

# VICTIM/SURVIVOR-CENTRED APPROACH TO PROTECTION FROM SEXUAL EXPLOITATION, ABUSE AND HARASSMENT IN THE AID SECTOR

FOUNDATIONAL PAPER

## ACKNOWLEDGEMENTS

This foundational paper has been developed in the context of a project focusing on *Closing the Accountability Gap to Better Protect Victims/Survivors of SEAH in the Aid Sector*, supported by the Dutch Ministry of Foreign Affairs.



Ministry of Foreign Affairs of the  
Netherlands

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## EXECUTIVE SUMMARY

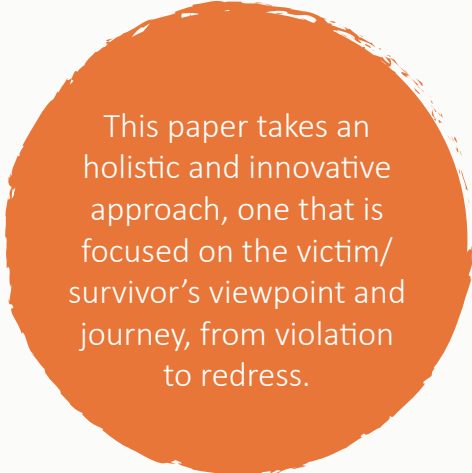
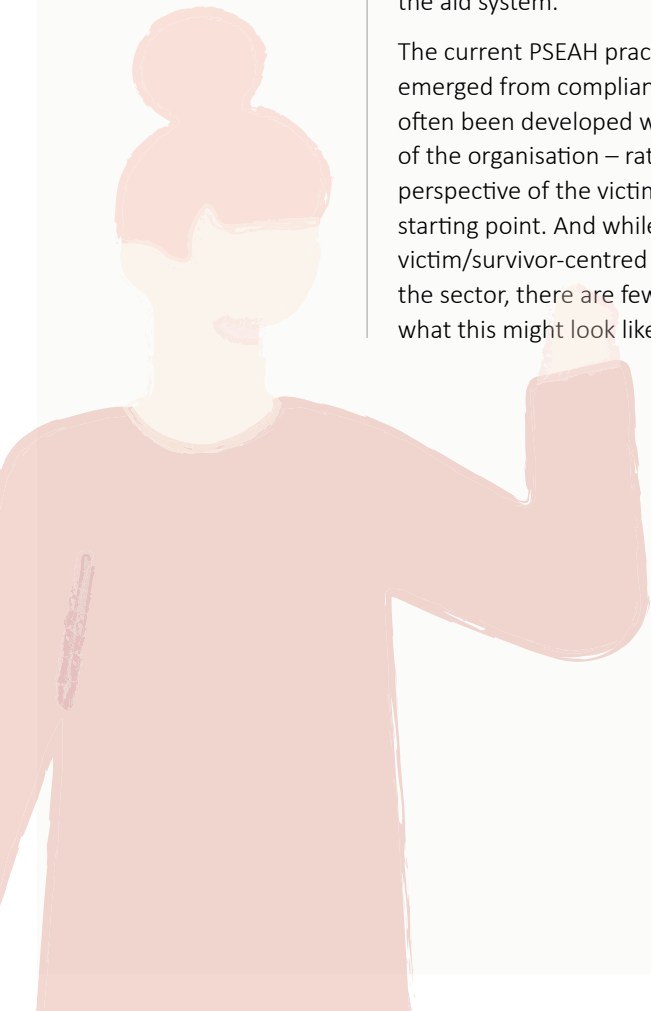
Sexual exploitation, abuse and harassment (SEAH) are among the most egregious failures of accountability in the aid sector. Rooted in gender and power inequality, SEAH is the abuse of power by aid actors (aid organisation staff and associated personnel) towards the communities they serve.

Since 2018, there has been an increase in the social and political will to tackle SEAH in the context of humanitarian and development assistance. During this time, the concept of victim/survivor-centred approaches to protection from abuse, exploitation and harassment (PSEAH) has emerged as a key priority. Such an approach may contribute to better processes and outcomes for victims/survivors, help overcome barriers, deliver accountability and rebuild public trust in the aid system.

The current PSEAH practice that has emerged from compliance processes has often been developed with the needs of the organisation – rather than the perspective of the victim/survivor – as a starting point. And while definitions of a victim/survivor-centred approach exist in the sector, there are few articulations of what this might look like in practice.

A multi-year project by the CHS Alliance, funded by the Dutch Ministry of Foreign Affairs, listened to victims/survivors of SEAH in order to design accountability mechanisms that work for them. The first phase of this project focused on undertaking a country review, including participatory action research (see glossary), which forms the basis of this foundational paper.

This paper takes an holistic and innovative approach, one that is focused on the victim/survivor's viewpoint and journey, from violation to redress. From this, it sets out what a *Victim/Survivor-Centred Framework* for addressing SEAH might look like in a humanitarian or development organisation, and how it can be operationalised by aid actors.



This paper takes an holistic and innovative approach, one that is focused on the victim/survivor's viewpoint and journey, from violation to redress.

## FINDINGS

This foundational paper found that while disclosure can be a critical pathway to accessing support, protection and healing for a victim/survivor of SEAH, there are many barriers to reporting. At the individual level, these barriers include fear of negative social reactions, fear of not being believed, fear of losing control and concern that power, autonomy and opportunity will be taken away after disclosure. Barriers to reporting were found to intersect with race, ethnicity, age, sexual orientation, disability, class and gender.

The aid sector has developed numerous reporting mechanisms to enable and handle reports of SEAH. Their limitations include underuse, accessibility, language barriers and concerns around anonymity and privacy. Furthermore, these mechanisms place the responsibility to report SEAH on communities and victims/survivors, rather than the organisation, which has a duty to proactively detect and analyse risk and identify where power is being abused. Current reporting mechanisms do not reflect the SEAH reporting preferences of victims/survivors; they urgently need to be tailored to those most at risk of SEAH and extended to include more appropriate modalities for reporting.

A victim/survivor-centred and [trauma-informed approach \(see glossary\)](#) requires organisations to seek consent from survivors to follow up on SEAH reports. This is to prevent re-traumatisation, enable the safety of the victim/survivor and uphold their rights and dignity. However,

this can conflict with organisations' mandatory reporting requirements, as well as local laws, which sometimes require the mandatory reporting to authorities of some types of SEAH. Furthermore, it can come into conflict with organisations' accountabilities and responsibilities for misconduct of their employees, and their legal and procedural obligations to act to prevent potential further harm being caused. When victims/survivors do not consent to reports being followed up, the organisation must make decisions that balance a victim/survivor-centred approach with their responsibility to prevent and respond to harm caused by staff and associated personnel.

Survivors are often left on their own to navigate and cope with the adverse cultural, psychosocial, security and legal consequences that follow disclosure and reporting. This leads to increased trauma for victims/survivors and further erodes community trust in the PSEAH process. Victim/survivor-centred case management requires that actors involved with victims/survivors of SEAH refrain from making assumptions about needs, and instead respect the voice and choices of victims/survivors. Victims/survivors should be accompanied at their own pace. Key to taking a trauma-informed approach is being culturally humble and not limiting support to western notions of psychotherapy. Lack of locally-available and appropriate support services can make it difficult to meet the holistic needs of victims and to provide appropriate psychosocial, legal and medical support to victims/survivors.



There is little or no guidance available on making management decisions around SEAH cases. Another challenge lies in liaising with the often-multiple agencies and entities involved in a case while ensuring data protection and security. The outcome is frequently an unsafe, disjointed experience for the victim/survivor. Poor and unethical practices in which whistleblowers are encouraged to report SEAH but are then retaliated against when they do, have been documented across the sector. When SEAH perpetrations are brushed under the carpet, victims/survivors' safety and healing is compromised and perpetrators emboldened to commit further harm.

Reparation and redress comprise one of the least understood and least addressed areas of PSEAH practice. Reparation measures for victims of SEAH engaged by some government agencies and religious institutions are yet to be realised by the aid sector. Victims/survivors have a right to reparations, and organisations have a legal and administrative responsibility to deliver and enforce them. However, it is practically impossible for victims/survivors of SEAH to exercise this right. Additionally, there is a lack of integration of local practices for redress, such as common law and restorative justice approaches.

There is much scope in the aid sector for learning how to apply victim/survivor-centred approaches throughout the PSEAH process, from violation to redress. This foundational paper has identified, and references, a wealth of guidance and good practice on various aspects of a victim/survivor-centred approach, both within and outside the aid sector. A victim/survivor-centred approach to PSEAH is necessarily holistic and demand-driven. It requires well-coordinated multidisciplinary teams working closely in the interests of the victim/survivor.

The Victim/Survivor-Centred Framework in this document builds on existing multidisciplinary research, good multisectoral practice and findings from field research undertaken in the context of the Closing the Accountability Gap to Better Protect Victims/Survivors of SEAH in the Aid Sector project. It proposes an innovative approach for how organisations can be safer for – and more accountable to – victims/survivors of SEAH.

## INTRODUCTION

Sexual exploitation, abuse and harassment (SEAH) are among the most egregious failures of accountability in the aid sector. Rooted in gender and power inequality, SEAH is the abuse of power by aid actors (aid organisation staff and associated personnel) towards the communities they serve. SEAH damages the lives of individuals, erodes the confidence and trust of affected communities and undermines the collective integrity of the aid sector.

SEAH occurs where vulnerabilities exist, where the need for aid is acute, where there is a high presence of aid actors and where social safety structures and accountability systems are weak or dysfunctional. SEAH is the complex outcome of the interplay of sex, power, privilege and inequality arising from local, systemic and structural factors.

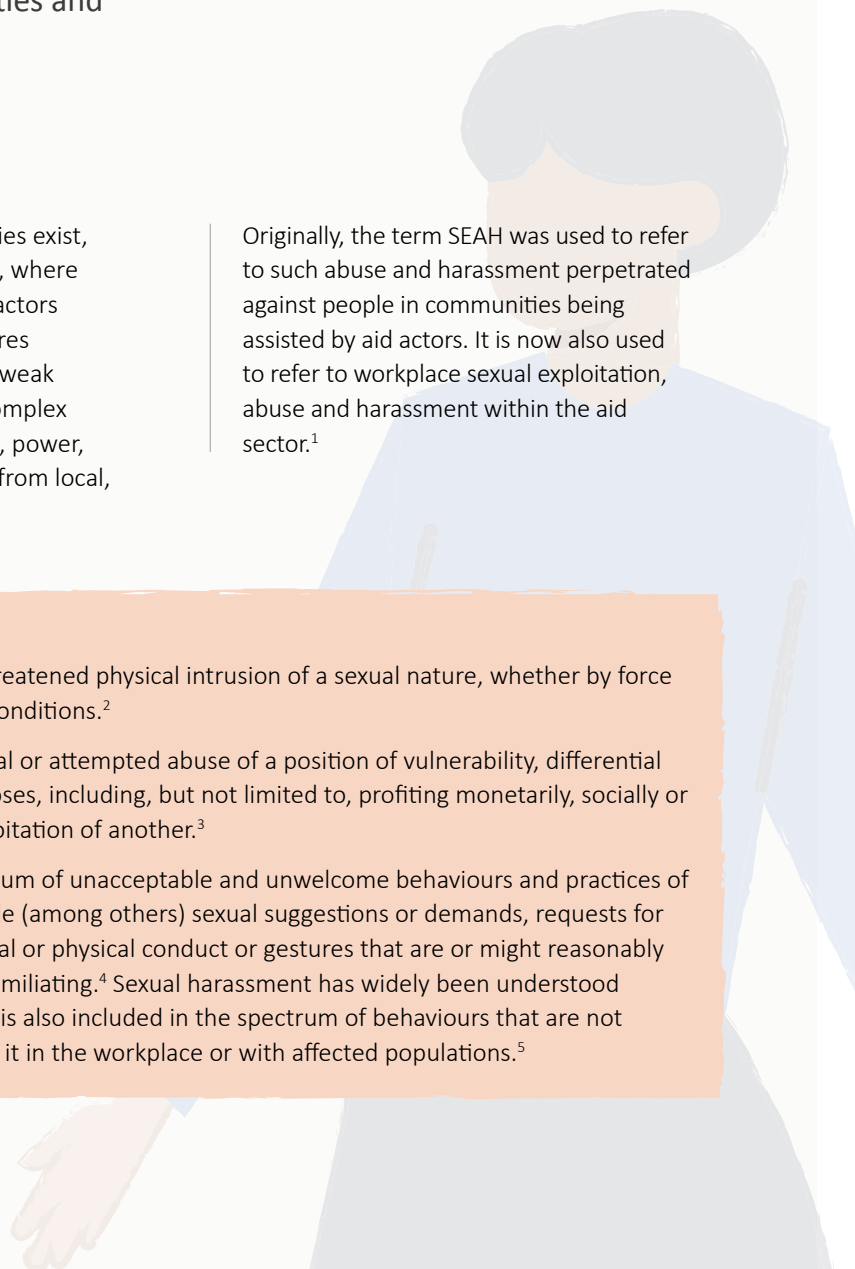
Originally, the term SEAH was used to refer to such abuse and harassment perpetrated against people in communities being assisted by aid actors. It is now also used to refer to workplace sexual exploitation, abuse and harassment within the aid sector.<sup>1</sup>

SEAH is defined as follows:

**Sexual abuse** – an actual or threatened physical intrusion of a sexual nature, whether by force or under unequal or coercive conditions.<sup>2</sup>

**Sexual exploitation** – 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.<sup>3</sup>

**Sexual harassment** – a continuum of unacceptable and unwelcome behaviours and practices of a sexual nature that may include (among others) sexual suggestions or demands, requests for sexual favours and sexual, verbal or physical conduct or gestures that are or might reasonably be perceived as offensive or humiliating.<sup>4</sup> Sexual harassment has widely been understood to relate to the workplace, but is also included in the spectrum of behaviours that are not acceptable conduct by staff, be it in the workplace or with affected populations.<sup>5</sup>



SEAH is pervasive within the aid sector, though insufficient data exists to adequately corroborate the scale of the problem.<sup>57</sup> The ability to monitor SEAH depends on the accurate and timely reporting of violations, and data sharing between aid actors, service providers and other institutions – which is currently not common.<sup>8</sup>

There has long been a consensus that SEAH has no place in the aid sector and that all those that work within it, individually and institutionally, should do everything in their power to prevent and respond to SEAH. This commitment is enshrined in standards such as the Core Humanitarian Standard on Quality and Accountability (CHS)<sup>9</sup>, specifically the PSEAH Index, the Inter-Agency Standing Committee (IASC) Minimum Operating Standards on Protection from Sexual Exploitation and Abuse and the OECD DAC Recommendations on Ending Sexual Exploitation, Abuse and Harassment<sup>10</sup> (among others).

Since 2018, there has been an increase in the social and political will to tackle SEAH in the context of humanitarian and development assistance. During this time, the concept of victim/survivor-centred approaches to protection from abuse, exploitation and harassment (PSEAH) has emerged as a key priority. Such an approach may contribute to better processes and outcomes for victims/survivors, help overcome barriers, deliver accountability and rebuild public trust in the aid system.

Current PSEAH practice largely centres around reporting, investigation and taking a decision if a violation has taken place. Accountability for perpetrators is often conducted with little to no focus on accountability for victims/survivors.

Such approaches have grown out of organisations' own compliance processes and are often developed with the needs of the organisation – rather than the perspective of the victim/survivor – as the starting point. And while there are definitions of a victim/survivor-focused approach in the sector, there are few articulations of what this might look like in practice.

The multi-year project, *Closing the Accountability Gap to Better Protect Victims/Survivors of SEAH in the Aid Sector*, by the CHS Alliance, funded by the Dutch Ministry of Foreign Affairs, has listened to victims/survivors of SEAH in order to design accountability mechanisms that work for them. The first phase of this project was a participatory action review (PAR), which forms the basis of this foundational paper.

This paper takes an holistic and innovative approach, focused on the victim/survivor's viewpoint and journey, from violation to redress. From this it sets out what a Victim/Survivor-Centred Framework for addressing SEAH might look like in a humanitarian or development organisation, and how it can be operationalised by aid actors.

The resulting *Victim/Survivor-Centred Framework* – see below – is intended to be used as the basis for further consultations with victims/survivors of SEAH and their intermediaries in three humanitarian settings. Meanwhile, it is hoped that this foundational paper will inspire and inform the adaptation of existing PSEAH principles, policies and procedures across the aid sector so that, collectively, we can better serve victims/survivors and become more accountable to people affected by crises.

