# Facilitator’s GUIDE: SAFELY responding to Incidents Disclosures during data collection

# Alarm clock outline2hr30min

# **NOTE: This session must be presented by PSEwA and GBV/CP/Protection colleagues**

# Why does this session matter?

*Enumerators are particularly exposed to the possibility of receiving disclosure, as they are often in the field where other aid workers are not present and they must be ready to manage disclosures without putting the survivors or themselves and other colleagues at risk of further harm. As they are NOT protection experts, there are clear do’s and dont’s to follow. In addition, IOM has a policy of****zero tolerance for inaction on*** *sexual exploitation and abuse. All IOM personnel, independently of their status and contract type have the same obligations to prevent and report SEA incidents.*

*This session provides clear and agreed guidance from IOM teams on GBV, CP and PSEA on:*

* *how enumerators should safely respond to incidents disclosures, and*
* *what are the responsibilities of DTM and other data collection coordinators and Protection colleagues in preparing and supporting enumerators?*

***NOTE to the facilitator: this session was designed with IOM audience in mind. However, you can change the IOM-specific terminology and contact details and adjust the session to a different audience.***

# Learning Objectives

At the end of this module, participants will be able to:

* Recognize a GBV, CP or SEA disclosure
* List your roles and responsibilities to prepare enumerators to safely deal with incidents disclosures
* Explain what enumerators should and should not do in case of a disclosure
* Briefly explain how to report SEA in line with IOM standard

# Session Plan

[Intro (5’)](#_Introduction:_WELCOME,_OBJECTIVES)

1. [PART 1 (GBV and CP DISCLOSURES)](#_Part_1:_GBV)

* What are GBV and CP disclosures?
* What should an **enumerator** do when a GBV and CP incident is disclosed?
* Responsibilities of **Data collection Coordinator and Protection colleagues**
* Key GBV and CP disclosure resources

1. [PART 2 (PSEA AND SEA DISCLOSURE)](#_Part2:__PSEA)

* What is SEA?
* What are the obligations of **all IOM Personnel** related to PSEA (including enumerators)?
* Additional responsibilities of Data collection Coordinator and Protection colleagues
* Key SEA disclosure resources
* Make sure to explain well the structure of the session.

Conclusions (5’)

# ACTIVITIES

* Activities during the session:
  + Participants use of the chat to answer specific questions and scenarios. Clarity of question is essential to enable participation. *The facilitator should decide whether or not to allow the use of the mic to answer those questions. Using the mic makes the experience more interactive, however it may be chaotic if the group is very large and if there is a lot of participation in the group.*
* Knowledge Test after the session
* Evaluation after the session

# Key Resource Documents

**Resources on GBV:**

* GBV Pocket Guide App (Download at Google Play & App Store): https://gbvguidelines.org/en/pocketguide/
* GBV Pocket Guide (How to support survivors of gender-based violence when a GBV actor is not available in your area) <https://gbvguidelines.org/en/pocketguide/>
* GBV Constant Companion: <https://sheltercluster.org/gbv-shelter-programming-working-group/documents/gbv-constant-companion>
* CP Coordination and Info Management <https://www.cpaor.net/Starter_Pack>
* [GBV Framework](https://eur02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fpublications.iom.int%2Ffr%2Fsystem%2Ffiles%2Fpdf%2Fiom_gbvic_framework.pdf&data=04%7C01%7Ctshupert%40iom.int%7C29b9f3e1069e4737187308d8eaf180b1%7C1588262d23fb43b4bd6ebce49c8e6186%7C1%7C0%7C637517670249856750%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C1000&sdata=5U8edM6nMqLTjXhtpZTYPxo%2Fg8RqqjkZ8b3dKgjqUFA%3D&reserved=0)  [pbulication.iom.int](https://eur02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fpublications.iom.int%2Ffr%2Fsystem%2Ffiles%2Fpdf%2Fiom_gbvic_framework.pdf&data=04%7C01%7Ctshupert%40iom.int%7C29b9f3e1069e4737187308d8eaf180b1%7C1588262d23fb43b4bd6ebce49c8e6186%7C1%7C0%7C637517670249856750%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C1000&sdata=5U8edM6nMqLTjXhtpZTYPxo%2Fg8RqqjkZ8b3dKgjqUFA%3D&reserved=0)
* [**IASC GBV Guidelines**](https://eur02.safelinks.protection.outlook.com/?url=https%3A%2F%2Finteragencystandingcommittee.org%2Fworking-group%2Fiasc-guidelines-integrating-gender-based-violence-interventions-humanitarian-action&data=04%7C01%7Ctshupert%40iom.int%7C29b9f3e1069e4737187308d8eaf180b1%7C1588262d23fb43b4bd6ebce49c8e6186%7C1%7C0%7C637517670249856750%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C1000&sdata=rvW%2BwRGLzwDiRsyiUKQeDXWW%2F2WPq0dxT3nZZVj4BiM%3D&reserved=0)
* DTM and Partners Toolkit : Safely Responding to a GBV disclosure: <https://displacement.iom.int/dtm-partners-toolkit/safely-responding-incident-disclosure>
* [Video- Responding to Disclosure of a GBV Incident](https://sheltercluster.org/gbv-shelter-programming-working-group/documents/video-responding-disclosure-gbv-incident) **-**(Available in English, Spanish, French, Arabic, Romanian, Ukrainian, Russian): <https://sheltercluster.org/gbv-shelter-programming-working-group/documents/video-responding-disclosure-gbv-incident>
* [Video- GBV in distribution of non-food items](https://sheltercluster.org/gbv-shelter-programming-working-group/documents/video-nfi-distributions-shelter) **-** (Available in English, Spanish, French, Arabic, Romanian, Ukrainian, Russian): <https://sheltercluster.org/gbv-shelter-programming-working-group/documents/video-nfi-distributions-shelter>

