FVRA)	<ul style="list-style-type: none"> Supports the monitoring and coordination of the provision of assistance and support to ensure that victims' rights are upheld, in conjunction with the RC/HC, or HoM. Supports the SRSG or RC/HC on a system-wide, victim-centred approach to PSEA.
	Inter-Agency PSEA Network PSEA focal points from UN Agencies, NGOs etc.	<ul style="list-style-type: none"> Integrates the pathways for referring victims to existing GBV and child protection services in the inter-agency PSEA network SOPs. Coordinates with GBV/CP subcluster/ working group and/or the available GBV and CP specialists to train non-specialists on psychological first aid (PFA), referral pathways and how to refer to services (i.e., using the GBV Pocket Guide), as they are usually the frontline workers and likely to encounter SEA victims. Works with non-GBV/CP actors to identify alternative services to refer victims (together with GBV/CP actors). Coordinates with PSEA network members to raise awareness in the communities where they are present, on victims' rights, including right to assistance, and what services exist and how to access them. Engages with communities to flag up issues and concerns related to SEA victim assistance for follow-up action by the network.
	GBV/CP subclusters/ AoRs/ GBV working group coordinators	<ul style="list-style-type: none"> GBV/CP subcluster/ AoR coordinators support the implementation of survivor referral and assistance and provide technical guidance, including on adherence to GBV guiding principles in the provision of victim assistance.

For a full overview of the roles and responsibilities for the Protocol, see section 7 of the Protocol.



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2. INTEGRATING GBV/CP REFERRAL PATHWAYS IN THE INTER-AGENCY NETWORK PSEA SOPS

SEA victim assistance is normally provided through GBV or CP services,¹⁷ through the existing referral pathway. A referral pathway is a flexible mechanism that safely links victims to

quality, competent and supportive services, which can include any or all of the following: health, psychosocial, security and protection, legal, and/or livelihoods/ economic reintegration support. The table below provides examples of good practices and actions to avoid when integrating GBV/CP referral pathways in PSEA network SOPs.

✓ GOOD PRACTICES	✗ SHOULD BE AVOIDED
PSEA coordinator, under the leadership of the HC/RC and PSEA network co-chairs, should ensure that the provisions in the Protocol are reflected in the inter-agency PSEA network SOPs, and that the GBV/CP referral pathways are formally integrated and regularly reviewed, with any gaps in services addressed	PSEA coordinator or network should not develop the referral pathways in isolation, outside of the GBV/CP referral pathways. Any issues or gaps in the existing referral pathways should be raised and escalated for follow-up action by the Protection, GBV and/or CP subclusters respectively
All actors ensure victims of SEA access the same services as those of other forms of GBV or if these are not available, the services identified by the PSEA network	PSEA Network should not create separate services for SEA victims (where necessary, the United Nations should consider supporting the development of new services, while not developing duplicative structures ¹⁸)
PSEA Coordinator (together with GBV/CP specialists) to integrate existing GBV/CP referral pathways into the PSEA network SOPs and follow the standard procedures ¹⁹	PSEA coordinator or network should not provide direct assistance to victims
PSEA coordinator (together with GBV/CP specialists) to outline in PSEA network SOPs how to facilitate referral and provision of assistance through other means and providers of last resort, where specialized GBV/CP services do not exist	PSEA coordinator or network is not responsible for ensuring that assistance is provided to every victim/survivor (i.e., having an oversight role for each individual case)

17 Depending on the context, service provision is done largely through government or Civil Society Organizations (CSOs), whereas in others, international organizations may fill some or all of the gaps.

18 UN Comprehensive Strategy on Assistance and Support to Victims of SEA (2007)

19 See pp 6, 36 of the [Frequently Asked Questions on inter-agency PSEA \(IOM, April 2020\)](#) for referral pathways for complaints and victim assistance services.

STEPS FOR INTEGRATING VICTIM ASSISTANCE IN PSEA NETWORK SOPS

A PSEA network standard operating procedures (SOPs) are meant to provide consistency in the way SEA complaints and allegations are received, managed, recorded and referred by/ between PSEA network members and other organizations for investigation or other accountability processes and for provision of support and assistance to victims of SEA. Effective referral mechanisms are essential to ensuring that victims are supported and promptly and ethically referred, irrespective of who they choose to disclose to, so that they receive multisectoral assistance based on their needs and wishes.