## METHODOLOGY

The foundational paper has been informed by different data sources: participatory action research (PAR) by communities, a multidisciplinary literature review, consultations with experts and policy and guidance documents.

### LITERATURE REVIEW

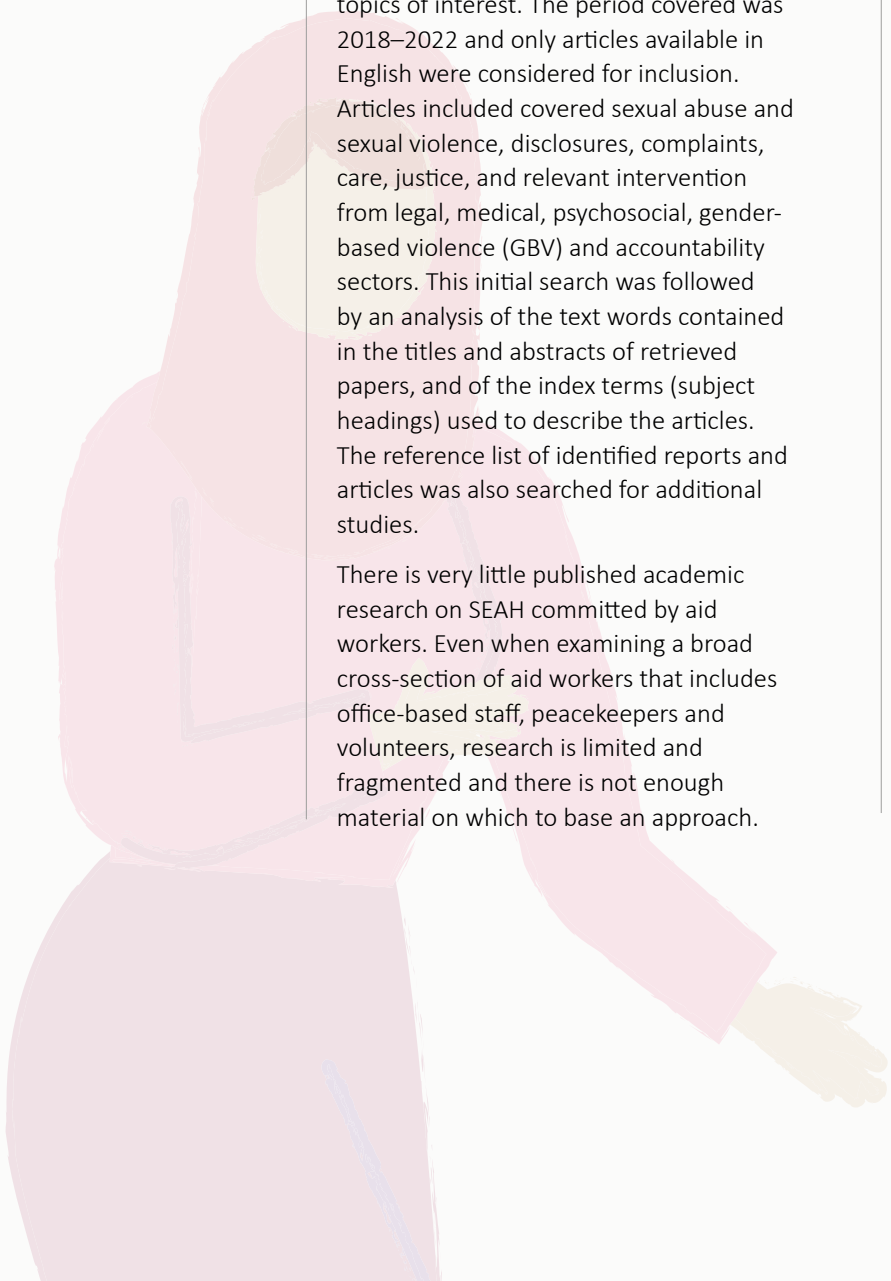
In August 2022, CHS Alliance performed a limited Google Scholar search on the topics of interest. The period covered was 2018–2022 and only articles available in English were considered for inclusion. Articles included covered sexual abuse and sexual violence, disclosures, complaints, care, justice, and relevant intervention from legal, medical, psychosocial, gender-based violence (GBV) and accountability sectors. This initial search was followed by an analysis of the text words contained in the titles and abstracts of retrieved papers, and of the index terms (subject headings) used to describe the articles. The reference list of identified reports and articles was also searched for additional studies.

There is very little published academic research on SEAH committed by aid workers. Even when examining a broad cross-section of aid workers that includes office-based staff, peacekeepers and volunteers, research is limited and fragmented and there is not enough material on which to base an approach.

Consequently, the term victim/survivor has been expanded and generalised to include those who have experienced SEAH outside of the aid sector (for instance, when the perpetrator was not an aid worker). This paper has summarised good practice as outlined by feminists, criminologists, police agencies, NGOs/INGOs, healthcare providers, councillors, social workers, victim advocates, therapists, educators, specialist trauma practitioners, psychiatrists, psychologists and legislators.

### POLICY AND GUIDANCE DOCUMENTS

The websites of key IASC members were searched for guidance and policy documents on victim/survivor-centred approaches to PSEA/PSEAH, as well as those of international non-governmental organisations (INGOs). This research was complemented by key documents identified by stakeholders that have been influential in shaping PSEAH work. (This foundational paper highlights a selection of these; the non-inclusion of a policy or resource is not an indication that it is neither useful nor valuable).



## EXPERT INPUTS

Requests were made to more than 200 PSEAH focal points in the CHS Alliance PSEAH Community of Practice (CoP) for documentation on victim/survivor-centred approaches and good practice PSEAH policies and documents. Also considered were notes from a virtual discussion on victim/survivor-centred approaches to PSEAH with 30 experts from CHS Alliance PSEAH CoP on 20 September 2022.

## COMMUNITY RESEARCH

Findings from participatory action research (PAR) in the Occupied Palestinian Territories (OPT), Bangladesh (Cox's Bazar), and Ethiopia were considered and incorporated – research that was undertaken in the context of the CHS Alliance's *Closing the Accountability Gap to Better Protect Victims/Survivors of SEAH in the Aid Sector project*.

## Limitations

- 1 The review only included studies and reports in English. A broader scope could have potentially been more inclusive of different regional and cultural contexts and captured research from more diverse scholars.
- 2 Articles in the desk review generally do not consider the full spectrum of SEAH and most studies are concerned with sexual assault and less with sexual exploitation and harassment.
- 3 The scope of this review could not be limited to the aid sector, and had to include the broader existing literature on SEAH and extend its application to the aid sector.
- 4 It is recognised that victims/survivors are not an homogeneous group and that the individual experience of SEAH can be internalised and lived in different ways. The intersectionality of gender, race and characteristics shape experiences of victimisation and PSEAH. The desk review aimed to be inclusive, since "one survivor does not speak for all", and tried to capture a diversity of experiences for men, members of the lesbian, gay, bisexual, transgender and queer/questioning, intersex and other gender and sexuality identities (LGBTQI+) community, adolescents, minorities, migrant women, etc.
- 5 While this foundational paper focuses on victims/survivors whose diverse needs and interests are often overlooked, it is important not to render the perpetrators invisible. A number of key factors contribute to the perpetuation of SEAH, including co-workers who enable such behaviour and managers that turn a blind eye or cover up for the actions of others. While this focus is important, this paper does not attempt to analyse the root causes of SEAH or the factors that contribute to its continuance.

# VICTIM/SURVIVOR-CENTRED APPROACH: DEFINITIONS

## EXISTING DEFINITIONS OF A VICTIM/ SURVIVOR-CENTRED APPROACH

Definitions of a victim/survivor-centred approach exist in the aid sector, and tend to place the victim/survivor's well-being, agency and choice at the centre of practices. The exception is for victims/survivors who are children under the age of 18 years, for whom decisions are made by others in their best interest. All definitions are useful, but for ease of reference this foundational paper uses the definition currently used by the CHS Alliance:

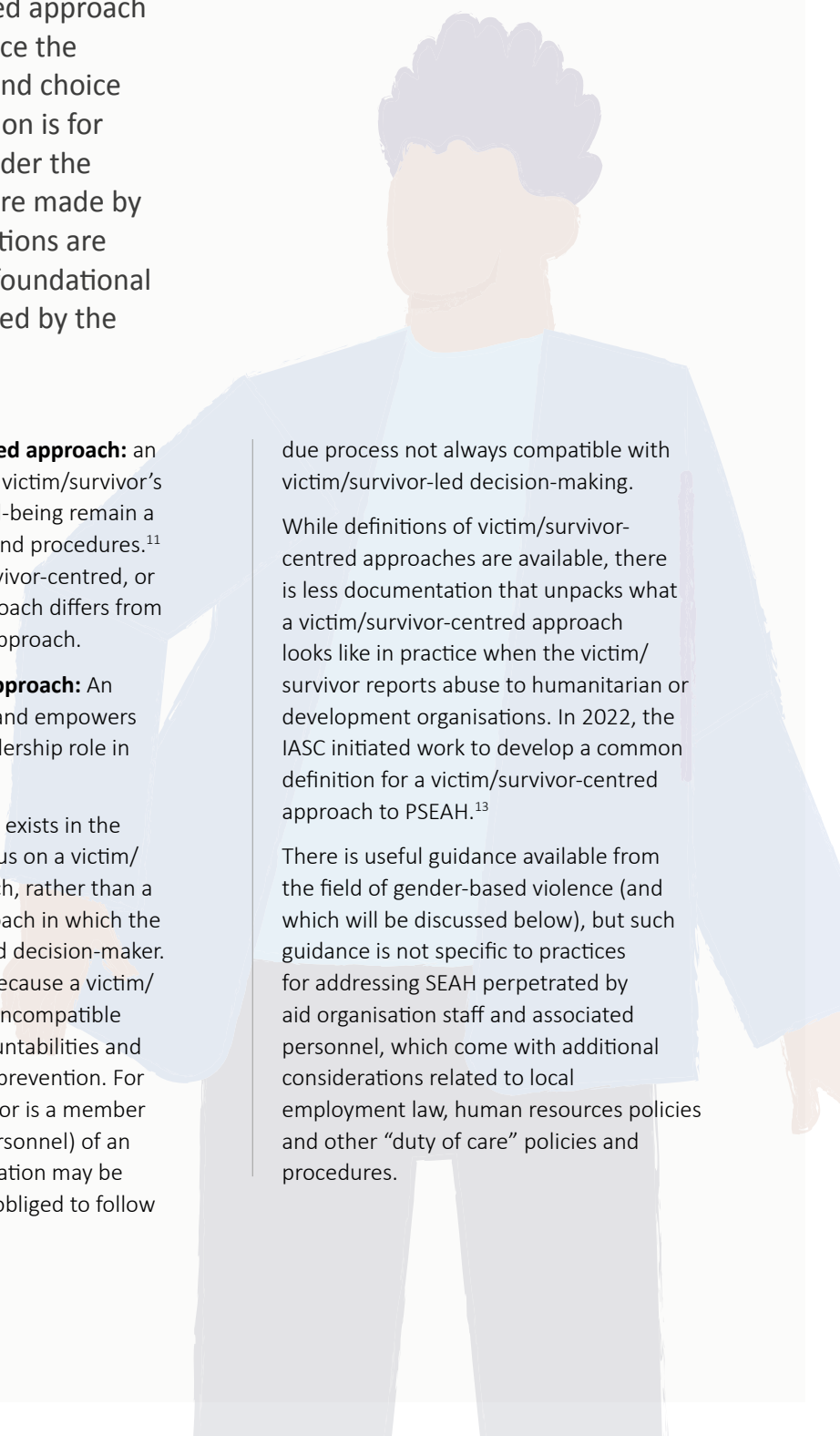
- **Victim/survivor-centred approach:** an approach in which the victim/survivor's wishes, safety and well-being remain a priority in all matters and procedures.<sup>11</sup> Note that a victim/survivor-centred, or survivor-focused, approach differs from a victim/survivor-led approach.
- **Victim/survivor-led approach:** An approach that equips and empowers survivors to take a leadership role in their own life<sup>12</sup>

Where such an approach exists in the aid sector, it tends to focus on a victim/survivor-centred approach, rather than a victim/survivor-led approach in which the victim/survivor is the lead decision-maker. This can sometimes be because a victim/survivor-led approach is incompatible with organisational accountabilities and responsibilities on harm prevention. For example, if the perpetrator is a member of staff (or associated personnel) of an organisation, the organisation may be legally and procedurally obliged to follow

due process not always compatible with victim/survivor-led decision-making.

While definitions of victim/survivor-centred approaches are available, there is less documentation that unpacks what a victim/survivor-centred approach looks like in practice when the victim/survivor reports abuse to humanitarian or development organisations. In 2022, the IASC initiated work to develop a common definition for a victim/survivor-centred approach to PSEAH.<sup>13</sup>

There is useful guidance available from the field of gender-based violence (and which will be discussed below), but such guidance is not specific to practices for addressing SEAH perpetrated by aid organisation staff and associated personnel, which come with additional considerations related to local employment law, human resources policies and other "duty of care" policies and procedures.



## PURPOSE AND AUDIENCE

This foundational paper builds on existing definitions in the sector to propose a victim/survivor-centred approach for addressing and redressing SEAH perpetrated by aid sector staff and associated personnel. It is hoped that the paper will enhance the current knowledge base and PSEAH practice in the sector by providing recommendations for each step of the PSEAH process.

The primary audience for this paper is humanitarian and development policy leaders in local and international organisations who are responsible for developing PSEAH policies, procedures, guidelines and protocols. It is also

aimed at PSEAH practitioners involved in the provision of services and support to victims/survivors of PSEAH during disclosure, reporting, investigations, case management, decision-making and redress.

This paper follows the likely “journey” of a victim/survivor of SEAH, from SEAH violation by staff or associated personnel of an aid organisation, through to contact with the organisation itself and beyond. The paper is structured around the following stages, acknowledging that for the victim/survivor, the journey is unique and cannot be categorised into a regimented series of steps:<sup>14</sup>



Each stage articulates a definition, outlines contributing factors and existing practice and provided a simplified overview of how the organisation may be interacting with the victim/survivor (see Table 1, below). In each stage, victim/survivor-centred approaches are considered. Recommendations from these sections then form a proposal for a victim/survivor-centred PSEAH approach in the *Victim/Survivor-Centred Framework*.

Stage	As experienced by victim/survivor	Action by the organisation
	SEAH is perpetrated against the victim/survivor. This could be a one-off incident, or something happening over a longer period of time.	
Re	The victim/survivor discloses SEAH to the organisation or a third party.	If the disclosure is made to a staff member, they refer it to the relevant person or department.
Report handling and case	The victim/survivor or a third party may report SEAH concerns through a reporting mechanism	The organisation receives the report.
Referral to	The victim/survivor is contacted by the organisation (if their identity is known).	The organisation: <ul style="list-style-type: none"> <li>documents the report or disclosure;</li> <li>decides how to follow up on the report;</li> <li>initiates its case management procedures if a case is opened.</li> </ul>
	The victim/survivor accesses support services as necessary. This may take place immediately, or later, and may last any length of time as per the survivor's needs.	The organisation assists the survivor to access support services. If the survivor is a child, referrals will be made in the best interests of the child.
	<p>The victim/survivor is contacted by the organisation to inform them of a potential investigation, and ask their consent.</p> <p>The survivor may participate in the investigation by providing interview testimony.</p>	The organisation undertakes an investigation, if appropriate.
	The victim/survivor is informed that the investigation is complete. Details of what is shared vary depending on organisational policy.	<p>The organisation makes decisions on next steps, for example:</p> <ul style="list-style-type: none"> <li>If disciplinary procedures are required;</li> <li>If any other stakeholders need to be informed of the case;</li> <li>If any learning can be fed back into the organisation.</li> </ul>
	<p>The victim/survivor may receive compensation from the organisation. They may also be supported to seek redress.</p> <p>If not, the victim/survivor may decide to seek redress for themselves, for example through a legal process or a customary practice.</p>	The organisation makes a decision on whether redress and/or compensation are provided to the survivor, and if so, what form these will take.

## WHAT THIS PAPER DOES NOT COVER

### **Prevention of SEAH**

The sector has frameworks and approaches for SEAH prevention and these frameworks form the foundation of any organisation's work preventing SEAH. This paper focuses on how SEAH is addressed and redressed when prevention has failed. Strengthening accountability mechanisms for SEAH will indirectly contribute to prevention.