**Resources on PSEA:**

* [We Are All in Platform](https://weareallin.iom.int/misconducts/sexual-exploitation-and-abuse): <https://weareallin.iom.int/>
* Animated Video of how a report is traced:
  + [What will happen next English: https://www.youtube.com/watch?v=7cpRgI-IfE0&ab\_channel=IOM-UNMigration](https://www.youtube.com/watch?v=7cpRgI-IfE0&ab_channel=IOM-UNMigration)
* [IN/15, Rev. 1](https://intranetportal/Pages/ControlNo.aspx?controlNo=IN/00015) (Standards of Conduct)
* [IN/90](https://intranetportal/Pages/ControlNo.aspx?controlNo=IN/00090) (Policy for a Respectful Working Environment).[IN/234](https://intranetportal/Pages/ControlNo.aspx?controlNo=IN/00234) (Policy and Procedures for Preventing and Responding to Sexual Exploitation and Abuse)
* [FAQs on SEA by UN Personnel and Partners](https://eur02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fpseataskforce.org%2Fuploads%2Ftools%2Ffaqsseabyunpersonnelandpartners_echaecpsunandngotaskforceonpsea_english.pdf&data=04%7C01%7Ctshupert%40iom.int%7C29b9f3e1069e4737187308d8eaf180b1%7C1588262d23fb43b4bd6ebce49c8e6186%7C1%7C0%7C637517670249886616%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C1000&sdata=McxF1IdopZYwnHsCUJ4fvRalOpNPXNpPx7jNIjtImqk%3D&reserved=0)   <https://psea.interagencystandingcommittee.org/>
* Clearglobal /Translators without borders: PSEA Terminologies Translated : https://glossaries.clearglobal.org/psea/
* [Video (20 min)- To Serve with Pride](https://www.youtube.com/watch?v=NfMKMCYFgPo&ab_channel=JaquelineUNDP) (Available in multiple languages)
  + [Arabic](http://www.youtube.com/watch?v=uv3-LgpbHBQ): <http://www.youtube.com/watch?v=uv3-LgpbHBQ>
  + [French](https://www.youtube.com/watch?v=dwNMrY1Whxw&ab_channel=JaquelineUNDP): <https://www.youtube.com/watch?v=dwNMrY1Whxw&ab_channel=JaquelineUNDP>
  + English: <https://www.youtube.com/watch?v=NfMKMCYFgPo&ab_channel=JaquelineUNDP>
  + [Chinese](http://www.youtube.com/watch?v=No1eEZMc3L8): <http://www.youtube.com/watch?v=No1eEZMc3L8>
  + [Spanish](https://www.youtube.com/watch?v=dwNMrY1Whxw&ab_channel=JaquelineUNDP): <https://www.youtube.com/watch?v=dwNMrY1Whxw&ab_channel=JaquelineUNDP>
  + [Russian](https://www.youtube.com/watch?v=w1nMzKDLj2k&ab_channel=JaquelineUNDP): https://www.youtube.com/watch?v=w1nMzKDLj2k&ab\_channel=JaquelineUNDP
* Film discussion available in:
  + [English](https://pseataskforce.org/uploads/browser/files/updated_facilitation_guide.docx): <https://pseataskforce.org/uploads/browser/files/updated_facilitation_guide.docx>
  + [French](https://pseataskforce.org/uploads/browser/files/updated_facilitation_guide_french.docx): <https://pseataskforce.org/uploads/browser/files/updated_facilitation_guide_french.docx>
  + [Spanish](https://pseataskforce.org/uploads/browser/files/updated_facilitation_guide_spanish.doc): <https://pseataskforce.org/uploads/browser/files/updated_facilitation_guide_spanish.doc>
* IASC PSEA: <https://psea.interagencystandingcommittee.org/>

**Referral Pathways Examples:**

* [IASC Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action](https://gbvguidelines.org/en/)
  + [Guideline](https://www.cpaor.net/Needs_Identification_and_Analysis_Framework): <https://www.cpaor.net/initiatives/needs-identification-and-analysis-framework-niaf>
  + [Assessment Guidance (p341-342)](https://gbvguidelines.org/wp/wp-content/uploads/2016/01/2015-IASC-GBV-Guidelines-main-book-without-table-spreads.pdf): <https://gbvguidelines.org/wp/wp-content/uploads/2016/01/2015-IASC-GBV-Guidelines-main-book-without-table-spreads.pdf>
* [Example of referral pathway](https://reliefweb.int/sites/reliefweb.int/files/resources/SOPCPSGBVBook3english.pdf) Jordan
  + [English](https://reliefweb.int/attachments/c87ffa9c-d525-31c2-8c7b-64e9937fad1f/SOPCPSGBVBook3english.pdf): https://reliefweb.int/attachments/c87ffa9c-d525-31c2-8c7b-64e9937fad1f/SOPCPSGBVBook3english.pdf
  + [Arabic](https://reliefweb.int/attachments/b0e5c2aa-8808-33c9-850c-d435d0fa0b37/CPSGBVSOPBook3arabic3.pdf): <https://reliefweb.int/attachments/b0e5c2aa-8808-33c9-850c-d435d0fa0b37/CPSGBVSOPBook3arabic3.pdf>
* [Strengthening Community-Based Care (See page 15-19)](https://www.unicef.org/media/103831/file/Communities-Care%20Part-3-Strengthening-Community-Based-Care-Guidance-Book-2021.pdf): https://www.unicef.org/media/103831/file/Communities-Care%20Part-3-Strengthening-Community-Based-Care-Guidance-Book-2021.pdf

# Before the session

As part of preparation for the session, send email to the participants sharing the below listed resources/links. Make sure to share them at least one week before the session (or when the invitation is sent).

1. 4 Minutes Video: Responding to Disclosure of a GBV Incident

https://www.youtube.com/watch?v=n\_YhXzMv1E4&ab\_channel=ShelterCluster

# CONTENT slide by slide

## Introduction: WELCOME, OBJECTIVES and AGENDA

Activity on slide 1: For Webinars/Virtual sessions:

* This slide remains on the screen while wating for the participants to join
* Remind that the session is recorded, and that they should write their name on the chat, with job title and location, as a means of introduction.
* Ground rules: if you have a question during the presentation, write it in the chat. Somebody will monitor the chat to ensure no question is missed. However, When the presenter gives you space to ask questions, you can unmute your mic and ask your question directly.

*Organizer Introduces facilitators*

Slide 2 includes all the training sessions, adapt and use the slide if giving more than one session, delete if you are giving only one session

Explain [WHEN APPLICABLE] that this webinar fits in the series we are conducting, the objective of the training and run through agenda

Slide 3 includes the self-study material included in the final exams, include if you are giving trainings for the whole series. Otherwise, move to resources

Handover to first Facilitator

Slide 5: Agenda: Highlight that we will talk about GBV CP incidents first and then of SEA, as SEA is GBV perpetrated by an aid worker. Highlight that for both parts, we will talk about the responsibilities of all IOM personnel, included enumerators, and then focus on additional responsibilities of those supporting enumerators, which are Protection, GBV, CP and Data collection coordinators, e.g., DTM.