PSEA network SOPs on SEA complaint referral should integrate existing GBV/CP referral pathways and outline appropriate standards and guidelines for referring victims to assistance so it is well understood by all actors how the procedure should flow, and their individual and collective responsibilities for provision of survivor-centred victim assistance. SOPs are also vitally important in order to ensure that all complaints are referred in a timely, consistent and professional manner that adheres to the principles outlined in the Protocol to protect and promote the safety and well-being of victims who come forward. The referral procedures should aim to provide clarification on the following issues:

- ✓ To which services should victims be referred?
- ✓ How should referrals be made and which forms should be used, if any?
- ✓ How can PSEA focal points/staff and organizations ensure that referrals are being made safely, especially with regard to children, and with the consent/assent of the victim?
- ✓ What information is needed for referring to service providers for victim assistance?
- ✓ What is the process for an organization to follow up after it has made the referral?

The SOPs can provide guidance on all of these points so that consistent practices can be followed for all complaints in order that the safety of referrals can be ensured.

What information should be included?

Consider the following information for inclusion in the SOPs:

- ✓ A list of different types of victim services available in your country context and a guidance on how to access the full GBV and CP referral pathways and who to contact
- ✓ A step-by-step process to be followed and the key roles of all actors, organizations and concerned agencies, when receiving a complaint and referring to victim assistance
- ✓ Descriptions of principles and standards to be followed and any guidelines on the time frames for referring complaints and initiating victim assistance and when each step should be completed.
 - For example, the Protocol states that assistance should be initiated from the moment of disclosure. Some SOPs have reflected that by including guidelines for notifying the PSEA coordinator (i.e., within 24 hours after the receipt of allegation by the organization) and notifying the concerned organization (i.e., also within the 24 hours) they can initiate the necessary response for victim assistance and accountability processes within a maximum of 24–48 hours upon receipt of the complaint.

Victims/survivors often need information about legal interventions and services related to accountability processes. It may be helpful to also include in the SOPs specific guidance on resources and procedures for providing information and referrals to legal aid and legal interventions related to the accountability process. PSEA coordinator and network co-chairs should maintain a list of local justice and legal agencies and contacts per location if available, and if this information is not already included in the GBV/CP referral pathways.

It is the responsibility of the PSEA focal points in each agency to have access to existing GBV/CP referral pathways or a list of available services so that they can refer SEA victims. The GBV/CP coordinators should share these documents with the PSEA focal points. For additional information on how to integrate GBV/CP referral pathways into the PSEA network SOPs, coordination between PSEA and GBV specialists, and how to proceed if services are absent/limited, see the GBV AoR's [Handbook for Coordinating GBV in Emergencies \(Section 1.8\)](#) and the [Frequently Asked Questions on Inter-Agency PSEA](#).

SAMPLE SOP CLAUSES FOR PROCEDURES TO BE FOLLOWED WHEN RECEIVING AND REFERRING A COMPLAINT TO VICTIM ASSISTANCE

Note: The sample clauses can be revised and adapted to ensure the procedure reflects the realities of your specific country context.

- The PSEA coordinator and network co-chairs will work with GBV and CP coordination mechanisms (i.e., GBV/CP subclusters/AoRs or working groups coordinators) to ensure that victims of SEA have access to quality survivor-centred services. Assistance to victims of SEA will be provided in accordance with the existing GBV and Child Protection Referral Pathways where these are in place and available.
- Upon receipt of the complaint, the PSEA network and PSEA coordinator ensures that any victim is referred for assistance immediately (usually within 24 to 48 hours) following a disclosure in accordance with the Protocol and the applicable victim-centred principles.
- The person receiving and recording the complaint must ensure that the victim or complainant is informed of the policy on confidentiality and any limitations to confidentiality resulting from mandatory reporting requirements and provide clear information on how the information will be used and who the complaint will be reported to so as to enable the complainant/survivor to make an informed decision about the information they wish to disclose.
- The person receiving the complaint must provide the victim with information on available assistance and support per the established GBV/CP referral pathways where these exist and facilitate the provision of services (i.e., this can include making a referral to GBV/CP or other services of victim's choice) within 24 hours and with full consent of the victim.
- Victims' consent and release will be secured before confidential information is exchanged. Once the consent has been obtained, information shall be exchanged solely for the purposes of referral, intervention planning and coordination efforts.
- Confidential information will be handled with the utmost discretion by the person recording the complaint and anyone else who will have access to this information in line with their role and responsibility in managing and/or following up on the SEA complaint as outlined in this PSEA network SOPs.