### **Debate around standards and principles**

The paper recognises that there are prohibitions in many of the sector's PSEAH standards, including in the Six Core Principles,<sup>15</sup> and a debate as to how appropriate these are for the aid-related contexts. However, this discussion will not be addressed in detail here.

### **Child-specific approaches**

This paper will consider issues as they specifically relate to children but will not go into detail. CHS Alliance recommends that organisations engage specific expertise for SEAH cases involving children.



0.

VICTIMISATION

As experienced by the victim/survivor	Action by the organisation
SEAH is perpetrated against the victim/survivor. This could be a one off incident, or something that happens over an extended length of time.	

The starting point for a victim/survivor-centred approach is an understanding of victimisation and its impact on the victim/survivor of SEAH.

Victims/survivors are not an homogeneous group or category of people<sup>16</sup> – women are not the only victims of SEAH and every individual is unique.<sup>17</sup> Victimisation is a complex process, involving several stages that impact people in different ways. Individuals may experience and express different feelings at different points, and these may impact their choices and actions. Being a victim/survivor is a lifechanging and unwanted experience, and one that requires all actors involved with victims/survivors of SEAH to refrain from making assumptions about needs and instead respect the voice and choices of victims/survivors.

The victimisation process starts with the SEAH incident itself – this is also referred to as *primary victimisation*. Next comes the victim/survivor's reaction, including changes in self-perception and any informal and/or formal response they may wish to make. The third phase is that of interaction between the victim/survivor and others – and where this is a negative experience for the victim/survivor, it is referred to as *secondary victimisation*.<sup>18</sup>

#### CONSEQUENCES AND IMPACT OF VICTIMISATION

SEAH is known to cause psychological, health, social and even economic harm for victims/survivors. It may also increase vulnerability to further sexual violence.<sup>19</sup> SEAH may impact victims/survivors' overall quality of life and the effect can be long-lasting, spanning decades and even generations. The impact of victimisation is particularly profound for already-vulnerable populations including people living in poverty who have little power, young people, disabled people, those who are socially isolated and those identifying as LGBTQI+.

The impact of victimisation is particularly profound for already-vulnerable populations including people living in poverty who have little power, young people, disabled people, those who are socially isolated and those identifying as LGBTQI+.

### *Health impact*

Physical injuries are not always present or apparent when it comes to SEAH. If present, they tend to appear on the clothed parts of the body. Physical reactions can include insomnia, lethargy, changes in appetite, headaches, and also unwanted pregnancy and gynaecological complications.<sup>20</sup> Physical reactions can continue long after the violation.

### *Psychological impact*

SEAH can have wide-ranging emotional and mental health consequences. Fear, shock, powerlessness, guilt or self-blame are common. Victims/survivors may also have been demeaned during the violation. The mental effects of sexual assault are particularly challenging and unpredictable.<sup>21</sup> Depression, anxiety, post-traumatic stress disorder (PTSD), acute stress disorder (ASD), substance abuse and suicide may also occur.<sup>22</sup>

### *Social impact*

SEAH can have emotional effects and influence social relationships with friends, family and colleagues. It is not uncommon for victims/survivors to experience stigma and discrimination from partners, family and community members. This is particularly true in communities where chastity, family honour and patriarchal norms dominate.<sup>23</sup>

### *Economic impact*

Victims/survivors of SEAH may incur unforeseen medical, legal and logistical expenses. This could also include loss of income (from being absent, unperforming, job loss, etc.) or costs associated with raising children born from the abuse, etc.<sup>24</sup> In addition, there are financial costs to organisations and society, including support, assistance, medical services and possible routes to justice for victims/survivors.<sup>25</sup> Financial costs can last a lifetime and, in cases of child abuse, the economic impact can be passed down for generations and affect the whole community.<sup>26</sup>

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1.

DISCLOSURE

As experienced by the victim/survivor	Action by the organisation
The victim/survivor discloses SEAH to the organisation, or a third party.	<b>If the disclosure is made to a staff member, they refer it to the relevant person or department.</b>

Disclosure can be the first step towards accessing support, protection, and healing for a victim/survivor of SEAH, and towards preventing it happening to others.<sup>27</sup> However, disclosing a SEAH incident is difficult and may take time.<sup>28</sup> Victims/survivors may disclose to obtain help, support and understanding and/or to stop the violation.<sup>29,30</sup> Disclosure can also be a political act to bring attention to a problem. Disclosures can be formal or informal. It is essential to recognise that disclosing SEAH is not always the best option for the victim/survivor and that non-disclosure is also a choice.<sup>31</sup> The decision to disclose, to not disclose or to limit disclosure should rest with the victim/survivor. Disclosures among children can occur through discovery/detection of signs of abuse, be accidental (unintentionally disclosed) or be purposefully disclosed.<sup>32</sup>

#### FACTORS THAT MAY HELP OR HINDER DISCLOSURE

Various factors influence disclosure by adults, including the nature of the violation and the relationship to the perpetrator,<sup>33</sup> whether alcohol and drugs were involved, prior experience of sexual abuse, shame and cultural factors. In addition, perceptions of service providers and fear of losing access to aid have also been documented.<sup>34</sup> Barriers for victims/survivors to disclose SEAH are “unique, compounded, and cumulative” and intersect with race, age, class and gender, among other characteristics. Specific barriers have been noted among women of minority, religious and ethnic groups; those with disabilities, members of the LGBTQI+ community, children, the elderly and men.<sup>35,36,37,38</sup>

Victims/survivors tend to perceive formal support systems, such as religious, medical and legal sources, more negatively than informal supporters<sup>39</sup> and most victims/survivors disclose informally to a friend, family member, partner, etc. Mental health professionals and crisis advocates tend to be more positively perceived by victims/survivors,<sup>40</sup> and studies suggest that women friends tend to be seen as the best source for disclosure.<sup>41</sup>

Community research from refugee camps in Cox's Bazar found many barriers to reporting to formal responders. Women who experience SEAH tend to avoid reporting due to social stigma and discriminatory cultural norms within the Rohingya community, and inadequate institutional measures taken after reporting. Research among adolescent girls found that factors such as inadequate security, a sense of impunity among perpetrators and an inaccessibility to (or lack of) justice for survivors of sexual and gender-based violence (SGBV) in the camps all increase the incidence of sexual harassment, abuse and exploitation. Inaccessibility of formal and informal justice systems and a reliance on camp governance mechanisms make reporting instances of both GBV and SEAH nearly impossible for many women and girls.<sup>42</sup>

The ways that victims/survivors are treated by the person they disclose to (and the victim/survivor's perception and experience of that support) impacts their mental health and recovery.<sup>43</sup>

Negative social reactions and victim/survivor-perceived negative social reactions to disclosures have proven harmful to victims/survivors,<sup>44,45</sup> with an even greater impact on sexual and racial minorities<sup>46</sup> arising from limited knowledge and inadequate understanding of victimisation.

**Negative social reactions/interactions** broadly fall into two categories (i) *turning against the victim/survivor* (such as victim-blaming; treating differently/stigmatising behaviour; reactions that ignore the wishes of the survivor and infantilises them); and (ii) *unsupportive acknowledgement* (egocentric, distraction, efforts to help without prioritising the needs of the victim/survivor).<sup>47</sup> These are listed in Box 1.

### Box 1: Negative social reactions to disclosure

*Victim-blaming*: victim is at fault, irresponsible, not cautious enough or could have done more to prevent the victimisation.

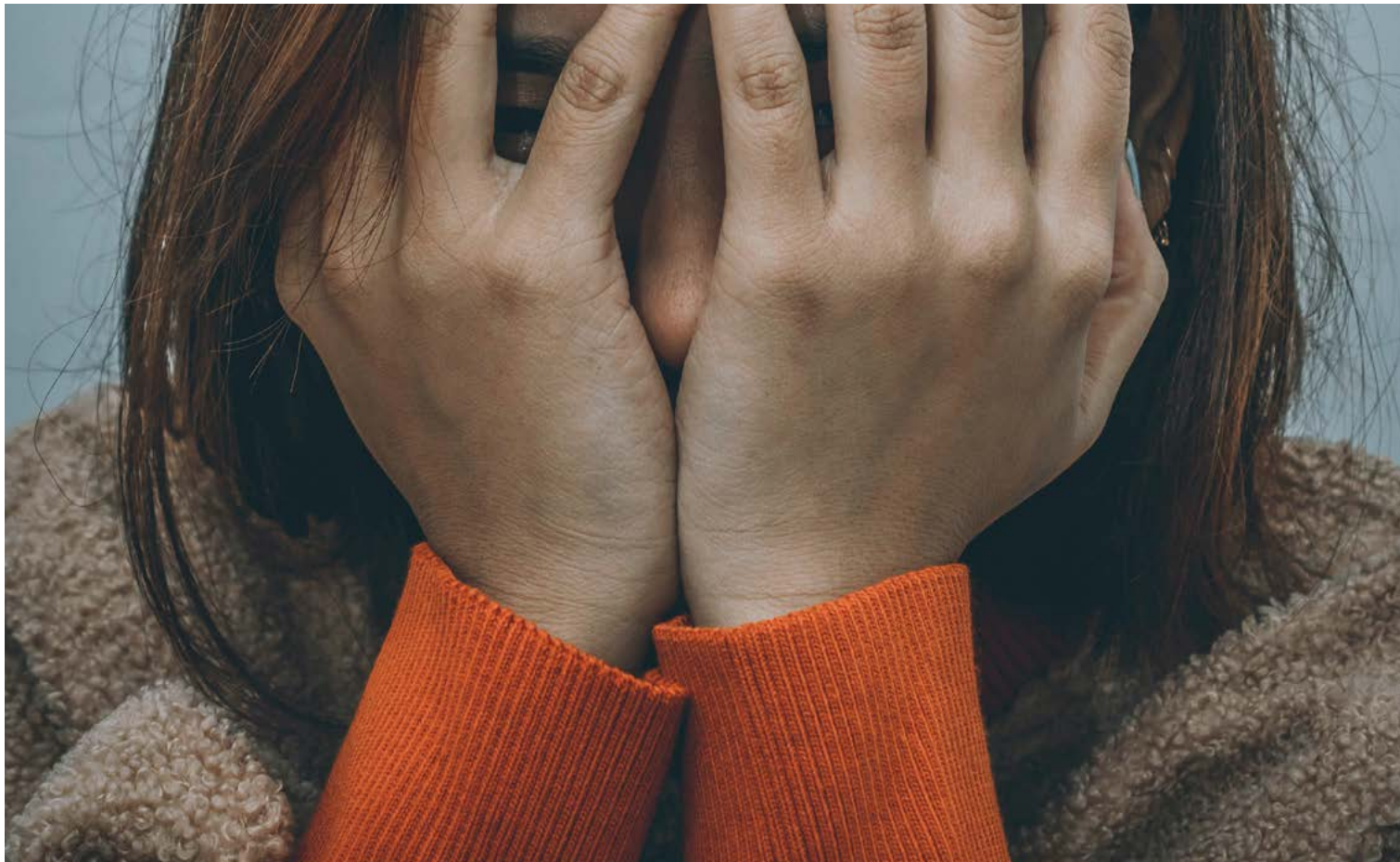
*Stigmatising*: rejecting, avoiding, or acting as if the victim is damaged or different.

*Egocentrism*: the victim's needs become secondary, and they feel compelled to reassure the disclosure recipient as they exhibit distress as well as wanting to seek revenge.

*Distraction*: discouraging the victim from thinking and talking about their distress.

*Taking control*: decision-making power and autonomy is taken away from victim, telling others of the victim's experience or minimising the experience and infantilising the victim.

Source: Ullman, S. E. (2000)



© Unsplash: Dev Asangbam

Two distinct **positive social reactions/ interaction** to disclosure have been documented to have positive mental health impact, including less severe PTSD, anxiety and depression.<sup>48</sup> These are emotional support reactions (such as communicating that the victim/survivor is not to blame or at fault, is a good person and is loved, along with compassion, belief and understanding, empathetic listening) and *tangible aid/information support reactions* (such as helping victims/survivors explore options and access services, providing transport without coercion, etc.).

Emotional support and tangible aid are generally perceived as positive by victims/survivors, although their impact on mitigating negative mental health reactions arising from an incident of SEAH is mixed.<sup>49</sup> A recent meta-analysis of social reactions to victims/survivors' disclosure

confirmed these findings, establishing that negative social reactions (both received and perceived) are harmful to victims/survivors' mental health. It identified that positive received support may be helpful but not especially protective.<sup>50</sup>

A systematic review of 13 studies focusing on disclosures of sexual victimisation among sexual and gender minority (SGM) people identified that impacts of negative social reactions appear to be even more harmful among these populations than others. Whereas positive reactions are helpful to recovery. It also identified that bisexual women were more likely to disclose to formal (e.g., police, healthcare providers) and informal (e.g., friends, family members) sources than other women. It also found that SGM victims/survivors disclose to mental health professionals at particularly high rates.

### **Digitalisation and implications for SEAH disclosures**

Social media platforms, forums and apps have emerged as a channel for disclosing SEAH and uniting victims/survivors. As with face-to-face disclosures, online disclosures are not just associated with positive outcomes but also risks and barriers.<sup>51/52</sup>

Online disclosures may offer victims/survivors more control over their narrative, as well as anonymity, privacy, convenience and even empowerment, community and validation.<sup>53</sup> Beyond disclosures, digital tools and platforms can be used to facilitate access to support for victims/survivors in a discrete way – yet the digital divide<sup>54</sup> may limit this approach. However, digital disclosures may be misused and lead to unwanted attention beyond victims/survivors' intent, and risk undermining "victim's credibility and veracity of accounts".<sup>55</sup>

### **Third-party mechanisms to handle disclosures**

These are mechanisms through which disclosures and reports are made to and reviewed by third-party providers. Then, with victims/survivors' consent, they are then referred to relevant authorities, services, or employers, as appropriate. Examples include Sawa<sup>56</sup> in the OPT and Loop<sup>57</sup> globally. These can be used either for general complaints and feedback, or specific to SEAH and SGBV. Disclosures and reports may be made anonymously. These third-party mechanisms offer victims/survivors the opportunity to disclose without engaging directly with the organisation responsible for the person accused of perpetrating SEAH.

Many employers also use case management software such as Ethicspoint or Safecall. This includes telephone hotlines staffed by call handlers in multiple languages. Most of these systems provide the opportunity to disclose anonymously. A report generates a temporary email address that cannot be traced to the person reporting, which allows the employer to interact with the reporting person anonymously – or the reporting person can choose not to reply. Humanitarian and development organisations often also use other reporting channels, including community-based complaints mechanisms for making disclosures or raising concerns directly with the organisation. These are covered in the next section of this report.

Although third party providers claim that call handlers are trained to receive sensitive disclosures, it is difficult to be sure that all services are appropriate for handling serious or complex SEAH disclosures. Even with these mechanisms in place, organisations cannot control or predict how a victim/survivor might make a disclosure.

### **A SELECTION OF SECTOR BEST PRACTICE**

This report found a multitude of resources available on good practice in receiving SEAH and GBV disclosures. For example, the *How to support survivors of gender-based violence when a GBV actor is not available in your area* guide<sup>58</sup> provides "dos and don'ts" for receiving a disclosure, together with examples of what to say, and is available in multiple languages. This tool is aimed at those receiving disclosures of GBV in the community, but the guidance is applicable for those receiving disclosures of SEAH. Some of the key points from guidance on receiving disclosures include:

**What to do**

- Allow the SEAH victim/survivor to lead the conversation
- Listen more than speak
- Make comforting and supportive statements
- If appropriate, ask who, when, where and what
- Do not ask why
- Repeat/check your understanding of the situation
- Ask the person what they would like you to do with the information they have disclosed

**What not to do**

- Do not overreact – stay calm
- Do not force help on someone by being intrusive or pushy
- Do not doubt or contradict what someone tells you
- Do not pressure the person to share more information than they are comfortable with
- Do not offer your own advice or opinion
- Do not make false promises or overstep your role

Child-focused organisations often include guidance on how to handle disclosures from children in their safeguarding policies.<sup>59</sup> For example, the Save the Children and Able Child Africa Disability-inclusive child safeguarding toolkit contains detailed advice on enabling and responding to disclosure by children living with disabilities, noting that there are many different types of disability that children may be experiencing and that common means of disclosing may not be suitable for all. The guidance also reminds us that, regardless of the means of disclosure, the recipient should ask themselves: “would I respond in this way if I were dealing with

a child without disabilities?”. If the answer is “no”, practitioners should demonstrate that the child with disabilities has been treated equitably and that assumptions, discrimination or unconscious bias relating to a child’s disability have not affected the response.