## Part 1: GBV and CP DISCLOSURES

|  |
| --- |
| Slide 6: What do we mean by handling a disclosure? DTM and other data collection exercise **never look for cases**! But sometimes...   1. ...Someone *tells IOM personnel that*THEY have been affected by Gender-Based Violence(GBV)/Child Protection (CP) 2. ...Someone *tells IOM personnel* about SOMEONE ELSE who has survived an incident of GBV/CP 3. ...An incident may not be disclosed but may be WITNESSED by *IOM personnel* |
| Slide 7: What is Gender Based Violence (GBV): The Inter-Agency Standing Committee (IASC) defines GBV as “any harmful act that is perpetrated against a person’s will and that is based on socially ascribed (i.e., gender) differences between males and females. It includes acts that inflict physical, sexual or mental harm or suffering, threats of such acts, coercion, and other deprivations of liberty.”  Explain three core concepts   * Harm: Remember the threat * Against will: Informed consent * Gender differences: Present next slide |
| Slide 8: GBV incidents according to core types of harmful acts.   1. Rape 2. Sexual assault 3. Physical assault 4. Forced marriage 5. Psychological/Emotional abuse 6. Denial of resources, opportunities and services   *(For more, refer to the IOM GBV Framework, p. 8): https://publications.iom.int/fr/system/files/pdf/iom\_gbvic\_framework.pdf* |
| Slide 9: Examples of GBV disclosures to an enumerator. Read each example one at the time, and Ask participants what type it is, going back to slide before.  *[CLICK]*   1. An enumerator is asking questions to a young woman about her journey. She tells the enumerator that she was sexually assaulted during her journey. 2. *[CLICK]*During an individual interview, an older woman mentions that her husband beat her, but she could not access the hospital to treat her injuries.   *[CLICK]*   1. A girl tells the enumerators that her cousin was taken away by the smuggler during the journey for some days. Now she is back with her family, but she is behaving strangely. |
| Slide 10: We spoke about GBV, now, let us see what Child Protection in Emergencies is: “The prevention and response to abuse, neglect, exploitation and violence against children” – Child Protection Area of Responsibility  There are 7 Child Protection Risks, codified in the Minimum Standards for CP in Emergencies:  Danger and injury, physical and emotional maltreatment, Gender Based Violence, Mental health and psychological distress, association with armed forces or armed groups, child labour and unaccompanied and separated children  In addition, all sectors must mainstream CP, ensuring **SAFE PROGRAMMING in all SECTORS:** Anything we do not create further harm to children. Remember the session on IM for CP? We mentioned specific examples of mainstreaming or safe programming:   * **WASH & Education:** Separated girls/boys toilets * **CCCM:** Addressing hazards in camps/communities * **All sectors:** Priority Distribution Access for UASCs and other vulnerable groups * **All sectors:** Distance to distribution/service points * **Food Security and Livelihoods (FSL):** No children allowed working in Cash for Work projects |
| Slide 11: Let us look at Child Protection incidents according to core types of harmful acts:  *[CLICK]* **Abuse:**Deliberate act of **ill treatment that**can cause **harm to a child’s safety, well-being, dignity and development.**All forms of physical, sexual, psychological or emotional ill treatment  *[CLICK]* **Exploitation**: Use of children for someone else’s advantage, gratification or profit resulting in unjust, cruel and harmful treatment  *[CLICK]* **Neglect**: Deliberately (or through carelessness or negligence) failing to provide/secure child’s rights to physical safety and development  *[CLICK]* **Violence**: All forms of physical or mental violence, injury and abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse  **Possible Perpetrators:**adults are in a position of power over children (this includes relatives, teachers, leaders and agency staff). |
| Slide 12: Here we can see some examples of CP disclosures to an enumerator.  *[CLICK]*   1. An enumerator is approached by a child (under 18 years of age). He has visible bruises. He tells the enumerator that his father hit him.   *[CLICK]*   1. A supermarket owner in the town where the enumerator is working, points out a young child who is alone and in bad shape. The owner says the child is always alone, and sleeps in the street outside his shop. He says also that he gives the child some food but cannot do more.   *[Facilitator may need to adjust to context, including for example:  An IDP Key Informant tells the enumerator that two children in the community have been injured the day before, when they picked up and explosive object, A Key Informant tells the enumerators that 10 children have been taken away from the police and detained…]* |
| Slide 13: What can happen if enumerators do not know how to respond when an incident is disclosed? *[CLICK]* Put individuals (survivor AND enumerator) in increased Risk. For example, if get involved in a domestic violence situation, and if do not keep information confidential – retaliation/ stigma.  *[CLICK]* If enumerators ignore reports the community may lose trust in the entire humanitarian response  *[CLICK]*Survivors may not come forward for support again  *[CLICK]* IOM enumerators feel responsible for handling protection cases and face burn out |
| Slide 14: *[CLICK]*  Even if **not** a PROTECTION/GBV specialist, EVERYONE needs to know how to respond SAFELY. This includes enumerators/ *IOM personnel and Enumerators have a very Important role! They are often the* first point of contact / visible, they access remote locations, trusted by the community |
| Slide 15:   4 Guiding Principles for Working with Survivors, as Everyone should apply these, including enumerators:  *[CLICK]*  **Respect:** All actions taken are guided by respect for the choice, wishes, rights and dignity of the survivor. – This includes **CONSENT**.  *[CLICK]*  **Safety:** The safety and security of the survivor is the number **ONE** of priority for all actors.  *[CLICK]*  **Confidentiality:** People have the right to choose to whom they will or will not tell their story. Maintaining confidentiality means not sharing any information at any time to anyone without permission from the survivor.  *[CLICK]*  **Non-discrimination:** Provide equal and fair treatment to anyone in need of help. *[CLICK]* |
| Slide 16: Let us now watch a video on Responding to Disclosure of a GBV Incident - <https://www.youtube.com/watch?v=n_YhXzMv1E4> (4 min) |
| Slide 17: Ask what the main messages of the video are, and then summarize:  How do enumerators safely Respond to an Incident Disclosure? Look, Listen and Link. *[CLICK, CLICK, CLICK]*  This process is important for the survivor’s safety and for YOUR safety too! Recognize if you find yourself in a situation that is not safe for the survivor or yourself. There may be other focal points with the capacity to better support in this scenario.  LOOK: Address urgent medical and safety needs, and consider Immediate safety – safe place? Comfortable talking to you?  LISTEN: Allow the survivor to express their emotions in whatever form they are – some people are quiet, others are angry and yelling, others may be crying and so on. Listen to the survivor and ask how you can help. Do not ask questions about what happened or the details of the incident, instead emphasize that you are there to be a listening ear to whatever the survivor wants to share.  LINK: Provide the survivor the information of available services in the area. |
| Slide 18: Enumerators share information about available services with survivors. One important way to help.  *[CLICK]*  **Give Information to Survivors about available services.** How can you refer survivors to services if you do not know what services exist? Enumerators use referral pathways, which include available services in their area. These referral pathways are developed by Protection colleagues, not by Data collection teams, and include:   * Health Services (post-rape care, include injury management, STI treatment for sexually transmitted infections (STI), emergency contraception (EC), and post-exposure prophylaxis (PEP) for HIV/AIDS. Also, Trauma Healthcare centres for survivors of mines and explosives incidents) * Child Protection services, including Tracing and family Reunification (Often ICRC or National Red Cross/Crescent Society), Child Safe Places, case management services, * Short-term shelter and accommodation for adult women, for girls and boys * Psychological support and Mental Health Care for survivors * Livelihood support services (for survivors or their families) * Services providing Prosthetics and rehabilitation for survivors of Explosive Ordnance incidents * Services and support organizations for persons with diverse SOGIESC (Sexual Orientation, Gender Identity and Expression, and Sex Characteristics )– Also Known as protection of the rights of LGBTIQ+ persons * Services and support organizations for persons with disability, including those providing assistive devices for persons with disabilities (e.g., wheelchairs, sticks, hearing aids, glasses…) * Legal Aid services (e.g., legal aid for survivors of violence, but also NRC House Land and Property rights…)   **Specialized services for persons with disabilities:** MHPSS, including psychotropic drugs, Physiotherapy, Occupational therapy, Behaviour/cognitive therapy (Applied Behaviour Analysis for those in the autism spectrum for instance), Eye health care related services (e.g. screening; surgery; treatment; eye therapy), Audiometry and other hearing