3. FUNDING MECHANISMS

(This section explains information covered in section 7 of the Protocol)

In March 2016, the Secretary-General created the [Trust Fund in Support of Victims of Sexual Exploitation and Abuse](#). The Trust Fund supports UN and non-UN entities and organizations that provide victim assistance and support services. The Trust Fund is used to: a) support existing service provision for victims of sexual exploitation and abuse including medical care, legal services and psychosocial support, b) address service gaps in the provision of assistance and support, c) engage in community outreach, and d) fund communications for victims and children born as a result of sexual exploitation and abuse. The Trust Fund is not a financial compensation programme and does not disburse funds directly to individual victims and/or children born as a result of sexual exploitation and abuse. The Trust Fund provides funding to eligible entities or organizations that provide assistance and support services to these beneficiaries.

UN entity networks (PSEA and GBV networks), conduct and discipline practitioners, SVROs and FVRAs may identify and inform the Trust Fund Implementing Office²⁰ of any local assistance and support service gaps that could be addressed through the Trust Fund. They can also generate ideas for projects and coordinate project proposals. Entities from the UN system (Secretariat, Agencies, Funds and Programmes) and non-UN organizations that provide assistance and support to victims and children born as a result of SEA are eligible to submit project ideas and proposals.²¹ For information on how to submit a proposal, visit the [Trust Fund page](#).

Humanitarian Response Plans, Refugee Response Plans, the UNSDCF, Country-Based Pooled Funds, Central Emergency Response Funds and similar appeals contribute resources towards PSEA outcomes and should be leveraged to provide assistance to victims of SEA, as part of the overall work on PSEA, GBV and CP.

²⁰ The Department of Management Strategy, Policy and Compliance (DMSPC) is the Trust Fund Implementing Office (IO). The Trust Fund Programme Manager is the Conduct and Discipline Service (CDS) in DMSPC Office of Human Resources / Administrative Law Division.

²¹ It is recommended that project ideas and processes be discussed with the Trust Fund Implementing Office informally prior to submission so that they can also discuss with the VRA.

4. DATA SHARING ON VICTIM ASSISTANCE

(This section explains how to apply principles of ‘do no harm’ and confidentiality as outlined in section 3.1 of the Protocol to data collection and sharing on victim assistance)

The collection and use of victim assistance data should be done safely and ethically to reinforce prevention and response efforts. An inter-agency information-sharing procedure, with guidance from GBV/CP specialists, should be incorporated into the PSEA network SOPs to guide actors how information on SEA cases or allegations should be shared with the PSEA coordinator and by the PSEA coordinator with the RC/HC and the concerned organization. The purpose is to facilitate a consistent approach across all complaints received that meets best practices in GBV data collection and sharing. This is to prevent disclosures by actors that do not comply with best practices. Record keeping and information sharing about SEA victim assistance must adhere to the ‘do no harm’ and confidentiality principles and the victim’s personally identifiable information must remain confidential. Not all victims will consent to this information being shared, which is their right and must be respected. Refer to the [Minimum Standards for Prevention and Response to Gender-Based Violence in Emergencies](#) for guidance on victim data.

To ensure that any victim that wishes to receive assistance does so, in accordance with the Protocol, the PSEA coordinator should provide regular updates to the HC/RC with non-identifying information about the complaints received and referred for assistance. This will enable the HC/RC and HCT/UNCT to be promptly informed of any gaps in overall availability of assistance, as part of their roles and responsibilities outlined in the Protocol. The PSEA coordinator should provide such information in a manner that is in conformity with the inter-agency PSEA network SOPs. In the absence of SOPs, the heads of agency can agree if additional data could be released. Gathering information and trends about victim assistance will help the PSEA network in identifying a) gaps in services in different localities, b) the barriers for reporting SEA cases, and c) the actions taken to

respond to service gaps and prevention measures to improve programming and advocacy efforts. Personal identifiable information pertaining to specific cases and individuals is confidential and must not be shared. Information should be aggregated and analysed in order to make programme adaptations.²²