All these guidelines emphasise the importance of handling disclosures sensitively to avoid re-traumatising the victim/survivor. However, guidance is only useful if rolled out to those who might find themselves in the position of receiving a disclosure.

### WHAT WOULD A VICTIM/SURVIVOR-CENTRED APPROACH LOOK LIKE?

Aid actors tend to trigger SEAH protection following disclosure of SEAH. Research underlines the role and responsibilities of these responders and the importance of victim/survivor's perceptions of social reactions. Evidence on SEAH disclosures also highlights the important role of social supporters in mitigating harm towards victims/survivors.

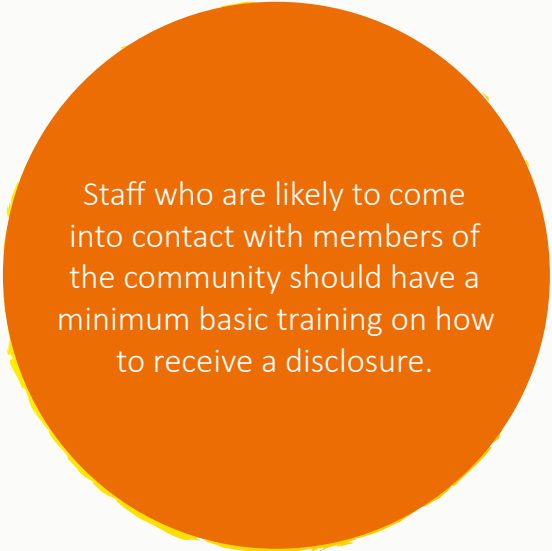
It is known that harm to victims/survivors results from negative interactions of both informal and formal supporters, with formal supporters being generally more negatively perceived by victims/survivors.

Formal supporters must, therefore, be more mindful how they listen and react to disclosures. Intervention efforts to mitigate negative social reactions in disclosures and promote/provide positive social support to victims/survivors are needed and should be prioritised by PSEAH actors. This will require interventions and the identification of formal professionals and informal support networks with whom SEAH victims/survivors interact.

The inconclusive evidence on the perceived benefits of positive social reactions associated with victims/survivors' disclosure means it is critical that disclosures are never forced or encouraged by PSEAH actors in the belief that it is cathartic and/or healing for the victim/survivor. Furthermore, organisations must not transfer organisational responsibilities of preventing SEAH to individuals, but must always be respectful of victims/survivor's rights, risks and circumstances when it comes to disclosures.

Staff who are likely to come into contact with members of the community should have a minimum basic training on how to receive a disclosure. This should include how to respond in a way that prevents further traumatisation.

Third-party mechanisms to handle disclosures that are external to the organisation should be considered and can offer an opportunity for anonymous disclosure, or for the victim/survivor to decide whether their disclosure is shared with the organisation. However, any mechanisms used should be quality assured to check they are capable of handling serious and complex SEAH disclosures.




Staff who are likely to come into contact with members of the community should have a minimum basic training on how to receive a disclosure.



2.

REPORTING  
MECHANISMS

As experienced by the victim/survivor	Action by the organisation
The victim/survivor or a third party may report SEAH concerns through a reporting mechanism.	The organisation receives the report 

This section covers reporting mechanisms (or reporting channels) created by organisations to directly receive reports or concerns relating to SEAH.

There are several means by which a SEAH report or concern might come to an organisation, for example:

- Direct reporting by the victim/survivor, through formal or informal channels.
- Disclosure by the victim/survivor to a third party, who then reports to the organisation.
- Third party observes incident, or is concerned about something they have heard or witnessed, and then reports to the organisation.

For reports to be appropriately received and dealt with, there need to be two elements in place – a means by which reports can be made and a system for handling reports once they are received.

#### Community-based complaints mechanisms

A commonly-used term in the humanitarian sector is “community-based complaints mechanism” (CBCM). A CBCM is a mechanism for enabling feedback, reports and complaints from communities. It is developed by consulting with communities on what channels they would like to safely provide feedback or

make complaints or reports. The channels used depend on the results of community consultations, but can include hot desks (for example during distributions), community committees, focal points, complaints’ boxes and dedicated WhatsApp numbers. The term CBCM also includes procedures for responding to reports, which will be covered in the next section.

Not all CBCMs are appropriate for SEAH, as they may not be confidential or have staff trained to handle SEAH cases, or procedures for referral.<sup>60</sup> Some CBCMs are for general complaints, but can also handle reports relating to SEAH as they also have the above components. Some CBCMs are set up to specifically elicit and respond to SEAH.

Other related terms include “complaints and feedback mechanisms” (CFMS) and “complaints and response mechanisms” (CRMs). While these may have differing purposes and applications, they generally refer to the means by which reports are enabled and handled in organisations and the same principles apply as for CBCMs in terms of their suitability to receive and handle SEAH reports.

CBCMs combine formal and informal community structures and have an important role to play for communities which have difficulty in accessing formal systems that can administer investigations and justice. The challenges with CBCMs include becoming outdated, non-coherent and hard to operationalise due to challenges around interagency coordination. Research has found that, as currently implemented, they are not adequate (because of concerns around confidentiality and stigma) for SEAH complaints which require a more sensitive and tailored approach.

### Hotlines

Hotline services (telephone and online) inform and assist victims/survivors of SEAH. The privacy and anonymity they offer makes them a common voluntary intervention for disclosures and psychosocial support. Hotlines can also be used as an intake channel for reporting an SEAH violation and be a pathway to support services, linked and integrated with various forms of assistance. Hotlines are also used for reporting by non-victims/survivors. Anonymised data from hotlines can be used to collect sensitive data on victims/survivors' experiences without secondary victimisation and so guide institutional practices and systemic improvements.

Types of hotline services used in the humanitarian sector vary and include:

- Single agency hotlines, often “low tech”, using a local provider. These can utilise SMS as well as voice calls, and are staffed either by third-party providers or the organisation's staff.
- Hotlines that are part of a case management package, such as Safecall or Ethicspoint (see previous section).
- Inter-agency hotlines that are shared by organisations, such as via the in-country PSEAH Network.

Interagency hotlines are increasingly used, particularly in humanitarian responses, in recognition of the fact that people reporting may not know which organisation a perpetrator works for and should be given a shared channel through which to report. Interagency hotlines usually comprise of:

- A local hotline staffed by trained personnel.
- Awareness raising in the community on what the hotline is for, and what number to call.
- A process to share reports that come into the hotline with the relevant agency.
- An agreement from members to commit to protocols to investigate reports to an agreed set of standards.

Hotlines have been used as a mechanism to support victims/survivors of sexual abuse since the 1970s.<sup>62</sup> They are used internationally to support victims/survivors of SEAH. Telephone hotlines tend to be the principal mechanism for victim/survivor assistance as compared to online chat and text,<sup>63</sup> although data suggest that the latter has gained in prominence in recent years<sup>64</sup> – in particular among children and adolescents for their first disclosure.<sup>65</sup>

Victims/survivors use hotlines differently and at different times. Some use them to report the victimisation, others only after they feel let down by the institutions to which they have reported. Hotlines are also used for reporting by non-victims. Victims/survivors may initiate contact with the hotline after a few days but most commonly this contact is not immediate and only occurs a few years later. Given limited data, it is impossible to say whether this is also the case in emergency settings.

### **The media (including social media)**

In recent years the media has emerged as a trusted conduit for reporting SEAH. Media reports have uncovered and documented atrocious abuses of power against some of the world's most vulnerable populations and shed a light on SEAH within aid organisations themselves. First-time reporters, along with victims/survivors who have filed complaints within aid organisations, have bravely shared their stories with journalists. Being believed and taken seriously, alongside the uncompromising independence, impartiality and respect of anonymity and confidentiality on the part of journalists, has allowed SEAH victims/survivors to entrust them with their stories. Journalists have also challenged organisations to be accountable vis-a-vis their own policies.

Still, ethical questions arise in the aftermath of such disclosures. Given the role of the media rarely reaches beyond the telling stories in the absence of support systems to which the victim/survivor can turn, questions around how to accommodate victims/survivors' safety persist. The media can be an important partner in shedding light on abuse within the aid sector, acting as a watchdog and spurring action by aid sector. They can be better capacitated to understand and adhere to ethical reporting standards and become more familiar with referral pathways, where they exist.

### **Trusted intermediaries, community entry points**

Research has identified the important role informal reporting channels play when it comes reporting incidences of SEAH.<sup>66</sup> When victims/survivors do break their silence, they share their grievances and seek support and relief through trusted

intermediaries/community entry points. These reporting channels are often selected by the victim/survivor because they are trusted by the community and perceived to offer support and/or accountability. Such intermediaries may include a range of actors that exist in the community, including community-based women's groups, religious leaders, community elders, community leaders, midwives and camp authorities.<sup>67</sup> Their advantage is that they are independent and not controlled by organisations. However, their capacity for PSEAH may be limited.

### **PSEAH Focal Points**

Many organisations have PSEAH focal points, or personnel in similar roles, to replicate the "trusted intermediary" approach. Focal points are usually staff members in existing substantive roles, with their focal point duties comprising just 10-20% of their role. They are not necessarily PSEAH experts but work in related roles, such as gender or GBV advisors, human resources, etc. Their roles include championing and promoting PSEAH in their location and receiving and referring SEAH reports. PSEAH focal points are not generally trained or expected to participate in SEAH investigations.<sup>68</sup> Limits to the role of focal points include their sometimes short-term or rotating assignments and the limited time they have as a consequence to build trust and implement PSEAH measures. In contrast they are sometimes embedded in organisations and are therefore seen as part of the system and not adequately independent, making them subject to trust issues.

## WHAT ARE THE CHALLENGES?

The diverse emotions experienced by a victim/survivor following victimisation and/or disclosure play a significant role in the under-reporting of SEAH. Shame, guilt, embarrassment but also fear of retaliation, fear of stigma, fear of not being believed and lack of trust contribute to the underreporting of SEAH within and outside of the aid sector.<sup>69/70</sup> The aid sector is, in part, accountable for this situation as their response to victims/survivors has often been found to be woefully inadequate. Over time, lack of privacy, lack of confidentiality, negative experiences, stories of retaliation, statutes of limitations, slow processes with no feedback and impunity for perpetrators have all contributed to a general mistrust of formal reporting mechanisms that the aid sector should repair to regain victims/survivors' trust. Aid actors have unethically called on victims/survivors to report abuse without having the adequate protection and support services in place when they do. Strengthening reporting mechanisms to better serve victims/survivors necessitates a critical review of existing mechanisms and improvement in practices.

## Confidentiality in reporting

Anonymity and confidentiality concerns are a key barrier to SEAH reporting. Ensuring confidentiality in reporting is best practice and among the standards of the CHS PSEAH Index.<sup>71</sup> While commonly cited in organisational policies, confidentiality is far from obvious and cannot be assumed if not explicitly safeguarded. Field research from Bangladesh and the OPT has identified confidentiality concerns associated with common reporting mechanisms.<sup>72</sup> This includes the placement of complaints boxes in public spaces where privacy and anonymity cannot be assured and no self-reporting options available to community members, thus requiring many people to be involved in reporting – each one increasing the likelihood of confidentiality breaches and complaints becoming known to the community. These findings have been documented in other low- and middle-income countries.<sup>73</sup>

Confidentiality is sometimes misused as a justification by aid organisations to not publicise numbers and outcomes of SEAH reports, denying feedback and reviews by victims/survivors about their case and as a pretext for non-disclosure agreements.<sup>74</sup>

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### Use of reporting mechanisms

With respect to hotlines, research has also found that men and women experience different trust concerns when it comes to reporting their experiences, with women principally fearing “not being believed” and men fearing “being judged”.<sup>75</sup> An exploratory case study from a US sexual assault hotline found that men with long-term psychological distress were more likely to use and favour hotlines to alternative services on the basis that they better accommodate their stigma and privacy concerns.<sup>76</sup> Hotlines have reported having high attrition rates among staff, necessitating regular identification and training of new personnel.<sup>77</sup>

Experience from PSEAH practitioners indicates that victims/survivors are more likely to report SEAH to trusted staff members rather than through a more impersonal reporting channel. PSEAH-related activities, such as awareness training, can also result in disclosures as victims/survivors observe that the organisation has policies and procedures on PSEAH and the trainer may be seen as a trusted interlocuter.<sup>78</sup>

Even when reporting channels are in place, experience has shown that this does not result in uptake. The Reuters/Humanitarian News report<sup>79</sup> on widespread SEAH in the Ebola response in the Democratic Republic of the Congo (DRC) demonstrated that, even in a response with multiple humanitarian actors all stating that they had a complaints mechanism in place, victims/survivors chose not to use them. More than 40 humanitarian organisations were operational in the response, with most stating that they had complaints mechanisms in place.<sup>80</sup> UNICEF told journalists that they had introduced 22 ways to file complaints in the DRC, including a confidential hotline and complaints’ boxes. However, when journalists surveyed 34 of the main international organisations and a handful of local NGOs involved, most of the 24 that provided data indicated they had received no complaints during the near two-year outbreak.

Interviewees told journalists: “Most women interviewed were unaware of hotlines and other ways to report abuse”, and a victim/survivor stated: “Why would you even ask if I reported it?... I was terrified. I felt disgusting. I haven’t even told my mother about this”.

### Language

The humanitarian sector’s approach to language is a significant challenge in addressing SEAH. This is both with respect to the language and terminology used in work on PSEAH, and the complexity of language in disclosure and discussing sensitive issues related to SEAH.

The humanitarian sector’s use of language and terminology can frequently be inaccessible to the communities with which they are working.

The humanitarian sector's use of language and terminology can frequently be inaccessible to the communities with which they are working. Resources on awareness raising are often in the languages spoken by the sector rather than the communities it serves, and the terminology is impenetrable and difficult to translate. As the CHS Alliance report *Closing the Accountability Gap* found:

**“While Rohingya women themselves are clear on what constitutes SEAH, the sector’s own definitions and use of language around the subject mean that they are not communicating effectively with the community. Organisations perceived that Rohingya women’s lack of understanding of what the sector defines as SEAH, and what they can report, was the problem, rather than addressing their (the organisations’) own use of language and communication.”<sup>81</sup>**

This inhibits the sector's ability to communicate with communities on what they should expect from staff and associated personnel in terms of conduct and how to report if they have any concerns or are aware of any violations. Sometimes staff working for the organisation do not themselves understand what is expected of them.<sup>82</sup>

One of the many challenges facing organisations in their efforts to prevent and respond to SEAH is the linguistic and cultural differences inherent in humanitarian contexts. As a sector, humanitarian actors are accustomed to looking at factors such as poverty, gender, age and disability as common drivers of vulnerability. Yet language and culture are also intertwined with vulnerability. For example, speakers of minority languages often experience multiple layers of disadvantage when they seek information. Compounding this is the complexity of discussing sensitive and often culturally-taboo issues. Often, colloquialisms may be used to discuss issues round SGBV and SEAH, or there may simply not be the language at all – for example, in some cultures there are no terms for sexual violence perpetrated against men.<sup>83</sup>

#### **Humanitarian organisations’ responsibility to identify SEAH**

The humanitarian sector's focus on reporting mechanisms is predicated on victims/survivors highlighting that SEAH is brought to the organisation's attention. This burden of responsibility should not be placed on victims/survivors, or members of the community. The sector needs to be more proactive in firstly assuming that SEAH will be occurring in humanitarian situations where there is extreme vulnerability and power imbalances and, secondly, assessing when, where and how it is occurring. Not enough is done to take responsibility for analysing SEAH risk and proactively identifying where violations are occurring.

Communities and people affected by crisis should have access to safe and responsive mechanisms to handle complaints.

### A SELECTION OF SECTOR BEST PRACTICE

The humanitarian sector has embedded the need for reporting mechanisms in the standards that guide its practice. In terms of guidance on implementing reporting mechanisms, many tools and resources developed by different organisations can be found on the CHS Alliance website.<sup>84</sup> Core Humanitarian Standard on Quality and Accountability (CHS) Commitment 5 contains clear commitments on safe, appropriate reporting mechanisms for all kinds of feedback and complaints.

**Commitment:** Communities and people affected by crisis have access to safe and responsive mechanisms to handle complaints.