related services, Speech therapy, Sensory rooms/spaces, Prosthesis/orthosis, Provision of assistive devices (e.g. wheelchairs; walkers, crutches, spectacles, hearing aids) -these should only be done by health professionals of that specialty, Special or inclusive education, Vocational Training  **Assistive devices (AD)**: Wheelchairs; walkers, crutches, white canes, spectacles and other vision aid devices, hearing aids. Distribution of such devices can only be done by health professionals of that specialty. Distribution of AD without professional supervision can cause harm to people, including creation or worsening of injuries, unnecessary dependency of a device and accidents. Organisations supporting persons with disabilities:  Human and Inclusion (HI), Psychosocial support (PSS), Physiotherapist Therapy (PT), Occupational Therapy (OT), Prosthesis and Orthosis (P&O), Light for the World (education and Vocational Training (VT)), CBM (education and VT), Sightsavers (eye health, education and VT), local organizations  *If they ask why not share their Personal Information (PI) with service providers instead. The main reasons are:*  *1) Sharing Personal Information with Services means we have obtained informed consent by survivors first, and it takes a lot of time out of the enumerators job, also the enumerator may forget or have not time at the end of the day to go to service provider. Moreover, it is not the enumerators job to provide this level of support to survivors (gaining consent, providing information about the survivor to a service), and we have to be careful of doing no harm/triggering/retraumatising an individual if they provide information to someone who is absolutely ill-equipped to respond in an appropriate way. -*  *2) Often it is difficult for a service to go search for a survivor, it is easier for the survivor to decide when and how to contact the service provider safely* |
| Slide 19: What we said is always valid. Now let us go more in details and look at different situations that may occur, and how we should respond.  First situation: Someone *tells the enumerator that*THEY have been affected by a GBV/CP incident  [*CLICK*] Let us now look at how we can respond. |
| Slide 20: What should an enumerator do when someone says that THEY have experienced a GBV, CP or Trafficking incident? *[CLICK to move from on point to the following]*   * + **Be Prepared:**Before you start data collection, have information on response services available (*Referral Pathway*)   + **Listen**: No judgement and no follow up questions; be aware of your own biases and keep neutral body language and expressions.   + **Be honest and gentle** tell them that you are not a specialist however can refer to somebody who can help   + **Use Referral** **Pathway** and provide appropriate information on services they can access (tell them it is their choice if they wish to reach out)   + **Keep** their **Information**/ details that they shared **Confidential**   Enumerators can **always** contact a specialist for advice! (IOM or other Protection focal Point in your area) |
| Slide 21: second situation: Someone *tells the enumerator* about SOMEONE ELSE who has survived an incident of GBV/CP,... [*CLICK*] Let us now look at how we can respond. |
| Slide 22: What should an enumerator do when a community member says that SOMEONE ELSE has survived a GBV, CP or Trafficking incident? *[CLICK to move from on point to the following]*   * + **Be Prepared**: Before you start data collection, have information on response services available (*Referral Pathway*)   + **Listen**: No judgement and no follow up questions; be aware of your own biases and keep neutral body language and expressions.   + **Be honest and gentle** tell them that you are not a specialist however there are services that can help   + **Explain** to the individual the available services that they could discreetly share with survivor **ONLY if safe to do so**.   + **Keep** their **Information**/ details that they shared **Confidential**   + ***Never*** *seek out a survivor of GBV, CP or Trafficking incident yourself!*   Enumerators can **always** contact a specialist for advice! (IOM or other Protection focal Point in your area) |
| Slide 23: Third situation: An incident may not be disclosed but may be WITNESSED by *the enumerator.*  [*CLICK*] Let us now look at how we can respond. |
| Slide 24: What should an enumerator do when an incident is WITNESSED BY THEM? *[CLICK to move from on point to the following]*   * + **Ensure they are safe** and remove themselves from danger   + **Do not involve themselves** or try to manage the situation – it may put themselves, the survivor/child, or colleagues at risk   + If life-threatening and ongoing incident discreetly call Police/Security   + If the incident that they witnessed has ended – follow appropriate reporting procedures (Check with supervisor if unsure) **Never share personal/ identifying information**   + **Never** Seek out Survivor of GBV, CP or Trafficking incident themselves!   Enumerators can **always** contact a specialist for advice! (IOM or other Protection focal Point in your area)  *[If the question comes about mandatory reporting, answer to check with protection colleagues in the country]* |
| Slide 25: What if a child discloses a protection-related incident to an enumerator? *[CLICK to move from on point to the following]*   Similar to what we mentioned before, we undertake a similar approach – listen, be kind, be aware of your biases and your body/facial expressions. Try to avoid negatives; so rather than "I can't help you but someone else can", we explain that there are people trained and experienced to help them directly – and if you have CP colleagues in the same location as you, ask the child if they want to meet your friend/colleague, and they can talk to that person more.  In all instances, inform the child of the child-friendly services that are available (safe spaces, health, MHPSS, educational facilities etc etc).  As enumerators, DO NOT   * Ask follow-up questions * Hug or console the child (especially if the child is disclosing a serious physical or sexual abuse allegation); * Speak to the caregiver, give opinions * Tell a CP colleague about this child * Get the CP case worker to go and visit the child in their residence without consent etc (what if the perpetrator was a caregiver).   Please keep in mind that with children disclosing information, every incident is very different, in particular due to age and gender. A 6-year-old disclosing information will require a different sort of response to a 17-year-old with the same allegation.  Enumerators can **always** contact a specialist for advice! (IOM or other CP Protection focal Point in your area)  *[If the question comes about mandatory reporting, answer to check with protection colleagues in the country.]* |
| Slide 26: Let us now practice what we just learned. You will read a series of statements about ENUMERATOR’s responsibilities. If you DISAGREE type DISAGREE into the chat box. If you AGREE with type AGREE into the chat box. |
| Slide 27: In order to understand what a woman or child needs, it’s important to know their history. Ask them about the violence they have experienced. Do you agree or disagree? If you DISAGREE, type DISAGREE into the chat box. If you AGREE with type AGREE into the chat box. |
| Slide 28: DISAGREE! ***NEVER*** *ask a person to tell you about their experience of violence. Offer to* ***provide information*** *about relevant services and allow them to direct the conversation based on what they need and want.* |
| Slide 29: A woman discloses intimate partner violence and asks for your help. You offer to speak with her and her husband to resolve the conflict. Do you agree or disagree? If you DISAGREE, type DISAGREE into the chat box. If you AGREE with type AGREE into the chat box. |
| Slide 30: DISAGREE! ***NEVER******mediate*** *and* ***NEVER******speak*** *with the husband in cases of intimate partner violence. Validate the woman’s feelings and inform her of available women’s services, such as Safe Spaces.* |
| Slide 31: A 10-year-old boy told you that he is being beaten by his foster family every day. He was separated from his parents. He was bleeding and had visible scars and bruises. But since he has no parents to agree for referral, you couldn’t do anything.  Do you agree or disagree? If you DISAGREE, type DISAGREE into the chat box. If you AGREE with type AGREE into the chat box. |
| Slide 32: DISAGREE! *In case of* ***life-threatening situation*** *like this, immediately* ***refer the boy*** *to the health facility and contact the appropriate offices.* |
| Slide 33: Let us do another exercise: IN this scenario, **You are a DTM enumerator**. You are visiting an IDP site.  While you are there a little girl runs over to you and tells you that her mother has been attacked earlier that morning. She takes you to see the woman who seems highly distressed.  *The following slides include some options on* ***what you, as enumerator, should do****. Use the chat or the mic to answer YES or NO to each of the options.* |
| Slide 34: Do you ask if the survivor is hurt? [*CLICK*] YES. Checking if a survivor has any immediate medical needs is a first step in response.  Listen to their needs: e.g. “You seem to be in a lot of pain right now, would you like to go to the health clinic? We can continue talking afterwards.” |
| Slide 35: Do you Ask for details of what happened, when, where and who attacked her? [*CLICK*] NO! The details of what happened and by whom are not important or relevant to your role in listening and providing information  Without proper training to interview about rights abuses, staff should never attempt to interview or gain further information about an incident. |