In conformity with the UN system-wide obligations on PSEA, all UN entities must report SEA allegations to the UN Secretary-General, including information on the assistance provided to victims. Such information is reported through the [iReport SEA Tracker](#), which remains confidential to the agency. This information is usually collected through implementing partners (IPs), which must adhere to confidentiality principles and respect victims’ rights to privacy and not share personally identifiable information. The information gathered includes:

<ol style="list-style-type: none"> 1. Age category 2. Age 3. Gender 4. Paternity claim 5. Paternity established 	<ol style="list-style-type: none"> 6. Assistance rendered: <ol style="list-style-type: none"> a. Emergency medical assistance b. General medical assistance c. Counselling d. Legal assistance e. Secure shelters f. Safe house g. Emergency schooling h. Community centre i. Psychosocial assistance j. Pre- or postnatal care for the mother/baby k. Medical care for the baby/child l. Assisted relocation m. Other n. No – victim declined o. No – victim did not seek assistance p. No – victim unreachable q. No – victim unidentified r. Unknown
	<ol style="list-style-type: none"> 7. Assistance rendered by [e.g. name of entity].

²² For example, saying that a boy victim of SEA in x locality received clinical management of rape (CMR) services can be identifying the victim if there is only one CMR service available in that locality and only one boy who received this service. If this information is disseminated widely, it would be possible to identify the boy and possibly the responsible organization. This could put the boy, his family, community and service at risk.

GLOSSARY

THIS SECTION EXPANDS ON AND IS COMPLEMENTARY TO DEFINITIONS COVERED IN SECTION 4 OF THE PROTOCOL

Child-focused

A child-focused (or child-centred) approach is one that takes children's needs into account in all interventions allowing children the opportunity to participate in decisions that affect them, including decisions about victim assistance, and places the child's best interest at the core of all actions and decisions taken on their behalf.

Child protection (CP) The prevention of, and response to, abuse, neglect, exploitation of, and violence against, children.

Confidentiality is a fundamental principle at the very core of victim assistance. Confidentiality is a responsibility to protect the information that someone else has shared and their choices about disclosure. Victims have the right to choose to whom they will or will not tell their story, and any information about them should only be shared with their informed consent.

Disclosure is the process of revealing information about an SEA experience/incident; it is how personnel learn about SEA directly from a victim or indirectly from another individual (i.e., parent/caregiver) who acts in the best interests of the victim. While anyone may be in position to receive a disclosure and should know how to speak with the victim safely and ethically, GBV/CP and PSEA specialists are trained to follow up on the disclosure of SEA.

'Do no harm' principle is taking all measures necessary to avoid exposing victims to further harm as a result of our actions, when providing assistance. This means protecting victims from further harassment, intimidation, retaliation, trauma or victimization. Actors can reinforce the 'do no harm' principle by following the GBV Guiding Principles.

Gender-based violence (GBV)

This is an umbrella term for any harmful act that is perpetrated against a person's will and that is based on socially ascribed differences between women and men (i.e. gender). It includes acts that inflict physical, sexual or mental harm or suffering, threats of such acts, coercion, and deprivation of liberty. Sexual exploitation and abuse are forms of GBV.

GBV guiding principles

A set of principles that guides the work of all actors – no matter what their role is – in all their interactions with people who have experienced GBV. These principles include the right to safety, to confidentiality, dignity and self-determination and non-discrimination.

GBV/CP specialized services

These are the services that have been identified by the GBV and CP subclusters/working groups in a country and integrated into the GBV referral pathways. This means that the service providers offers quality care and support to victims of GBV and that their staff are equipped with the necessary technical skills to adequately assist victims of GBV by adhering to the guiding principles for working with children and adult victims of GBV. These are the services that must be made available to SEA survivors.

Informed consent

Informed consent means making an informed choice freely and voluntarily by persons in an equal power relationship. It is a key starting point in the provision of victim assistance where the victim must be informed about all available options, and fully understand what she or he is consenting to as well as the risks, including the limits of confidentiality, and benefits before agreeing. The full range of choices should be presented to the victim, regardless of the service provider's individual beliefs. The victim should not be pressured to consent to any service, interview, exam, assessment, etc. A victim can withdraw consent at any time.