**Quality Criterion:** Complaints are welcomed and addressed.

#### *Key actions*

5.1 Consult with communities and people affected by crisis on the design, implementation and monitoring of complaints-handling processes.

5.2 Welcome and accept complaints and communicate how the mechanism can be accessed and the scope of issues it can address.

5.3 Manage complaints in a timely, fair and appropriate manner that prioritises the safety of the complainant and those affected at all stages.

#### *Organisational responsibilities*

5.4 The complaints-handling process for communities and people affected by crisis is documented and in place. The process should cover programming, sexual exploitation and abuse and other abuses of power.

5.5 An organisational culture in which complaints are taken seriously and acted upon according to defined policies and processes has been established.

5.6 Communities and people affected by crisis are fully aware of the expected behaviour of humanitarian staff, including organisational commitments made on the prevention of sexual exploitation and abuse.

5.7 Complaints that do not fall within the scope of the organisation are referred to a relevant party in a manner consistent with good practice.<sup>85</sup>

Principles for a survivor-centred reporting mechanism can be found in the Aga Khan Foundation's *Guidelines on Developing Survivor-Focused Community-Based Complaints Mechanisms in Consultation with Communities*:

- Confidentiality is prioritised at all times.
- Procedures are designed in a way that reduces the risk of re-traumatising the survivor.
- Support services (such as medical, protection and psychosocial support) are mapped in advance of developing the CBCM.
- Channels are provided to safely report safeguarding concerns, designed in consultation with the community and relevant local safe-guarding expertise.
- The survivor is supported to access these services (if they wish to do so) immediately after the concern is raised (and not pending the outcome of an investigation or any other processes).

The Guidelines also provide guidance on consulting with communities in developing appropriate, survivor-centred reporting mechanisms.<sup>86</sup>

There are fewer resources when it comes to mechanisms specifically designed to address reports of SEAH. The exception is the comprehensive PSEA Best *Practice Guide on Inter-Agency CBCMs*,<sup>87</sup> produced by IOM, Save the Children and UNHCR. The guidance is a 135-page manual that covers everything from securing management support to developing the mechanism and handling reports that come through on SEAH. The guide is focused on interagency complaints mechanisms rather than CBCMs for single agencies.

Shorter guidance can be found in a range of tools produced by the sector, such as the chapter on PSEAH CBCMs in the CHS Alliance *PSEA Implementation Handbook*,<sup>88</sup> resources on the Inter-Agency Standing Committee Accountability and Inclusion PSEA portal<sup>89</sup> and protocols developed by national hubs of the Safeguarding Resource and Support Hub,<sup>90</sup> which are aimed at smaller or less-well-resourced NGOs and CSOs.

## WHAT WOULD A VICTIM/SURVIVOR-CENTRED APPROACH LOOK LIKE?

Where reporting mechanisms are used, they should be safe and appropriate as articulated in the CHS. In order to be victim/survivor-centred, the following should be ensured (as a minimum):

- Confidentiality is prioritised at all times.
- Procedures are designed in a way that reduces the risk of re-traumatising the victim/survivor.
- Support services (such as medical, protection and psychosocial support) are mapped in advance of developing reporting mechanisms and awareness raising on PSEAH.
- Channels are provided to safely report safeguarding concerns, designed in consultation with the community and relevant local safe-guarding expertise.
- The survivor is supported to access these services (if they wish) as soon as the concern is raised (and not pending the outcome of an investigation or any other processes).<sup>91</sup>

# 3.

## REPORT HANDLING AND CASE MANAGEMENT



As experienced by the victim/survivor	Action by the organisation
The victim/survivor is contacted by the organisation (if their identity is known).	<p><b>The organisation</b></p> <ul style="list-style-type: none"> <li>• <b>documents the report or disclosure;</b></li> <li>• <b>decides how to follow up on the report;</b></li> <li>• <b>initiates its case management procedures if a case is opened.</b></li> </ul>

Once a report of SEAH enters an organisation it is the organisation’s responsibility to follow it up. Even if there is insufficient information to take further steps, the report must be logged and filed and relevant actions taken, such as:

- Informing stakeholders where appropriate, such as the human resources department.
- Checking for similar reports to identify a pattern.
- Conducting awareness-raising activities in the location (if known) to see if any other reports have been made.

Case management is a structured method for providing help to a victim/survivor. It involves one organisation that provides, or has access to, psychosocial support or social services, taking responsibility for making sure that victims/survivors are informed of all the options available to them. They also ensure that any issues or problems facing a victim/survivor and their family are identified and followed up in a coordinated way, providing the victim/survivor with emotional support throughout the process.<sup>92</sup>

Case management refers to the tasks that take place once an SEAH case is known to the organisation. It includes interaction with the victim/survivor, documentation of information relevant to the case and

decisions made, arranging support services for the victim/survivor if appropriate (see section 4, below, on referral to support services), interacting with relevant authorities if safe to do so and continuing to provide long-term support to the victim/survivor. Case management is usually led by an individual or team with an overview of everything that is happening in relation to the specific case.

The way in which a case is managed can make all the difference for the victim/survivor’s well-being, protection and safety. Empowering survivors after incidents of sexual violence, can facilitate healing, and render the process of reporting and seeking help less traumatising.<sup>93</sup>

## WHAT ARE THE CHALLENGES?

Examples of SEAH reports being mishandled are easier to find than good practice in the sector. The CHS Alliance report Closing the Accountability Gap found that victims/survivors are encouraged to come forward to disclose and report SEAH, but their complaints are not adequately followed up. There are also serious confidentiality and anonymity concerns. Survivors are often left on their own to navigate and cope with the adverse cultural, psychosocial, security and legal consequences that follow a disclosure and complaint.<sup>94</sup>

PSEAH practice is distinct from GBV practice, and different approaches and processes are sometimes required. While GBV practice addresses gender-based violence perpetrated in the community, and how to prevent and respond to these cases, PSEAH focuses on sexual harms caused by abuse of power perpetrated by an organisation's staff and associated personnel. This brings with it some additional implications.

A victim/survivor-centred approach requires that consent is sought from the victim/survivor before following up on an SEAH case. This is for many reasons. Disregarding consent can result in re-traumatisation. It may also represent a risk to the victim/survivor, for example, if they are of a sexual orientation, gender identity and (gender) expression that is criminalised in their location, or the SEAH would criminalise them or stigmatise them in any way.

However, many organisations (particularly UN agencies) have mandatory reporting requirements for concerns of SEAH to ensure that SEAH is being addressed. This means that if a victim/survivor discloses SEAH to a staff member, that staff member must report it to the organisation. Additionally, in some countries there can be a legal requirement to report some forms of SEAH to the authorities. Furthermore, when the perpetrator of SEAH is an employee (or associated personnel) of an organisation, that organisation is accountable for harm caused and has legal and procedural obligations to act on violations and prevent potential further harm. This can come into conflict with a victim/survivor-centred and trauma-informed approach, which require that organisations seek consent from survivors to follow up on SEAH reports.<sup>95</sup>

Some organisations misuse victim/survivor-centred approaches – and their principle of consent for the victim/survivor – to justify not responding to reports. In their article 'Post #aidtoo: are we setting ourselves up to fail?',<sup>96</sup> the authors argue that: "rather than trying to shut down investigations entirely as a means to 'protect' survivors from re-traumatisation, we should be insisting on professionally-led investigations by trauma-informed investigators and demanding that organisations take seriously their obligations to stop harm through a safe process".



## A SELECTION OF SECTOR GOOD PRACTICE

There are several comprehensive resources available in the sector for case management of GBV and protection cases in the wider community. These case management resources are useful for PSEAH practitioners but require adaptation when the perpetrator is a member of staff or associated personnel of the organisation, as discussed above.

For example, the GBV Information Management Systems Steering Committee has produced guidance on Interagency Gender-based Violence Case Management<sup>97</sup> that describes a victim/survivor-centred case management approach that aims to create a supportive environment in which each victim/survivor's rights are respected and in which the person is treated with dignity and respect. A victim/survivor-centred approach recognises that every survivor:

- Has equal rights to care and support.
- Is different and unique.
- Will react differently to their experience of GBV.
- Has different strengths, capacities, resources and needs.
- Has the right, appropriate to her/his age and circumstances, to decide who should know about what has happened to her/him and what should happen next.
- Should be believed and treated with respect, kindness and empathy.

Similar principles can also be found in other guidance such as the Murad Code<sup>98</sup> and the International Protocol on the Investigation and Documentation on Sexual Violence in Conflict.<sup>99</sup>

The Interagency Gender-based Violence Case Management guidance also contains chapters on LGBTQI+ victims/survivors, victims/survivors with disabilities and male victims/survivors. The Alliance for Child Protection in Humanitarian Action has produced guidance and a Standard Operating Procedure template for case management in child protection cases.<sup>100</sup> This guidance emphasises that it is important to consider these (and other) groups when developing case management and report handling procedures to ensure that the systems are safe, appropriate, accessible and respectful for these different groups.

Specific to PSEAH, the Safeguarding Resource and Support Hub has produced training and guidance on case management. The interagency network Bond has a template for receiving and referring cases as they come into the organisation.<sup>101</sup>

The Global Interagency Security Forum guide, *Managing Sexual Violence against Aid Workers*, also provides useful victim/survivor-centred guidance that is applicable to managing any case of SEAH, not only where the victim/survivor is a member of staff. For example, the guidance contains examples of how to be transparent with victims/survivors, respect their wishes and seek their consent when undertaking actions. In the event of an incident of sexual violence, the organisation should immediately:

- Ensure the victim/survivor's and team members' security and safety.
  - Offer to arrange emergency medical care confidentially, with the victim/survivor's consent.
  - Offer to arrange transport to a safe location if danger is imminent or if the victim/survivor wishes to move.
  - Ensure the victim/survivor knows that the organisation believes their account of what happened.
  - Assure the victim/survivor that their needs will be met to the greatest extent possible and that the organisation is there to provide guidance and support and not to decide on their behalf.
- Offer to put the victim/survivor in touch with friends and family, if desired.
  - Find out from the victim/survivor whom they would like their victim/survivor supporter to be and offer a trained supporter from within the organisation, if this is an option the survivor is open to considering.
  - Offer other support as may be needed and guidance on next steps.
  - Provide advice to the survivor on options for preserving physical evidence and support the survivor in this if they wish to preserve evidence.
  - Follow the appropriate reporting protocol while maintaining confidentiality and limited information on a need-to-know basis.
  - Inform the victim/survivor of the reporting protocol.
  - Start a confidential log of all communications and decisions for the response process with the survivor's consent.<sup>102</sup>

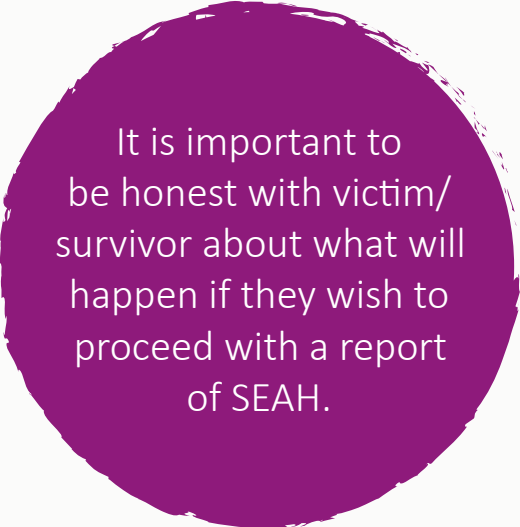
Many humanitarian organisations also have their own internal report handling and case management procedures, based on their policies and relevant labour law.



### WHAT WOULD A VICTIM/SURVIVOR-CENTRED APPROACH LOOK LIKE?

Reporting mechanisms should not be the default methodology for learning about cases of SEAH in humanitarian organisations. However, if used, they should be designed in a way that is trauma-informed so that it does not cause further harm to victims/survivors and is accessible to as many different groups in the community as possible, including the most at risk and marginalised. It is important that report-handling and case-management systems take local law and practice into account.

Reporting mechanisms and case management should be developed using principles that recognise victims/survivors as individuals, with individual reactions, needs and wishes. Victims/survivors should be recognised as experts in their own situation. Case-management and reports-handling systems should take into account the specific needs of vulnerable or at-risk groups, such as children, LGBTQI+ people, people living with disabilities and male survivors.



It is important to be honest with victim/survivor about what will happen if they wish to proceed with a report of SEAH.

The victim/survivor's consent should be sought before proceeding with a SEAH report.<sup>103</sup> If the victim/survivor does not consent, this should be balanced against the risk that the perpetrator may pose to the people with whom they come into contact – while acknowledging that it is never the victim/survivor's responsibility to prevent a perpetrator from causing further harm. Alternative actions may be considered, such as closely monitoring the staff member against whom the report has been made, moving them to a role that does not bring them into contact with vulnerable or at-risk communities and individuals and conducting awareness-raising activities to see if any further reports are made. This should be done in a way that does not pre-suppose that the staff member is a perpetrator and infringe on their right to due process. Any decisions around this should be thoroughly risk-assessed and signed off by the organisation's senior management.

It is important to be honest with victim/survivor about what will happen if they wish to proceed with a report of SEAH. The case management and investigation process should be outlined, including the potential outcomes of the case – and the limitations on what may be possible in terms of the disciplinary procedure of the perpetrator. The victim/survivor should be able to make an informed decision on what they consent to in the process.

Consent does not end with receiving the report – the victim/survivor's consent should also be sought for actions once the report has been received, where possible.

Preserving victims/survivors' confidentiality and privacy is critical, as is the security of digital information related to the allegations.

Humanitarian organisations should allow anonymous reports and should have no statute of limitations on making reports of SEAH. Organisations should welcome information regarding possible harm caused by their organisation in order to address the issue. Constraints or parameters on reporting gives the impression that redress is within the gift of the organisation only under certain circumstances.

Preserving victims/survivors' confidentiality and privacy is critical, as is the security of digital information related to the allegations. Pseudonym and data codification protects the victim/survivor's anonymity and mitigates attrition due to pressure on victims/survivors, their families and witnesses in the form of blackmail, threats and bribes, all of which are commonly reported.<sup>104</sup>

A victim/survivor-centred approach means providing the victim/survivor with support for as long as it is needed. This does not always fit with the timelines of an organisation's case management and investigation procedures, but rather can be a long-term commitment, in some cases many years. Support should not end with the conclusion of an investigation or disciplinary outcomes, but rather needs to inform how an organisation better ensures protection against SEAH in the future and continued support for victims/survivors of SEAH for as long as they need it.

### Trauma-informed care, treatment and support


SEAH treatment, care and support interventions include individual and community-level interventions. Individual interventions seek to directly benefit the individual and ameliorate/alleviate the consequences of victimisation. Such interventions include counselling, clinical care and sexual and reproductive healthcare services, etc. Community interventions are system-oriented and concerned with improving informal and formal responses to victims/survivors.<sup>105</sup> Victim/survivor services can be helpful in supporting and preparing the victim before reporting. Those involved in providing services to victims/survivors of SEAH should be compassionate, express validation and help connect the victim/survivor to the required support services.

Trauma-informed care (TIC) is an evidence-based approach which has gained prominence in social and behavioural work and health. It focuses around responding to the wishes and needs of victims/survivors and seeks to avoid re-traumatising them, instead promoting their health and healing, meeting justice needs and providing support. It emphasises that all interactions, decisions and services should be prioritised and organised for the well-being of the victim.

SEAH victims/survivors who present for treatment and care should be met with compassion and be listened to carefully in a non-judgemental way. Any victim/survivor should receive a medical examination subject to their consent only. Their account of the incident (time, nature, what, where, whom) needs to be carefully documented and their protection and safety needs appropriately addressed and coordinated. The role of the medical examiner is to examine, measure and manage any physical injuries, take early evidence (mouth, genital, urine, tampons, temporary wound dressing, etc.), screen for sexually-transmitted infections and offer HIV screening and post-exposure prophylaxis (PEP) and, if the victim/survivor is a woman, offer pregnancy prevention. LGBTQI+ victims/survivors and children will require additional and specialised support.<sup>106</sup>

Many victims/survivors of SEAH present with trauma, which is complex and can be long lasting. Therefore, it is important to understand the trauma experienced by the SEAH victims/survivors. This has implications for victims/survivors' healing and redress and should be addressed. Best practice treatment approaches for working with victims/survivors of SEAH to address their trauma and mental health consequences include cognitive behavioural approaches, emotion-based approaches, eye movement desensitisation and reprocessing (EMDR), art-based approaches and mindfulness approaches.<sup>107</sup>

While effective in some settings, these approaches might not always be culturally appropriate. Key to taking a trauma-informed approach is being culturally humble and flexible. It requires moving beyond western notions of therapy to incorporate elements of religious, spiritual and cultural practices, such as prayer. Such support may tap into the victim/survivor's strength and resilience and offer a more culturally appropriate path to healing.<sup>108/109</sup> When victims/survivors come from collectivistic cultures, communities and social networks may have an important role to play in the recovery process.<sup>100</sup>



Key to taking a  
trauma-informed  
approach is being  
culturally humble  
and flexible.