| Slide 36: DO you ask what specific help/assistance she needs? [*CLICK*] YES. Trying to help a survivor access appropriate services (medical; counselling; legal) is an important step. Staff should be provided with a list of services that can be referred to in the area they are working. Communicate detailed information about the available resource/service including how to access it, relevant times and locations, focal points at the service etc. |
| Slide 37: Do you give the person contact information for health, counselling or other relevant services? [*CLICK*] YES. Do not contact service providers on their behalf.  DO ask if there is someone, a friend, family member, caregiver or anyone else, that they trust that they can go to for support.  DO offer your phone or communication device, if you feel safe doing so, to the survivor to contact someone they trust.  Do not share information about the survivor or their experience to anyone without explicit and informed consent of the survivor. Do not record details of the incident or personal identifiers of the survivor. |
| Slide 38: Don’t say anything at the time, but later call the police from somewhere private and safe. [*CLICK*] NO! You should not call the police on behalf of the survivor unless they have requested that you do so and have provided informed consent.  DO NOT share the details of the incident and personal identifiers of the survivor with anyone. This includes the survivor’s family members, police/security forces, community leaders, colleagues, supervisors, etc. Sharing this information can lead to more harm for the survivor. |
| Slide 39: Should you…Write the details of the case on the DTM /Data collection form? [*CLICK*]  NO! remember the video? She threw away her recording device, her mobile and …. [*CLICK*] broke her pen, to illustrate that **You should NEVER write the details of an individual incident in the DTM /data collection form**. DO NOT write anything down, take photos of the survivor, record the conversation on your phone or other device, or inform others including the media. |
| Slide 40: Report the incident to your manager / Protection staff member and ask for advice. [*CLICK*] YES. Without sharing any details, you can share with your manager or with a GBV/protection specialist that you encountered a disclosure. Especially, if you require further support on the appropriate way to respond. |
| Slide 41: The survivor is telling us that her husband attacked her. She tells us that she needs support. We tell her that domestic violence is a family matter, and she should talk to her husband. [*CLICK*] NO! You should provide the same support to a survivor of domestic violence as any other survivor   * Respect her wishes, explain that you are not a specialist, but you can link her to somebody who can help * Share information on available services, and explain that it is her choice to seek assistance * SAFETY comes first. Do not get involved in the case or try to talk with her husband * CONFIDENTIALITY is ESSENTIAL. DO not share the information you received with anyone, do not write anything down |
| Slide 42: Check safety: your safety, the safety of other staff members and the safety of the affected person and the community. [*CLICK, CLICK*] YES! Before taking any action, you should check that you, other staff, the survivor and the other community members are safe. |
| Slide 43: Let us now summarize: what should enumerators do in case of a disclosure? *[CLICK to move from on point to the following]*   * Listen, be kind and gentle. No judgement and no follow up questions; * Be aware of your own biases and keep neutral body language and expressions. * Remember that the role of an enumerator is to share accurate, up-to-date information on available services and let the survivor make their own choices on what feels safe for them. Seeking services is not always safe for a survivor and could lead to more harm. * Always ensure your safety, the safety of your staff and of the survivor and her/his community * Ask Protection focal point for advice when unsure |
| Slide 44: Summary: what should enumerators NOT do? *[CLICK to move from on point to the following]*   * DO NOT: Look for survivors of GBV or victims of violence * DO NOT: Communicate in a public area * DO NOT: Write anything down, take photos or record a conversation * DO NOT: Try to resolve a dispute * DO NOT: Ask for more details to better understand what happened * DO NOT: Try to provide counselling * DO NOT: Tell them what to do or give an opinion. * DO NOT: Assume you know what someone wants or needs. Some actions may put someone at further risk of stigma, retaliation, or harm * DO NOT: Share any information about the story or the person without informed consent * DO NOT: Invite others into the discussion | |
| Slide 45: We have seen the responsibilities of enumerators so far. The previous slides can be also included in your enumerators training. Now lets us see the additional responsibilities that a DTM or other data collection coordinator has, to ensure the enumerators are able and prepared to safely handle incidents disclosures. | |
| Slide 46: Let us see what the Responsibilities of Data-Collection Coordinators are. This could be DTM or other data collection exercise.  1) Questionnaires should **NEVER include questions about violence.**  2) Discuss and agree with *Protection*, *GBV/CP/Trafficking* colleagues :   * + **What enumerators should do** if somebody discloses a GBV incident, a Trafficking incident involving an adult   + **What enumerators should do** if somebody discloses a GBV, Trafficking incident involving a child or another type of CP incident   3) Acquire (from Protection) and share with enumerators the public version of the **Referral Pathway** availablein the areas and **list of Protection, GBV, CP Focal Points**  4) Where a Referral Pathway is not available, **obtain contact details of available services** in the area from Protection colleagues (including at a minimum GBV, CP and Protection actors, Healthcare centre, Police…)  5) Include a session on safely managing Incidents Disclosures in each enumerators training  Session for enumerators must include on a) **what to do**, b) **what not to do**  and c) how to contact Protection Focal Points **when enumerators do not know what to do**  Jointly **agree how** and **when**enumerators can **contact Focal Points**  *Referral pathway is the output of a process that assesses availability and quality of services. And actors have agreed to be on the pathway with their name in public. This may not be available, so at least protection colleagues should give contacts of available health services, police, GBV and CP/Protection actors.* | |
| Slide 47: Let us now see the responsibilities of Protection/GBV/trafficking & CP colleagues. These protection colleagues have important roles and responsibilities in ensuring enumerators know how to safely handle a disclosure.  *[CLICK to move from on point to the following]*   * Provide the public version of the **Referral Pathway** to Data Collection Coordinator * Where a Referral Pathway is not available, provide **the contact details of available services** in the area (as a minimum GBV, CP and Protection actors, Healthcare centre, Police…) to Data collection coordinator * **Provide and update** contact list of GBV Focal Points to Coordinator and explain to FP how to guide enumerators when contacted * Train enumerators on **how to respond** to disclosures * **Support** enumerators when contacted   Regular communication for updates between Protection and Data collection coordinators (e.g., DTM) is extremely important | |
| Slide 48: What if… There are no services in these areas?   * **ARE YOU SURE**? In most countries at least some services are present, run by authorities, other UN and NGOs and local civil society. Protection colleagues should look outside IOM and Explore local capacities (and remember hotlines and nation-wide services) * Raise the issue to senior management and lobby through **Protection Cluster** (or WG) and Inter-Cluster (or Inter-Sectoral) **Coordination Group.** | |
| Slide 49: **What do we do if we do not have IOM protection/GBV/CP Focal Points in the country?**   * Reach out to Clusters/WG/AoRs * Enlist the support of senior management in this cooperation * Reach out to the Regional/HQ colleagues for advice   **What if there is no referral pathway?**   * Raise the issue with the emergency coordinator, Protection colleagues or senior management * Inquire with **Protection, GBV, CP or Camp Coordination and Camp Management (CCCM) sector or other organization/authority**: they may have one (*Referral pathways is one of the Minimum Standard for CCCM (CCCM Minimum Standard 4.3: Functioning referral pathways are in place to ensure that people with specific or specialised needs receive the assistance and protection required.)* * **Obtain contact details of available services** in the area from Protection colleagues (including at a minimum GBV, CP and Protection actors, Healthcare centre, Police…)   Referral pathway is output of a process that assesses availability and quality. And actors have agreed to be on the pathway with their name in public. This may not be available, so at least protection colleagues should give contacts of available health services, police, GBV and CP/Protection actors. | |
| Slide 50: And finally, here you have links to Resources to find out more | |
| Slide 51: And who to Contact in HQ (and region/country office), to help you and your teams safely manage incidents disclosures during data collection. | |