Informed assent is the expressed willingness to participate in services. For younger children, who are by definition too young to give informed consent but are old enough to understand and agree to participate in services, the child's 'informed assent' is sought.

Identifiable information (or personally identifiable information)

Data included in written records that directly or indirectly make a specific individual recognizable or known; includes names, addresses, birth dates, etc.

Mandatory reporting

Mandatory reporting in a context of the Secretary-General's Bulletin on PSEA (2003) refers to an obligation to report SEA perpetrated by UN staff or related personnel, non-UN forces operating under a Security Council mandate, and implementing partner staff and related personnel in line with established reporting procedures. All organizations are mandated to have protocols for responding to SEA. Outside of this context, mandatory reporting generally refers to state laws and policies that mandate workers in certain professions (i.e., teachers, social workers, health-care providers, etc.) to report, usually to the police or legal system, known or suspected abusive or neglectful situations involving vulnerable people such as children, persons with disabilities, and older adults. In many countries mandatory reporting applies primarily to child abuse and maltreatment of minors, but in others it has been extended to the reporting of sexual assault and rape or intimate partner violence against any individual.

Non-specialist

In this document, a non-specialist is an actor who does not have expertise or specialized knowledge of GBV or CP.

PSEA Focal Point

This is the designated person within an organization who supports their head of office to meet minimum standards on PSEA. They are responsible, for example, for training their colleagues on SEA; will receive SEA allegations for their organization, and represent their organization within the PSEA network.

PSEA Coordinator

This is the person who, as part of their role supporting inter-agency PSEA in-country under the RC/HC, will be coordinating the PSEA network at country level and actively engaging the GBV and CP sectors to ensure coherent support to SEA victims.

Referral

The processes by which a victim gets in touch with professionals and/or institutions regarding their case and the processes by which different professional sectors communicate and work together, in a safe, ethical and confidential manner, to provide the victim with usually a multi-sectoral response including several services.

Sexual Exploitation and Abuse (SEA)

'Sexual exploitation' is any actual or attempted abuse of a position of vulnerability, differential power or trust for sexual purposes, including, but not limited to profiting monetarily, socially or politically from the sexual exploitation of another. 'Sexual abuse' is the actual or threatened physical intrusion of a sexual nature, whether by force or under unequal or coercive conditions. This includes non-contact and online sexual exploitation and abuse.

Standard Operating Procedures

(also called PSEA network SOPs):

These are the agreed and formalized way of working for the PSEA programme as endorsed by senior leadership in-country, including collective commitment to victim assistance. The SOPs can include agreed-upon referral procedures for complaints handling and referral between organizations and how victims/survivors will be linked to assistance services by incorporating GBV/CP referral pathways, as well as the roles of in-country stakeholders, the standards and principles that underlie complaint handling and referrals, and information management of SEA allegations in-country.²³ Some countries refer to these agreements as community-based complaints mechanism (CBCM) SOPs. For more information please see the [IASC Global Standard Operating Procedures on Inter-Agency Cooperation in Community-Based Complaint Mechanisms, 2016](#).

Victim

For the purpose of the note, the term 'victim' (rather than 'survivor') is used to avoid multiple terminology, mindful that different entities use varying terms, and in accordance with the definition in the UN Glossary on SEA. The note covers victims of sexual exploitation and abuse perpetrated by United Nations staff and related personnel as defined in the United Nations Protocol on Sexual Exploitation and Abuse Allegations Involving Implementing Partners. The term 'survivor' may be preferred in the psychological and social support sectors for an individual who has experienced SEA or other forms of sexual or gender-based violence because it is considered to imply resilience. While the vast majority of reported victims of SEA are women and girls, boys and men can also experience SEA.

Victim-centred approach

A victim-centred approach (also referred to as 'survivor-centred' approach) aims to create a supportive environment in which each victim's rights, wishes and self-determination are respected and in which the person is treated with dignity and respect.

23 As endorsed by the IASC Principals in the IASC Global Standard Operating Procedures on Inter-Agency Cooperation in Community-Based Complaint Mechanisms, 2016.



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