4.

REFERRAL  
TO SUPPORT  
SERVICES

As experienced by the victim/survivor	Action by the organisation
The victim/survivor accesses any support services they might wish to use. This may take place immediately, or later, and may last any amount of time as per the victim/survivor’s needs,	<b>The organisation supports the victim/survivor to access any support services they may wish to use. If the victim/survivor is a child, referrals will be made in the best interests of the child.</b>

Good practice in dealing with SEAH cases includes enabling the victim/survivor to access support services, should they choose to do so. If the victim/survivor is a child under the age of 18 years, referral will be made by the organisation (if it is safe and appropriate to do so). Services can include medical, psychosocial and legal support. Referrals can also be made to law enforcement, should the victim/survivor choose this pathway. These referrals are part of due process in dealing with reports of SEAH and are separate from the organisation’s own internal procedures to address the report.

Many organisations work to advocate for and provide support to victim/survivor support services, usually in their protection, gender or GBV programming. PSEAH practice focuses on leveraging, coordinating and extending existing safe, appropriate services that can be accessed by and for victims/survivors when SEAH occurs.

#### WHAT ARE THE CHALLENGES?

There is a difference between “allowing” victims/survivors to access services and proactively enabling them to do so. Equally, there is a difference between passive and active referrals. Victims/survivors may need support in accessing services and may want to do so outside of the timeframe of the organisation’s case management of the investigation. Importantly, the victims/

survivors needs may evolve over time, from needing support to deal with the impact of the victimisation to more diverse support needs emerging as the SEAH complaints process is underway.

Some organisations have agreements with staff welfare providers that offer psychosocial support services. These are sometimes used as providers in SEAH cases. It is important to assess whether these providers are fit for purpose for SEAH cases. Sometimes budget constraints mean that the use of these services is encouraged over external, potentially more tailored and appropriate, psychosocial services that meet individual victim/survivor’s needs. The providers too might be seen as associated with the organisation, in which case victims/survivors may not want to use them.

The biggest challenge to providing support services to victims/survivors is the lack of adequate services in many locations, particularly GBV support services. *CHS Alliance's Closing the Accountability Gap to Better Protect Victims/survivors against SEAH in the aid sector project* found that a lack of appropriate services was identified as a barrier in all three research locations – for example in OPT there is a lack of effective sexual and reproductive health, rights and well-being services for SEAH survivors. For instance, research found that there is no available STI testing or HIV PEP. There is a lack of awareness of harmful practices that violate the fundamental rights of the survivors, such as virginity tests in the Gaza Strip. There is also a lack of formal and safe abortion services for pregnancies resulting from SEAH and a lack of access to quality mental health services.<sup>111</sup>

### A SELECTION OF SECTOR GOOD PRACTICE

There are tools for mapping safe, appropriate support services, such as those developed by Girls Education Challenge<sup>112</sup> and the Safeguarding Resource and Support Hub.<sup>113</sup> These tools guide organisations to map services available in areas local to their programmes and offices (services usually include psychosocial support, medical services and legal services). These tools suggest mapping both official services, as provided by government, but also services provided by NGOs and CSOs. Some mapping tools also include the wider mapping of local laws and practices that apply to SEAH.

The tools go beyond simply listing the services, but include assessment criteria, such as:

- Who the service is aimed at (e.g., adults, children)?
- Is the service safe for victims/survivors, including victims/survivors of different sexual orientations, gender identities, etc., and other potential at-risk categories?
- Is the service accessible for people living with disabilities?
- Does the service include traditional practices, where they are preferred?
- Are staff in this service appropriately trained?

Existing mappings are also available, both globally and locally. For example, the No More Global Directory<sup>114</sup> provides links to GBV services in every country in the world and the PSEA Networks often conduct and share their service mappings.

The UNICEF *Technical Note to support the UN Protocol on Provision of Assistance to Victims of SEA* addresses how to proactively enable a victim/survivor to access services, while respecting their wishes and choices, along with how to work in the best interests of children. It includes the following principles:

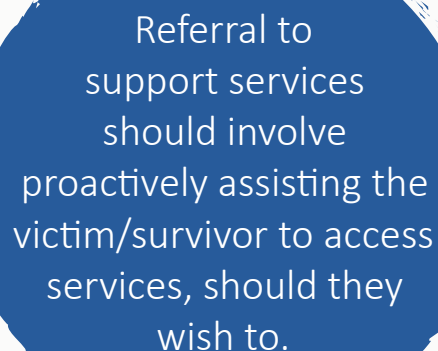
- If the victim/survivor is an adult, explain the risks associated with this [referral] option (such as retaliation, harassment, etc.) so they can make an informed decision on how they want to proceed and whether they want to receive services from that organisation, being fully aware of the risks.
- If the victim/survivor 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 years), always consult the trusted adult they identify and take into account their best interests when making a decision on their behalf.
- Services should not be provided by a service provider from the organisation that employs the perpetrator if there is any possibility of the child victim coming into contact with the perpetrator.
- 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.

### WHAT WOULD A VICTIM/SURVIVOR-CENTRED APPROACH LOOK LIKE?

Organisations should undertake comprehensive support service mapping before an SEAH case is reported. Services should be safe for victims/survivors, particularly those who may be at increased risk due to their sexual orientation or gender identity expression, or other characteristics such as belonging to a marginalised community or being in conflict with the law. They should also take local custom and context into account and be accessible for victims/survivors living with disabilities.

Referral to support services should involve proactively assisting the victim/survivor to access services, should they wish to. This should take place at the victim/survivor's pace, even if this does not fit with organisational case management and investigation timeframes.



Referral to support services should involve proactively assisting the victim/survivor to access services, should they wish to.



5.

INVESTIGATION

As experienced by the victim/survivor	Action by the organisation
<p>The victim/survivor is contacted by the organisation to inform them of a potential investigation, and ask their consent</p> <p>The victim/survivor may participate in the investigation by providing interview testimony</p>	<p><b>The organisation undertakes an investigation, if appropriate</b></p>

As discussed in the previous section, PSEAH practice differs from GBV programming in that the organisation is accountable for the actions of the perpetrator. Part of this can include undertaking an investigation.

Organisational SEAH cases do not always result in an investigation. An investigation is not always necessary to hold the perpetrator to account, or to provide redress to the victim/survivor. In some cases, it will be clear that a violation has occurred, so an investigation will not be necessary. In some cases, reports will be referred directly to law enforcement.

An investigation will usually only take place when:

- The report represents a potential breach of organisational PSEAH policy.
- Further information is required to determine whether policy was breached.

A SEAH investigation is a workplace administrative investigation, defined as a “factfinding process involving searching for, gathering and examining information to establish facts”.<sup>115</sup> A good-practice SEAH administrative investigation process follows six steps: 1) investigation planning; 2) studying background materials and gathering evidence; 3) updating the investigation plan; 4) conducting interviews; 5) analysis and report writing; and, 6) conclusion and returning of evidence.<sup>116</sup> Throughout this process and at any given point, victims/survivors should

be kept informed and be able to easily track the progress of their case.

If the report alleges criminal activity, it should be referred to the relevant local authorities. However, in some circumstances the organisation may decide not to refer to local authorities if it is not safe for the victim/survivor.

If well implemented, the SEAH investigation can be expected to: (i) contribute to the recovery and restoration of dignity of victim/survivor; (ii) hold perpetrators to account; (iii) mitigate further SEAH perpetrations; and, (iv) strengthen prevention systems by learning from every case. However, the risks of not conducting an appropriate, safe investigation are high.

In organisations such as UN bodies where functional and absolute political immunities can be (wrongfully) leveraged for escaping criminal investigations, or in countries where local laws such as debauchery laws can deter victims/survivors of SEAH from filing criminal complaints, administrative investigations may be the only conduit for victims/survivors of SEAH to have their cases investigated and redressed.



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### WHAT ARE THE CHALLENGES?

Investigations may be seen as the default response to SEAH cases partly because of donor requirements. This can be debilitating, as organisations – particularly those that are less-well-resourced– can see it as an insurmountable barrier to dealing with SEAH. This can lead to inertia, where organisations do not feel they are able to address SEAH and therefore do not follow up on reports and concerns. There is also a real challenge around organisations investigating themselves – often without any oversight mechanism.

Organisations' accountability for harm caused by staff or associated personnel sometimes conflicts with a victim/survivor-centred approach when it comes to investigations. This is because organisations' responsibility to investigate if a staff member caused harm can be hard to honour if a victim/survivor does not consent to an investigation.

Furthermore, taking a victim/survivor's wishes into account can lead to other issues with an investigation. For example, the victim/survivor's wishes may be for the organisation to dismiss the perpetrator, or they may prefer local restorative justice practices to an investigation. However, the organisation is required to follow due process as required by its own policies and employment law, and this may be in conflict with the victim/survivor's wishes.

There is an acknowledged capacity gap in the sector for trained, skilled investigators – especially women investigators<sup>117</sup>. Research by the Safeguarding Resource and Support Hub's Country Safeguarding Assessments<sup>118</sup> found investigation capacity was one of the biggest gaps in countries assessed. Capacity building should include training on victim responses and perpetrator dynamics and patterns, rape myths, representations and traumatisation, with an understanding how these play out in diverse local contexts.

Capacity building should include training on victim/survivor responses and perpetrator dynamics and patterns

When investigations do take place, the quality is variable. The CHS Alliance *Closing the Accountability Gap* research project found evidence of investigators visiting and conducting investigations at victims/survivors' shelters, in full view of community members, allowing people to assume and speculate about what had happened.<sup>119</sup>

Investigations are the area of PSEAH practice that require the most specific skills, yet it is here that the capacity gaps in the sector are the greatest. If not conducted appropriately, the risks of re-traumatisation and the compromised safety of victims/survivors in the investigation process are high.

Some organisations, particularly UN agencies, still use the evidentiary standard of "beyond reasonable doubt", through which is almost impossible to substantiate in the absence of a confession by the perpetrator(s) and/or video materials documenting the abuse. Where a "beyond reasonable doubt" evidentiary standard is applied, even DNA evidence will not suffice unless accompanied by a physical injury obtained by a third party which can exclude a consensual act. "Beyond reasonable doubt" is not an appropriate evidentiary threshold to use in the context of administrative SEAH investigations.<sup>120</sup> Instead "balance of probabilities" should apply. Criticism has been levelled at aid actors for applying "beyond reasonable doubt" or the lesser standard of "overwhelming evidence" as unreasonably high evidentiary thresholds and for being slow to adopt good practice guidance. It has been suggested that a reason for this could be "reputational", with aid actors wanting to keep the numbers of reported and substantiated SEAH allegations low.<sup>121</sup>

## A SELECTION OF SECTOR GOOD PRACTICE

Guidance on how to conduct workplace administrative investigations into SEAH is available in the sector, including the recent *CHS Alliance Sexual Exploitation, Abuse and Harassment (SEAH) Investigation Guide*.<sup>122</sup> CHS Alliance Investigation Qualification Training Scheme (IQTS)<sup>123</sup> is a 4-tiered training scheme that has been developed to build professional skills in SEAH investigations. This guidance departs from looking at SEAH as a compliance issue and instead applies policy and procedure in a way that mitigates further trauma to the victim/survivor and considers their best interests when decisions are made. Consideration also needs to be given to investigations being impartial and without bias – to all involved, including the alleged perpetrator.

Sector guidance generally follows similar principles and approaches, most based on the original ICVA *Building Safer Organisations Guidelines on Receiving and Investigating Allegations of Abuse and Exploitation by Humanitarian Workers*.<sup>124</sup>

### Principles for an SEAH Investigation

- **Confidentiality** Investigations must uphold confidentiality at all times. Information relating to the case should be shared only on a limited, need-to-know basis.
- **Commitment to safety, health and welfare** This should include a victim/survivor-centred approach.
- **Good planning and reviewing** Investigations should be thoroughly planned, including risk assessment. Planning and risk assessments should be reviewed and updated throughout the investigation process.
- **Timeliness** Investigations should be completed on a timely basis, to avoid further distress to victims/survivors.
- **Thoroughness** Investigations should be conducted as thoroughly as possible, exploring any new information or disclosures that may arise.
- **Professionalism** Investigators should be appropriately skilled and trained, and all staff involved should have a knowledge of PSEAH principles and approaches.
- **Independence** The outcomes of the investigation should be developed as a result of information collected, and should not be influenced by other parties in the investigation.
- **Respect for all involved** This should include a non-judgemental approach.
- **Working in partnership** Investigations involve a range of stakeholders who should work together for the best interests of the victim/survivor.
- **Adherence to the law** Investigations should always follow the relevant labour law of the country where they take place (unless adherence to the law represents a risk to the victim/survivor).

### Approaches for an SEAH investigation

The following good practice approaches can help mitigate further harm to the victim/survivor during an investigation.

The investigation team should comprise of a minimum of two people with the relevant skills and contextual knowledge for conducting a SEAH investigation. This team should be separate from the individual or team who will decide the outcome of the investigation, to ensure transparency. If the victim/survivor is interviewed, the interview should be conducted in a manner which avoids re-traumatisation. Many SEAH investigations use the PEACE model,<sup>125</sup> as well as specific techniques to allow free narrative and avoid judgemental questioning.<sup>126</sup> More detailed information on conducting an investigation can be found in the *CHS Alliance Sexual Exploitation, Abuse and Harassment (SEAH) Investigation Guide*.

Some organisations offer the victim/survivor the opportunity to be accompanied by an independent support person. This should be someone who is not involved in the investigation in any way, and who can help the victim/survivor navigate the investigation process, and advocate for their rights and best interests.

Offer the victim/  
survivor the  
opportunity to be  
accompanied by an  
independent support  
person.

## WHAT WOULD A VICTIM/SURVIVOR-CENTRED APPROACH LOOK LIKE?

Using a victim/survivor-centred approach means the organisation should consider whether an investigation is necessary, or whether there are other, less resource-intensive, ways in which the SEAH case can be resolved that do not risk re-traumatising the survivor (while ensuring that the alleged perpetrator presents no risk to those with whom they come into contact).

If an investigation is required, ensure that the victim/survivor provides consent, based on an informed choice where the implications and potential outcomes of an investigation are made clear to them. If the victim/survivor does not consent, consider other options for resolving the case.

If it is decided that an investigation is necessary, consider whether victims/survivors need to participate – e.g., is their original report sufficient? Are there other witnesses that could provide information? If the decision is made to go ahead with an investigation, this should be done with PSEAH expert advice, be preceded by a clear risk assessment<sup>127</sup> to ensure that the victim/survivor is not exposed to any further risk or harm and that identified risks are mitigated. The decision to proceed with an investigation should be signed off confidentially at a senior level of the organisation.

When conducting investigations, follow victim/survivor-focused principles and use safe and appropriate investigation protocols. Use only investigators with skills and experience in interviewing victims/survivors of SEAH. Review all organisational procedures to ensure they are trauma-informed.

The purpose of an investigation is not to judge the victim/survivor but rather to collect information that upholds or disproves the allegation. When due process is followed, it eliminates, as far as possible, judgements about any of the stakeholders involved, including the victim/survivor. An investigation report should clearly demonstrate to anyone who reads it how the conclusions were reached on a factual basis.

Where possible, use “balance of probability” as the evidentiary threshold. When SEAH is hard to determine, consider methodologies such as:

- Analysing patterns of behaviour of the person against whom the allegation has been made. Consider whether there is a pattern of behaviour that adds credibility to individual testimony and builds a coherent picture.
- Weighing the credibility of testimony of individual victims/survivors, where due process allows. Consider whether the victim/survivor’s testimony is sufficient to stand alone in upholding the allegation, on the balance of probability.

Allow the victim/survivor to be accompanied by a support person throughout their interaction with the organisation. This support person should be unconnected with the organisation and chosen by the victim/survivor.



6.