## Part2: PSEA AND SEA DISCLSOURE

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| Slide 52: we are now going to look at what to do in case of Sexual Exploitation and Abuse incidents disclosure. Sexual Exploitation and Abuse, or **SEA in short, can be understood as a GBV perpetrated by an aid worker.** Everything we will see in this second part of the session will be in addition to what you have learned to do in case of a GBV disclosure. |
| Slide 53: This is NOT a PSEA training, and **you should attend the mandatory IOM PSEA training**.  This session focuses on your obligations when supporting a data collection exercise (e.g., DTM)  You can ask your country or regional PSEA focal point or the HQ PSEAH Unit      ([psea-sh@iom.int](mailto:psea-sh@iom.int)) to organize a training for your staff/office. In the meantime, you can find more information and training material on PSEA on IOM’s platform to report misconduct, We Are All In [https://weareallin.iom.int/](https://weareallin.iom.int/misconducts/sexual-exploitation-and-abuse). Please make sure to turn on your VPN to access the materials.  **IMPORTANT:** SEA allegations shall be reported through the We Are All In platform.  Attending the full PSEA training will give you a more complete understanding of the IOM rules on SEA that apply to everyone working for IOM, as well as steps to take to prevent SEA in IOM, how SEA impacts survivors, and how to follow a survivor-centered approach in responding to SEA etc. |
| Slide 54: Let us define SEA: **Sexual exploitation and Abuse**  **Sexual exploitation** is defined by the Organization as 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** means the actual or threatened physical intrusion of a sexual nature, whether by force or under unequal or coercive conditions.  *CLICK* **In SEA incidents, the perpetrator is an AID WORKER** |
| Slide 55: Understanding the difference between Sexual Exploitation and Abuse (SEA), Sexual Harassment and Sexual and Gender Based Violence  *CLICK*: Sexual Harassment happens between people working in the same work environment, within UN, NGOs, Peacekeeping forces etc…  *CLICK*: SEA happens between an aid worker and a member of the community, when the aid worker is the perpetrator  They are both forms of Gender-Based Violence, which also happens [*CLICK*] among members of the community.  SEA are forms of GBV: the same kinds of harmful acts such as rape, sexual assault or sex in exchange for services, resources or opportunities – or the threat of any of these things – is defined as SEA when the perpetrator is an aid worker, someone working for the UN or a peacekeeping force. Because the harm and the consequences of the harm can be the same, we **respond** **to SEA as a GBV** incident but also have an obligation to **report** SEA.   * Rape * Sexual assault * Physical assault * Forced marriage * Psychological/Emotional abuse * Sex in exchange for resources, opportunities and services |
| Slide 56: IOM has a policy of **zero tolerance for inaction on** sexual exploitation and abuse:  Zero tolerance means that active measures are taken to prevent SEA and appropriate disciplinary action will be taken against anyone who is found to have violated the relevant IOM policies. Disciplinary actions, including summary dismissal, will be taken irrespective of grade, contract type, or seniority.  SEA constitute acts of gross misconduct and are grounds for termination of employment.  IOM strictly forbids SEA by everyone working for or with the organization - this includes staff, consultants, daily workers, partners and service providers. This prohibition is stated clearly in IOM’s PSEA policy and in IOM’s Standards of Conduct. We say that IOM has “zero tolerance” for inaction on SEA.  SEA isn’t just against the rules, it also undermines IOM’s mission to uphold human rights and respect the rights, dignity and wellbeing of displaced persons and migrants. We all have a duty to help stop it from happening! |
| Slide 57: **ALL PERSONS EMPLOYED BY IOM are required to:**   * **Fully understand** what types of behaviour ​may be considered SEA. * **DO NOT ENGAGE in Sexual Exploitation and Abuse** * **Adopt behaviour** that respects and favours ​the rights of the beneficiaries. * **Report any allegation or suspicion** of SEA or any retaliatory action related to SEA – THIS IS VERY DIFFERTENT from our obligation in other types of GBV incidents * IOM staff members, especially those in leadership positions, are obliged to **create and maintain an environment that prevents and protects against SEA.** |
| Slide 58: Here are some examples of SEA:  Women in a focus group discussion tell me that the aid worker distributing food asks for sex in exchange for including them on the list. This is an example of sexual exploitation  *[CLICK]* A key informant tells me that one of the local women was offered a lift to the market by a UN driver and has been acting strange since. This is an example of sexual abuse  *[CLICK]* The children in a village tell me that they can get gifts from my colleagues if they spend extra time with him. This is an example of sexual exploitation AND sexual abuse on children  *[CLICK]* Are these disclosures of SEA direct from the survivor(s) or indirect/rumors? Direct 1 and 3, indirect 2. Both should be reported.  *[CLICK] For more in-depth understanding of SEA:* ***join the next IOM PSEA training*** |
| Slide 59: **What should enumerators know?  First, understand they are in a position of power:**  *There is an inherent and important power differential in the interactions between aid workers and beneficiaries.*  *SEA occurs when people who have power exploit or abuse vulnerable populations for sexual purposes.*  *Ask participants* “What puts you in a position of power? *They can type in the chat. Possible answers:*   * money, access to resources: aid workers often enjoy economic power over affected populations * Education, access to information (through the internet, books, workshops, trainings) * Gender, race, ethnicity, age, religion and other characteristics that can influence personal safety as well as the ability to be heard and participate in decision making * Status, such as being employed and particularly working for a UN organization, social standing, opportunities for interacting with powerful or influential people * Being an adult (power is often exercised by adults compared to children)   *[CLICK]* Greater power inequalities often lead to higher risks of abuse and exploitation. **But** power has a positive side and can be used for good: everyday IOM personnel use their power positively to provide support and assistance to beneficiaries. When SEA is committed, we can all use our power to report allegations and help end abuse. We all need to know how to report SEA incidents we have been told about, heard rumours of, or witnessed.  **What else should enumerators know?** *[CLICK]*  Second, how to report any disclosure or suspected SEA incidents balancing confidentiality and mandatory reporting |
| Slide 60: What should enumerators do and not do?  *The facilitator should make explicit here that you respond the same way as you would to a disclosure of any GBV (as covered in Session 1) because SEA is a form of GBV. The reporting is an additional responsibility, but you still have the same "dos" and "don'ts" when speaking with an SEA survivor, especially because it is not always possible to know whether someone asking you for help is a survivor of sexual exploitation and abuse or gender-based violence within a community. [CLICK when moving from one point to the following]*   * *Do not engage in Sexual Exploitation and Abuse* * *Enumerators should explain the obligation to report SEA* * *Enumerators should share information about GBV and other services the survivor may need (as seen for GBV, CP and protection disclosures)* * *Enumerators should REPORT SEA (even suspected) through the appropriate channels.*   **REMEMBER:** It is **not your job to ask questions** about the alleged perpetrator or pressure the survivor to tell you more information than they have decided to reveal. Regardless of whether you are responding to a GBV or SEA disclosure, the approach to supporting a survivor remains the same…However… (next slide) |
| Slide 61: **…If it is clear that a survivor is disclosing an incident of SEA** you need to be prepared to handle the disclosure in a way that is safe, professional, compassionate and in **accordance with your obligation to report SEA…** *[CLICK when moving from one point to the following]*   1. **Explain** to the survivor that if they tell you that someone from IOM or another humanitarian worker has hurt them, you have to report what that person has done so he/she can’t hurt anyone else. *In this way you are explaining your obligation to report SEA as early in the conversation as you can appropriately do so.* 2. **Explain** that information will be shared confidentially and **let the survivor decide** how much or how little they want to tell you. *In this way the survivor has an opportunity to reflect on which aspects of their case they want to disclose or not. If you are speaking with a child too young to understand, this needs to be explained to their parent(s)/legal guardian/primary care giver.* 3. **Share information** about GBV and other services the survivor may need. *It is important to confirm that survivors are entitled to assistance, whether or not they participate in a SEA investigation* 4. **Ask** if the survivor allows you to share their name and contact details for the report s*o you can confirm if the survivor consents to being contacted by investigators.* |
| Slide 62: Now, let us look at the Steps to safely report a SEA Disclosure: Recognize it is an SEA incident, Report on the Platform, and Stay observant!  You do not escalate the incident, do not try to resolve it or mediate and do not investigate yourself or try to collect data/information.  Reporting directly through the WAAI platform is the preferred channel, however, as an alternative you can report to the PSEA focal point who will submit the report through the platform. Coordinators and enumerators must know who their PSEA focal point and GBV/CP focal points are in country.  **How to report a DISCLOSURE that DOES NOT come from the Survivor (=INDIRECT) or RUMOR**   * Provide as much information as you are aware of through WAAI and to PSEA Focal Point (who will submit the report via WAAI). * DO NOT seek out the survivor to provide assistance as this can create a risk of harm for them. * If a third party told you of the incident, provide information about assistance services available based on the referral pathway and encourage the individual to share this information safely and confidentially with the survivor. Remind them that assistance can be accessed at any time: leave the door open.   **ALWAYS maintain strict confidentiality! Do not gossip** about the incident with colleagues. Do not disclosure any personal identifier information about the survivor or others involved in the incident. |
| Slide 63: And this is the “We are All In” Platform where we report SEA cases: Coordinator should train enumerators on how to report and distribute the various focal points that could be contacted.  make a judgment call on who needs to be contacted----and 1) make sure the enumerators are given these focal points and 2) know when and how to contact them.  REMEMBER: If you need help in responding to a disclosure, you can reach out for support (to PSEA or GBV/CP focal point). Explain to the survivor who you would like to contact and why. Only do so if they give their consent. There is no need to communicate details of the incident or reveal the survivor’s identity. |
| Slide 64: What if the platform is not accessible to the enumerator?  It is possible that enumerators and/or coordinators will not have immediate access to the platform OR no access at all - depending on internet access. *[CLICK when moving from one point to the following]*   * Enumerator should disclose to the PSEA focal point * If no PSEA focal point, then to the Protection or GBV focal point * A coordinator should find out and inform enumerators who these focal points are and how to contact them BEFORE enumerators are trained and start data collection   Coordinator should train enumerators on how to report and distribute the name and contact details of the PSEA focal point (or protection/GBV focal point).  The coordinator should 1) make sure the enumerators are given these focal points and 2) know when and how to contact them. |
| Slide 65: Data Collection Coordinator and Protection Colleagues have *additional* responsibilities (in addition to those that apply to everyone, to NOT engage , link survivors to services and REPORT) *[CLICK when moving from one point to the following]*   * + Ensure enumerators understand what SEA is and are aware that IOM has a zero- tolerance approach to inaction on SEA   + Ensure that enumerators understand their reporting obligation   + Ensure enumerators are aware of the We Are All In Platform and how to access   + Support to arrange a formal PSEA training and keep enumerators informed   + Ensure enumerators have up-to-date information and know how to share information on GBV and other services the survivors may need   + Identify who PSEA, Protection and GBV focal points in your country/region are and instruct enumerators on how and when to contact them |
| Slide 66: Let us now practice what we have learned. The following slides include some options on **what you, as DTM coordinator, should do** in the following scenario. Use the chat or the mic to answer YES or NO to each of the options.  This is the scenario: You are a DTM coordinator, working in remote location without reliable access to internet. An enumerator tells you that she might have witnessed a SEA incident committed by an aid worker, but she is not sure. How should you proceed? |