ORGANISATIONAL  
DECISION-MAKING

As experienced by the victim/survivor	Action by the organisation
<p>The victim/survivor is informed that the investigation is complete. Details of what is shared vary depending on organisational policy.</p>	<p><b>The organisation makes decisions on next steps to take, for example</b></p> <ul style="list-style-type: none"> <li>• <b>If disciplinary procedures are required;</b></li> <li>• <b>If any other stakeholders need to be informed of the case;</b></li> <li>• <b>If any learning can be fed back into the organisation.</b></li> </ul>

Reports of, and investigations into, SEAH provide information but do not replace a decision-making process. At various points during a SEAH case, decisions need to be made, often at senior levels of the organisation. These decisions include

- Whether to follow-up on a SEAH report.
- What form that follow-up will take.
- Whether there will be any disciplinary outcomes for staff and what they may be.
- What actions will be taken (if any) if an investigation is inconclusive.
- What (if any) changes are made to the organisation following learning from the case.

These decisions can have enormous impact on victims/survivors, both in current and future cases. However, stakeholders' experience and cases in the public domain show that this is the point at which many organisations fail to act in the best interests of the victim/survivor, despite having all the relevant policies and processes on paper, and making public commitments to a "zero tolerance approach".

#### WHAT ARE THE CHALLENGES?

There are many examples of poor decision-making in SEAH cases in the sector. Perhaps the most well-known is the Oxfam GB SEAH case in Haiti, that was reported in the media in 2018. In this case, the organisation actually had policies and procedures in place that were able to detect, if not prevent, the SEAH being perpetrated by their staff. Where the case was mishandled was around decisions to ignore previous concerns raised about the perpetrators, not informing the Charity Commission (the UK regulatory body that governs NGOs) and allowing the perpetrator to resign rather than face disciplinary action.<sup>128</sup>

Decision-making that is motivated by the need to protect the organisation, hide institutional weaknesses or to avoid tackling difficult and complex situations is invariably to the detriment of victims/survivors.

### A SELECTION OF SECTOR GOOD PRACTICE

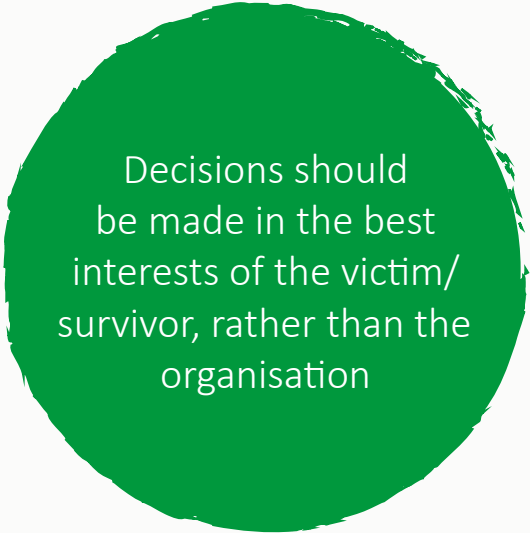
While there is a wealth of resources on policies and procedures for PSEAH available in the sector, there is very little on decision-making on SEAH cases. As decisions are made within organisations and rarely make the public domain, it is difficult to know how much consistency and due process exists.

Sharing data on SEAH cases at least allows some insight into how cases are dealt with. This data sometimes includes (very brief) information on the outcome of the cases (e.g., dismissal, report not upheld, etc.). However not all organisations publish case data and, when they do, they do not take a common or comparable approach to collecting and reporting information on cases. Organisations use very different reporting systems and so information is not available or useful for analyses to better understand the extent of SEAH in aid work.<sup>129</sup> CHS Alliance has recently produced guidance on sharing data in the hope of resolving this situation, but the results are yet to be seen.<sup>130</sup>

### WHAT WOULD A VICTIM/SURVIVOR-CENTRED APPROACH LOOK LIKE?

Decisions should be made in the best interests of the victim/survivor, rather than the organisation. Disciplinary outcomes for perpetrators should be consistent, and anonymised data on cases shared in the public domain, so organisations can be held to account.

Whistleblowers should not be retaliated against for exposing SEAH cases or reporting malpractice or negligence in dealing with SEAH cases by organisations. All organisations should have at a minimum a whistleblower protection policy (a “disclosure of malpractice in the workplace” policy) in place, which is also upheld in practice.



Decisions should be made in the best interests of the victim/survivor, rather than the organisation



# 7.

## REDRESS AND COMPENSATION

As experienced by the victim/survivor	Action by the organisation
<p>The victim/survivor may receive compensation from the organisation. They may also be supported to seek redress.</p> <p>If not, the victim/survivor may decide to seek redress for themselves, for example through a legal process or a customary practice .</p>	<p><b>The organisation decides whether redress and/or compensation are to be provided to the victim/survivor, and if so, what form these will take</b></p>

One of the most under-resourced and little-discussed areas of work on PSEAH in the sector is redress and compensation, yet this is the area that is often of the most significance to victims/survivors.<sup>131</sup> Victims/survivors have a right to justice in the outcomes of SEAH cases, of accountability from organisations, and compensation for the harms caused to them. Victims/survivors' right to reparation has been recognised under international human rights law and reflected in several UN Security Council resolutions<sup>132</sup> and treaties, such as Article 75 of the Rome Statute of the International Criminal Court (ICC).<sup>133</sup>

#### WHAT ARE THE CHALLENGES?

The needs of victims/survivors are highly subjective when it comes to justice, and they vary across time and context. Commonly they involve restitution of rights and dignity, holding the perpetrator to account, and compensating the victim/survivor for the harm committed. In addition, there should be guarantees of non-repetition. Although victims/survivors' rights to justice are recognised in international laws, conventions and treaties, they remain intangible.<sup>134</sup> Historically they have been limited to paternity and custodial complaints and payments arising out of individual SEAH cases among peacekeepers, with justice for large-scale sexual violence being resolved

through the ICC (though cases of this type are rare). No action or frameworks exist when it comes to duty-of-care obligations owed to people affected by crisis, or reparations for victims/survivors of SEAH.

SEAH victims/survivors that come forward do not get the justice outcomes they deserve, and barriers to justice are many. Victims have limited information and voice in administrative proceedings and lack the means to hold organisations accountable. For organisations themselves, reputational risks and priorities take priority over individual (victim/survivor) concerns and there is a lack of organisational procedures for redress. At systemic level, although needed,<sup>135,136</sup> there is no oversight entity to hold aid actors to account.<sup>137,138</sup>

### Criminal accountability

Across countries, SEAH crimes are difficult to prosecute and can put the victim/survivor at risk, especially when the victim/survivor is vulnerable. For people affected by crises, accessing justice in humanitarian settings is even less likely. Barriers to formal justice systems include: lack of host state capacity, lack of knowledge of local laws, financial and language barriers, transport barriers, fear of reprisals and lack of protections.<sup>139,140,141,142</sup>

While greater collaboration between aid actors and criminal authorities is required for satisfactory redress for victims/survivors, it is fraught with challenges. Aid organisations and their staff are subject to national criminal law and SEAH perpetrations can and should be prosecuted by the host state under such national laws.<sup>143</sup> Host states also have protection obligations.<sup>144</sup> Despite this being standard accountability requirement<sup>145</sup> it rarely happens,<sup>146</sup> and host states frequently “delegate their responsibilities to UNHCR, which in turn

delegates responsibilities to NGOs and other partners”.<sup>147</sup> The consequence is a complex web of informal and formal justice mechanisms for victims/survivors to navigate.<sup>148</sup>

Ethical and practical tensions arise when organisations put self-interest and duty-of-care obligations towards the alleged perpetrator above the justice needs of the victims/survivors and the upholding of national legal requirements in the country where the SEAH takes place. The common outcome is that substantiated cases are handled discretely, with perpetrators being transferred, dismissed or repatriated. Within the UN, perpetrators are also wrongfully able to leverage political immunity to escape private lawsuits in national courts and no alternative modes of settlement exist for victims/survivors to claim compensation and redress.<sup>149,150</sup>

Project Soteria<sup>151</sup> was developed to strengthen the capacity of law enforcement to investigate, prosecute and arrest those who abuse aid recipients.

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### Reparation and compensation

Reparation measures for SEAH victims/survivors, as employed by some government agencies and religious institutions,<sup>152</sup> are yet to be realised for the aid sector.

Related Personnel,<sup>153</sup> and the *Interagency Task Force Victim Assistance Guide* underscore the need for victims/survivors' assistance and support; and that perpetrators should be held legally and financially accountable. In reality, this is unlikely to happen as it depends on the individual responsibility of perpetrators rather than organisations' legal obligations. Furthermore, the existing aforementioned frameworks are explicit about not awarding compensation for victims/survivors, prioritising individual and not organisational accountability: "The Strategy shall in no way diminish or replace the individual responsibility for acts of sexual exploitation and abuse, which rests with the perpetrators. The Strategy is not intended as means for compensation."<sup>154</sup>

In 2016 the UN created a Trust Fund in support of Victims of Sexual Exploitation and Abuse.<sup>155</sup> The Trust Fund makes grants to UN and non-UN entities and organisations that provide victim assistance and support services but does not compensate individual victims/survivors. The trust has been criticised on grounds of accessibility, as it requires demonstration of evidence/proof which "due to the deficient investigations is often lacking".<sup>156</sup> Today no mechanism exists in the aid sector through which victims/survivors can claim reparation for SEAH.

Trust funds tend to be implemented as a means of reparation because of challenges in achieving compensation through national courts.<sup>157</sup> For example, in Japan, through a Women Support Women Fund, victims/survivors can borrow up to 200,000 yen (approximately US\$ 2,000) to use legal services to prosecute the perpetrator.

The potential for leveraging tort law frameworks remains interesting but unexplored.<sup>158</sup> In essence, this means holding organisations liable for harmful acts of their employees (e.g., SEAH) against affected people or colleagues and then claiming vicarious liability (i.e., that the organisation was negligent and failed to prevent or mitigate SEAH). This might be easier for aid worker victims/survivors than crisis-affected people who are inherently disadvantaged in terms of producing evidence, and would require legal aid to structure such a legal case.

### Contextually-appropriate practices

A common challenge in the area of redress is the lack of culturally-appropriate, contextualised approaches. Although international organisations claim that their safeguarding systems are culturally sensitive, they are usually built according to these organisations' experiences, and they induce local organisations to apply them following a top-down approach.<sup>159</sup>

There is a lack of integration of local practices for redress with organisational approaches, such as common law and restorative justice practices<sup>160</sup> that may be preferred by victims/survivors as pathways to redress. Issues can arise when these practices are in conflict with organisations' policies or labour law. Sometimes, enabling these processes can conflict with the organisation's duty of care to the alleged perpetrator, who is their staff member.

## A SELECTION OF SECTOR GOOD PRACTICE

There is very little good practice available on redress and compensation in the sector. The IASC Victim Assistance protocol, with accompanying technical note and training, outlines a common set of norms and standards based on existing frameworks to strengthen a coordinated, system-wide approach to the provision of assistance and support, which prioritises the rights and dignity of victims/survivors of sexual exploitation and abuse.<sup>161</sup> However, it does not address the wider issues around cultural practices for redress and financial compensation.

## WHAT WOULD A VICTIM/SURVIVOR-CENTRED APPROACH LOOK LIKE?

Victims/survivors have a right to reparation, but this right is practically impossible to exercise. Aid actors have an administrative and legal obligation to ensure redress for victims/survivors of SEAH, but no redress and reparations mechanism for victims/survivors of SEAH exist in the aid sector. Aid actors thus neglect and ignore their legal and administrative obligations to provide justice to victims/survivors, focusing on perpetration (reporting and investigations) at the expense of the victims/survivors' justice rights.

SEAH is deemed a criminal act in most national legislation, and taking a SEAH complaint through the justice system can be both financially and emotionally taxing for victims/survivors. Legal aid could be facilitated through aid organisations to avoid victims/survivors' experiences going unrecorded and without remedy and justice. Legal insurance, legal aid and funding for legal aid can likely support victims/survivors in their criminal accountability pursuits but this will not solve the problem. Aid actors must commit to action redress for victims/survivors.

Common justifications for not doing so include that it would be inappropriate to use public funds to settle claims.<sup>162</sup> This however cannot be a justification for doing nothing at all. The aid sector must agree on a framework for redress, including reparations, compensation and restitution, and ensure due diligence through independent oversight. Such an endeavour must involve victims/survivors in its design, implementation, monitoring and evaluation. This is probably the most meaningful contribution that can be made in terms of ensuring accountability for SEAH and to ensure individual, organisational and collective accountability in the aid sector. Donors could reinforce this by including measures for accountability and redress in their compliance requirements for organisations seeking funds.

Where possible, organisations should be led by the victim/survivor's wishes for redress – for example, legal recourse or common law or restorative justice practices.

Organisations could look to their existing compensation policies for harms other than SEAH, for example, road traffic accidents where the organisation is at fault. These policies should at a minimum form part of practice on compensation cases of SEAH. Specifically, organisations should consider financial compensation as is usual in other workplace malpractice cases.



The aid sector must agree on a framework for redress, including reparations, compensation and restitution, and ensure due diligence through independent oversight.

## CONCLUSION

An accountability chain is never stronger than its weakest link – from the person entrusted with the first disclosure to the person who takes the first report; and from the persons involved in providing care and support to those managing the case, those investigating the case and writing the report and the final person who decides on redress and provides reparation. All must all be better informed, capacitated and sensitised to the experience through which a SEAH victim/survivor undergoes.

This paper has tried to expose the concerns, challenges, gaps and barriers in the aid sector's response to SEAH. Coupled with the vulnerabilities inherent in the SEAH experience, it is argued that it is the role of aid actors to anticipate, accommodate and mitigate such challenges and vulnerabilities by taking a victim/survivor-centred approach to SEAH. This paper has summarised good practice as used by feminists, criminologists, police agencies, NGOs/INGOs, healthcare providers, councillors, social workers, victim advocates, therapists, educators, specialist trauma practitioners, psychiatrists, psychologists and legislators. A summary of what a victim/survivor-centred approach could look like based on this good practice follows.

This global framework will serve to guide the remainder of the project entitled *Closing the Accountability Gap to Better Protect Victims/Survivors of SEAH in the Aid Sector* and will be adapted at the end of the project (as required) according to the lessons learned from the pilot interventions in three humanitarian contexts and then finally turned into a replicable and scalable guideline.



Stage	As experienced by victim/survivor
<p><b>Disclosure</b></p>	<p>Organisations are aware and prepared to receive disclosures made to anyone in the organisation through any means, not just designated staff and reporting channels.</p> <p>Staff who are likely to come into contact with members of the community have (at a minimum) basic training on how to receive a disclosure. This should include how to respond in a way that prevents further traumatisation.</p> <p>All staff and associated personnel know how to confidentially refer any disclosures made to them to the designated team or staff member.</p> <p>Victims/survivors are not influenced to disclose, for the interests of others or perceived benefit to the victim/survivor – for example to prevent the perpetrator from abusing others, or because of a belief that the process might be “cathartic” for the victim/survivor.</p>
<p><b>Reporting mechanisms</b></p>	<p>Organisations recognise that the burden of reporting SEAH should not be placed on victims/survivors and communities. They are more proactive in analysing SEAH risk and proactively identifying where perpetration is occurring.</p> <p>Organisations recognise the role that trusted intermediaries play in reporting SEAH, both within and external to the organisation (for example members of the community, or GBV actors) and, where appropriate, work with them on receiving and referring disclosures safely and confidentially.</p> <p>Organisations have trained PSEAH focal points in place that replicate this “trusted intermediary” approach.</p> <p>Organisations have reporting channels in place that have been designed in consultation with different groups in communities and are safe, accessible, appropriate and confidential – but the organisation does not rely solely on these channels to bring SEAH to their attention.</p> <p>For organisations with more resources, “third party” mechanisms to handle disclosures are considered that are external to the organisation and can offer an opportunity to disclose anonymously, or for the victim/survivor to decide whether their disclosure is shared with the organisation. Any mechanisms used are quality assured to check they are capable to handling serious and complex SEAH disclosures. These “third party” mechanisms should not replace staff training on receiving disclosures (see Disclosure).</p>
<p><b>Report handling and case management</b></p>	<p>Victims/survivors are treated as unique individuals who are experts in their situation.</p> <p>Report handling and case management systems are designed with vulnerable and at-risk groups in mind, such as children, people of different sexual orientation or gender identify expression, people living with disabilities and male survivors.</p> <p>Case management teams (or individuals in less-resourced organisations) are appointed to coordinate consistent support and decision-making on the case.</p> <p>The victim/survivor’s consent is sought by the organisation before following up on a SEAH report or disclosure.</p> <p>When victims/survivors do not consent, the organisation balances its decision-making with the risk that the perpetrator may pose to those they come into contact with and considers alternative actions where possible.</p> <p>The survivor is supported to access services, should they wish to do so, as soon as the organisation receives a report. Treatment, care and support for victims/survivors of SEAH should be multidisciplinary and trauma informed and generally include access to medical and psychosocial support.</p> <p>Organisations are honest with victims/survivors about what will happen if they wish to proceed with a report of SEAH. The case management and investigation processes are outlined, including the potential outcomes of the case – and the limitations on what may be possible in terms of disciplinary procedures for the perpetrator. The victim/survivor is able to make an informed decision on what they consent to in the process.</p> <p>Organisations allow anonymous reports and have no statute of limitations on making reports of SEAH.</p> <p>Victims/survivors are provided with support for as long as needed, at the pace of the victim/survivor.</p> <p>Pseudonyms and data codification are used to preserve the anonymity and confidentiality of the victim/survivor.</p>

Stage	As experienced by victim/survivor
<p><b>Referral to support services</b></p>	<p>Comprehensive support-service mapping is undertaken before the organisation receives a SEAH report. Services are identified that are safe for victims/survivors, particularly those who may be at increased risk. Services that are mapped take local context and custom into account. Support service mappings are shared between organisations.</p> <p>Victims/survivors are proactively assisted to access services, where desired. This should take place at the victim/survivor’s pace, even if this does not fit with organisational case management and investigation timeframes.</p> <p>Cases involving children aged under 18 years are always referred to appropriate services when it is safe to do so.</p>
<p><b>Investigation</b></p>	<p>Organisations consider whether an investigation is necessary, or whether there are other ways in which the SEAH case can be resolved that do not risk re-traumatising the survivor, but can still ensure that the alleged perpetrator does not present a risk of harm to those with whom they come into contact.</p> <p>If an investigation is required, the victim/survivor provides consent based on an informed choice where the implications and potential outcomes of an investigation are made clear to them. If the victim/survivor does not consent, other options for resolving the case are considered (see above).</p> <p>When organisations decide an investigation is necessary, they consider whether victims/survivors need to participate, or whether the investigation can be conducted using other approaches.</p> <p>When conducting investigations, organisations follow principles, use investigators trained and experienced in victim/survivor-centred approaches and use safe and appropriate investigation protocols.</p> <p>Organisations review all investigation and case management process to ensure they are trauma-informed.</p> <p>Investigations are transparent and impartial and do not judge the victim/survivor.</p> <p>Where possible, “balance of probability” is used as the evidentiary threshold.</p> <p>Victims/survivors are accompanied by a support person throughout their interaction with the organisation, if they wish to be. This support person should be unconnected with the organisation, and chosen by the victim/survivor.</p>
<p><b>Organisational decision making</b></p>	<p>Decisions are made in the best interests of the victim/survivor, rather than the organisation.</p> <p>Disciplinary outcomes for perpetrators are consistent and anonymised data on cases shared in the public domain so organisations can be held to account.</p> <p>Whistleblowers are not retaliated against for exposing SEAH cases or reporting malpractice or negligence in dealing with SEAH cases by organisations. All organisations should have (at a minimum) a whistleblower protection policy (disclosure of malpractice in the workplace policy) in place, which is also upheld in practice.</p>
<p><b>Redress &amp; compensation</b></p>	<p>Organisations are aware of and committed to their administrative and legal obligation to ensure redress for victims/survivors of SEAH.</p> <p>Where possible, organisations support the victim/survivor’s wishes for redress – for example legal recourse, or common law or restorative justice practices.</p> <p>Where the SEAH is a criminal act, legal aid is facilitated for victims/survivors if they wish to pursue legal recourse.</p> <p>Organisations look to their existing compensation policies for harms other than SEAH, for example road traffic accidents where the organisation is at fault, to inform practice on compensation cases of SEAH. Specifically, organisations consider financial compensation as is usual in other workplace malpractice cases.</p>

# Glossary

**Accountability to Affected People** – the process of using power responsibly. It involves taking account of, and being held accountable to those who are primarily affected by the exercise of such power

**Affected people** – the individuals, groups and communities that are affected by a humanitarian crisis. This can also be used to refer to populations affected by issues of development.

Associated personnel – includes (but is not limited to) consultants, volunteers, contractors, programme visitors including journalists, celebrities and politicians engaged with work on behalf of the aid organisation in question.

## At-risk adults

1. Any person aged 18 years and older who may be at risk of abuse or exploitation due to their dependence or reliance on others for services, basic needs or protection, and according to context, for example, in humanitarian situations.
2. An adult may also be at risk/vulnerable when in a relationship (social- or work-related) with another who seeks to misuse their position of authority or trust to control, coerce, manipulate or dominate them.
3. An adult may also be at risk if their decision-making capacity is impaired and/or they do not have the support to make the decision. Being at risk is not a “fixed” characteristic but can change because of a range of factors, or over time. For example, a person living with a disability may not be at risk in their regular environment but may become so if they are displaced and are separated from their usual coping mechanisms.

**Child** – any individual under the age of 18 years, irrespective of local country definitions of when a child reaches adulthood.

**Child protection** – preventing and responding to violence, exploitation and abuse against children – including (but not limited to) commercial sexual exploitation, trafficking, child labour and harmful traditional practices.

**Civil society organisations** – non-governmental, non-profit organisations

that operate independently of government and business. They are typically run by citizens who are committed to addressing social, economic and political issues in their community. CSOs can include charitable organisations, advocacy groups, community-based organisations and professional associations.

**Code of conduct** – a set of standards about behaviour to which staff and volunteers of an organisation are obliged to adhere.

**Community-based complaints mechanism** – a system blending both formal and informal community structures, built on engagement with the community where individuals are able and encouraged to safely report grievances – including SEAH incidents – and those reports are referred to the appropriate entities for follow-up.

**Community-based women networks** – groups of women who come together to support one another and address issues that affect them within their community. These networks often focus on issues such as gender equality, women’s rights and economic empowerment for women. They may provide resources, education and advocacy for women in the community, and often work in partnership with other organisations to achieve their goals.

**Complaint** – specific grievance of anyone who has been negatively affected by an organisation’s action or who believes that an organisation has failed to meet a stated commitment.

**Complainant** – the person making the complaint, including the alleged victim/survivor of the sexual exploitation, abuse or harassment, or another person who becomes aware of the wrongdoing.

**Complaint mechanism or procedure** – processes that allow individuals to report concerns such as breaches of organisational policies or codes of conduct.

**Confidentiality** – an ethical principle that restricts access to and dissemination of information. In investigations on sexual exploitation, abuse, fraud and corruption, it requires that information is available

only to a limited number of authorised people for the purpose of concluding the investigation. Confidentiality helps create an environment in which witnesses are more willing to recount their versions of events and builds trust in the system and in the organisation.

**Core Humanitarian Standard on Quality and Accountability** – sets out Nine Commitments that organisations can – and should – make to people affected by crises or situations of vulnerability to deliver quality, effective and accountable support and assistance. As a core standard, the CHS describes the essential elements of principled, accountable and high-quality support and assistance.

**Focal point** – a person designated to receive reports of cases of SEAH and support the organisation in implementing PSEAH.

**Gender-based violence (GBV)** – refers to any form of violence that is directed at an individual based on their gender. This can include physical, sexual, emotional and psychological violence.

**International non-governmental organisations (INGOs)** – non-profit organisations that operate on a global scale, with offices and operations in multiple countries. They are typically focused on addressing global issues such as humanitarian action, development, human rights and environmental protection.

**Investigation of sexual exploitation, abuse or harassment** – an internal administrative procedure by which an organisation attempts to establish whether there has been a breach of SEAH policies by a staff members or associated personnel.

**Participatory action research** – a method of enquiry in which community members actively participate in the research process. It is an approach that emphasises collaboration and empowerment, with the goal of addressing issues and promoting positive change in the community. It often involves a cyclical process of data collection and analysis, reflection and action planning, with the aim of creating knowledge that is relevant and useful to the community.

**PSEAH (Protection from Sexual Exploitation and Abuse and Sexual Harassment)** – the term used by those working in the international humanitarian and development sector to refer to measures taken to protect people from sexual exploitation, abuse and harassment by their own staff and associated personnel.

**Redress** – refers to the process of making amends or providing compensation for harm or injury that has been suffered. Redress refers to actions taken to address violations or abuses that have occurred and to provide justice for victims/survivors. This can include legal or administrative action, as well as reparations for harm suffered.

**Referral pathway** – the various support and referral services available to victims/survivors of SEAH.

**Report** – where an individual or individuals report a concern regarding SEAH.

**Reparations** - refers to the process of providing compensation for harm or injury that has been suffered as a result of human rights violations. It can include a range of measures such as monetary compensation, restitution, rehabilitation or a formal apology. Reparations aim to address the harm caused by the violations and to bring closure to the victims/survivors while helping them to move forward with their lives.

**Restitution** – refers to the act of returning something that was taken or lost to its rightful owner or to compensate for the loss. It is a form of redress for a harm or injury that has been suffered. Restitution is considered as one of the most important steps in the process of reparations and it is a way to repair the harm that has been done and to restore the dignity of the victims/survivors.

**Safeguarding** – the responsibility of organisations to make sure their staff, operations and programmes do no harm to children and adults at-risk nor expose them to abuse or exploitation. This term covers physical, emotional and sexual harassment, exploitation and abuse by staff and associated personnel, as well as safeguarding risks caused by

programme design and implementation. Many organisations now also use this term to cover harm caused to staff in the workplace.

**SEAH** – the term used to refer to sexual exploitation, abuse and sexual harassment.

**Sexual abuse** – an actual or threatened physical intrusion of a sexual nature, whether by force or under unequal or coercive conditions.

**Sexual and gender-based violence (SGBV)** – refers to any form of violence that is directed at an individual based on their gender or sexual identity. This can include physical, sexual, emotional and psychological violence. SGBV can take many forms, including rape, domestic violence and sexual harassment. It can also include harmful traditional practices such as female genital mutilation, child marriage and forced marriage. It disproportionately affects women and girls, but men and boys can also be affected

**Sexual exploitation** – 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 harassment** – a continuum of unacceptable and unwelcome behaviours and practices of a sexual nature that may include, but are not limited to, sexual suggestions or demands, requests for sexual favours and sexual, verbal or physical conduct or gestures that are (or might reasonably be perceived as being) offensive or humiliating. Sexual harassment has widely been understood to relate to the workplace but is also included in the spectrum of behaviours that are not acceptable conduct by staff, be it in the workplace or with affected populations.

**Sexual misconduct** – includes sexual harassment, sexual exploitation and sexual abuse.

**Victim/survivor** – the person who is, or has been, sexually exploited, abused or harassed. The term “survivor” implies strength, resilience and the capacity to

survive. The term “victim” has protective implications, as it implies the victim of an injustice which we should seek to redress. Therefore, this resource uses both terms. People who have experienced SEAH may choose different terms to describe their experience.

**Trauma-informed approach** – a way of understanding and responding to individuals who have experienced trauma. It involves recognising the impact of trauma on individuals and their behaviour, and making adjustments in policies and practices to better support them. This approach emphasises safety, trustworthiness, choice, collaboration and empowerment. It also includes understanding the prevalence of trauma and its effects, and creating a trauma-sensitive environment.

**Victim/survivor-centred approach** – an approach in which the victim/survivor’s wishes, safety and well-being remain a priority in all matters and procedures.

**Violence against women (VAW)** – refers to any form of violence that is directed specifically at women and girls, based on their gender. VAW is a violation of human rights and can have long-lasting physical and emotional consequences for victims/survivors. It is a serious problem that affects women of all ages, backgrounds and cultures

**Whistleblower protection policy (or disclosure of malpractice in the workplace policy)** – a policy that encourages staff members to report concerns, the disclosure of which are typically in the public interest, particularly in countries where whistleblowing is part of national legislation. Concerns are typically those regarding a criminal offence, health and safety, damage to the environment or miscarriage of justice. Reporting on PSEAH can fall within an organisation’s whistleblower protection policy. Whistleblowers are often protected by law and cannot be treated unfairly or lose their job because they report these concerns.

# ENDNOTES

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- <sup>2</sup> United Nations Secretariat (9 October 2003) *Secretary General's Bulletin on Special Measures for Protection from Sexual Abuse and Sexual Exploitation*, 2003/13 (ST/SGB/2003/13), New York: United Nations.
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- <sup>9</sup> See: <https://corehumanitarianstandard.org/the-standard>
- <sup>10</sup> <https://www.oecd.org/dac/gender-development/dac-recommendation-on-ending-sexual-exploitation-abuse-and-harassment.htm>
- <sup>11</sup> IASC Principals (2015) *Protection from Sexual Exploitation and Abuse Statement by the Inter-Agency Standing Committee*. Note that several definitions are currently in circulation for the IASC. This definition is currently being updated and a new version will be available soon.
- <sup>12</sup> Countryman-Roswurm, K. (2015). Rise, unite, support: Doing “no harm” in the anti-trafficking movement. *Slavery Today Journal: A Multidisciplinary Journal of Human Trafficking Solutions*, 2, 1. URL via Safeguarding Resource and Support Hub Tipsheet Engaging Survivors of SEAH
- <sup>13</sup> A victim/survivor-centred approach places the rights, needs, safety, dignity and well-being of the victim/survivor at the centre of all preventative and responsive measures concerning sexual exploitation, sexual abuse and sexual harassment.
- <sup>14</sup> The extent to which these stages are appropriate for different communities, cultural contexts and settings will be examined through pilot projects in three humanitarian settings.
- <sup>15</sup> IASC (2019) *IASC Six Core Principles Relating to Sexual Exploitation and Abuse*. Available at: <https://interagencystandingcommittee.org/inter-agency-standing-committee/iasc-six-core-principles-relating-sexual-exploitation-and-abuse-2019>
- <sup>16</sup> United Nations Office of the High Commissioner (OHCHR) (2019) *Protection of victim of sexual violence: Lessons learned*, Workshop report
- <sup>17</sup> Ibid
- <sup>18</sup> Singh, S. B. (2014) *Victimization and Victim Impact Statements: An Analysis of the Consequences on Victims of Crime and the Aims of the South African Victim Charter*. *International Journal of Social Studies*, 1
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- <sup>150</sup> United Nations (1946) Convention On The Privileges And Immunities Of The United Nations. Available at: <https://www.un.org/en/ethics/assets/pdfs/Convention%20of%20Privileges-Immunities%20of%20the%20UN.pdf>
- <sup>151</sup> See: <https://www.interpol.int/en/How-we-work/Capacity-building/Capacity-building-projects/Project-Soteria>
- <sup>152</sup> For example, in Canada, see Buti, A. 2001, 'Canadian Residential Schools: The demands for reparations', *The Flinders Journal of Law Reform*, 5, 2; or in the United States see Smith, A. (2006) *Boarding School Abuses, Human Rights and Reparations*, *Journal of Religion & Abuse*, 8:2, DOI: 10.1300/J154v08n02\_02; or in the UK see UK Parliament (2019) The Independent Inquiry into Child Sexual Abuse. Available at: <https://www.iicsa.org.uk/investigations-research/investigations/reparations-for-victims-and-survivors-of-child-sexual-abuse>
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- <sup>157</sup> Ibid
- <sup>158</sup> Tort law is principally used to compensate a victim/survivor for harm or injury arising out neglect or are intentionally inflicted by a defendant's conduct. This may include a whole range of damages to person and property not limited to battery, road accidents, diffamation, trespassing, trespassing or damage to cattle, etc. Tort law also serves the purpose of deterring persons from acting in ways that may cause injury to others.
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- <sup>161</sup> See: <https://psea.interagencystandingcommittee.org/victim-survivor-centred-assistance> (retrieved 30-9-22)
- <sup>162</sup> Naik (2021): How to adopt a survivor-centred approach to sexual abuse. Available at: <https://www.devex.com/news/opinion-how-to-adopt-a-survivor-centered-approach-to-sexual-abuse-99820>

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**VICTIM/SURVIVOR-CENTRED  
APPROACHES TO PROTECTION  
FROM SEXUAL EXPLOITATION,  
ABUSE AND HARASSMENT  
IN THE AID SECTOR**

**FOUNDATIONAL PAPER**

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