| Slide 67: Suggest that the enumerator asks for more details of what happened, who, when and where?  *CLICK* - NO!  Remember, PSEA is a GBV incident, except the perpetrator is a humanitarian aid worker  The details of what happened and who was involved should not be asked by someone who isn’t trained to do so  Without proper training to interview about rights abuses, staff should never attempt to  gain further information about an incident |
| Slide 68: **Tell the enumerator there is no duty to report, since she is not sure if the incident is SEA or not**  *CLICK* - NO!  Any person working for the IOM is obligated to report **any allegation or suspicion** of SEA or any retaliatory action related to SEA  Remember it is not your place to investigate or try to determine if the incident is really SEA or not. | |
| Slide 69: Ask the enumerator if she has reliable access to internet and confirm that she understands how to access the IOM reporting platform, We Are All In  *CLICK*= YES!  It is your role to ensure that the enumerator understands the appropriate channels and resources for reporting SEA and has access to them | |
| Slide 70:The enumerator tells you she does not have access to the internet so cannot access the platform. You refer her to the appropriate PSEA focal point in the country or region  *CLICK*= YES!  It is your role to ensure that the enumerator understands the appropriate channels and resources for reporting SEA and has access to them  If there is not a PSEA focal point, then you should refer the enumerator to the Protection Focal Point or the GBV Focal Point  Also to note that without sharing specific information on incidents or breaching confidentiality colleagues can always reach out to PSEAH Unit for advice on what to do in general (not always timely if immediate action is needed at CO). <psea-sh@iom.int> | |
| Slide 71: Try speaking directly to the aid worker suspected of perpetrating SEA.....  *CLICK* - NO!  An investigation should be initiated by OIG following an incident report through channels in line with IOM’s policies. An investigation should NEVER be initiated with the suspected perpetrator(s) by other staff or aid workers  Other reasons why this is not the appropriate action?  *Ask participants to suggest other reasons in the chat. Possible Other reason:* This could cause harm. You may put the survivor and any witnesses (including yourself) at risk of retaliation. By speaking to the aid worker suspected of committing SEA you are also breaching confidentiality. | |
| Slide 72: **Try speaking directly to the survivor of SEA and ask if an incident occurred.....**  *CLICK* - NO!  Remember, SEA is a GBV incident, except the perpetrator is a humanitarian aid worker  Without proper training to interview about rights abuses, staff should never attempt to  gain further information about an incident. An investigation should only be initiated by the OIG following an incident report through channels in line with the IOM’s policies  Other reasons why this is not the appropriate action?  *Ask participants to suggest other reasons in the chat. Possible Other reason:* You may cause harm. Never seek out a survivor! | |
| Slide 73: Let us summarize this part of the session on PSEA and SEA disclosures: *[CLICK when moving from one point to the following]*   * 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 means the **actual or threatened physical intrusion** of a sexual nature, whether by force or under unequal or coercive conditions * Understand that as a humanitarian actor you are inherently in a position of power * IOM has a **Zero Tolerance** Approach to inaction on SEA   Remember that -Implementing partners and service providers are bound by the terms in the partnership agreement and most International NGOs and all UN agencies have the same zero tolerance in their code of conduct. | |
| Slide 74: Let us summarize your obligations *[CLICK when moving from one point to the following]*   * + All IOM Employees, including protection officers, enumerators and DTM/Data collection coordinators **must NOT ENGAGE in SEA**   + All IOM Employees, including protection officers, enumerators and DTM/Data collection coordinators **must REPORT AN INCIDENT**   + DTM/other data collection Coordinators and protection officers, are responsible to **facilitate enumerators access to PSEA training and greater awareness of SEA**   + DTM/other data collection Coordinators and protection officers, are responsible **to ensure enumerators know how to report and can report** | |
| Slide 75: in order to request a PSEA training, you should contact your country or regional focal point or i**n HQ:** Contact Protection from Sexual Exploitation and Abuse and Sexual Harassment (PSEAH) Unit: [psea-sh@iom.int](mailto:psea-sh@iom.int) | |
| Slide 76: Additional material is also available, for those who would like more info: [FAQs on inter-agency SEA](https://eur02.safelinks.protection.outlook.com/?url=https%3A%2F%2Finteragencystandingcommittee.org%2Fiasc-champion-protection-sexual-exploitation-and-abuse-and-sexual-harassment%2Ffrequently-asked&data=04%7C01%7Ctshupert%40iom.int%7C29b9f3e1069e4737187308d8eaf180b1%7C1588262d23fb43b4bd6ebce49c8e6186%7C1%7C0%7C637517670249886616%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C1000&sdata=sMFsWIsumpaT%2BmDFPqAT2POTa8RTEU32BsggPfsnujU%3D&reserved=0) : specify that it is a resource for PSEA Focal Points and a way to learn more about PSEA programming, but not about enumerators own responsibilities (for PSEA Focal Points and PSEA Programming)  [PSEA Network Prevention and Mitigation Checklists](https://eur02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fdrive.google.com%2Fdrive%2Ffolders%2F1foeDcyGHSdGrfzF0p3AjyDxI7aA0WZdW&data=04%7C01%7Ctshupert%40iom.int%7C29b9f3e1069e4737187308d8eaf180b1%7C1588262d23fb43b4bd6ebce49c8e6186%7C1%7C0%7C637517670249896574%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C1000&sdata=hb02VuXlakd1G9zKeul%2BrOCmXCJxqLlhWyU9EJZhiIs%3D&reserved=0)  : "if Participants are interested to learn more about how they can actively reduce the risk of SEA in their work" but that it goes beyond their mandatory responsibilities as staff | |
| Slide 77: Here are other resources that you can explore on referral pathways | |

## Conclusions

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| Slide 78: let us now conclude this session |
| Slide 79: Did we reach our Objectives? Check with participants if, at the end of this module, they feel able to: Recognize a GBV, CP or SEA disclosure? List your roles and responsibilities to prepare enumerators to safely deal with incidents disclosures? Explain what enumerators should and should not do in case of a disclosure? Briefly explain how to report SEA in line with IOM standard? |
| Slide 80: remember to provide your feedback in the EVALUATION & Take the Knowledge TEST |
| Slide 81: Goodbye, see you at the next webinar, on XXX, on this date (XXX) |