The SEAH harmonised data collection and reporting scheme is an initiative led by the CHS Alliance, with the support of the Steering Committee for Humanitarian Response (SCHR) and funded by the Foreign Commonwealth Development Fund (FCDO). It aims to harmonise SEAH data in the sector to support trend analyses and effective learning from aggregated data. Having trends analysis will allow to produce evidence to inform and improve policies, strategies and actions for better SEAH risk mitigation, prevention and response. It will also allow to increase transparency, which, combined with better survivor outcomes, is an important way to tackle under-reporting on SEAH in the aid sector.

This report is based on purely fictional data to provide an example of the type of trends that could be produced by collecting harmonised data on SEAH. None of this information is linked to existing cases or trends. Furthermore, as a reminder, the Scheme does not collect any identifiable or personal information on SEAH cases, but only top line for trends analysis.

The objective of this fictional report is to showcase the positive impact and potential in terms of learning of the SEAH Harmonised Scheme and encourage organisations and donors to join the Scheme. The more organisations join, the more powerful and representative the data and trends, the better the learning, and the stronger the impact on SEAH risk mitigation, prevention and response.

The trends presented in reports like this one by the SEAH Harmonised Reporting Scheme – although particularly useful to produce evidence, generate learning, and inform policies – cannot and should not be considered statistically representative of SEAH globally for two main reasons.

- Firstly, despite growing numbers, not all organisations operating in the aid sector globally are part of the SEAH Harmonised Reporting Scheme, and it is unrealistic to believe that this will ever be the case.
- Secondly, cases of SEAH, just like cases of gender-based violence globally, remain strongly under-reported for a multitude of reasons. As such, the trends presented in this report can only claim to be statistically representative of all cases reported to the SEAH Harmonised Scheme, which unfortunately do not represent all SEAH incident occurring globally.

Nonetheless, some trends are better than no trends, even if imperfect, and evidence and learning can be generated from cases that have been reported to the Scheme. In addition, leveraging these trends to inform actions for SEAH risk mitigation, prevention and response will, on the medium term, increase the impact of safeguarding work and transparency on the response to SEAH from the aid sector, which on the long term are the two key ways to fight prevalence and under-reporting of SEAH.

For more information on how to join the SEAH Harmonised Reporting Scheme, please click here. For more general information on the project and access to all of our resources, our FAQ, and other informational briefs, please visit our webpage by clicking here.
**Geography and chronology of incidents reported**

The regions where the majority of SEAH incidents were reported are Eastern Europe, Western Africa, Central Africa, the Middle East, and Eastern Africa (by order of majority) which concentrate some of the most large-scale aid operations globally. Other incidents were reported in South America, Southern Asia and Central America & the Caribbean. In 2% of cases, entities did not wish to divulge the region of the incident as they had reasons to believe it could represent a risk of identification for the incident.

As much as one incident out of five reported into the Scheme occurred in Eastern Europe, with the vast majority of incidents reported in Ukraine – a trend which isn’t particularly surprising in a new acute humanitarian crisis as the country saw an exponential surge in humanitarian needs, humanitarian personnel, and few safeguarding mechanisms operational – a combination of factors creating a very high level of SEAH risk. Although few incidents were reported from neighbouring countries who saw a surge of Ukrainian refugee throughout 2022, a high rate of under-reporting can be assumed as safeguarding and SEAH reporting mechanisms had to be set up from scratch and persons on the move are often unaware of how to report incidents.
Most of the other regions where incidents were concentrated – Western Africa, Central Africa, Eastern Africa and the Middle East – come in vast majority from countries in protracted crisis, with a majority of incidents reported in the Democratic Republic of the Congo, South Sudan, Central African Republic, Burkina Faso, and Syria – all crisis which are known for a high prevalence of SEAH incidents.

This highlights the importance of continuing to improve SEAH risk mitigation, prevention and response in protracted humanitarian crisis where prevalence of SEAH is high, and of using the trends highlighted in this report to identify remaining challenges and evidence to improve actions for PSEA.

It is specifically recommended for PSEA Networks and Safeguarding Leads to look at trends specific to their own region, in order to inform their own country/region PSEA action plans. Countries of incidents classified per region can be found in the graph below, and public dashboards can be found here, where main trends can be filtered by region.

In terms of year and month where incidents were reported, the incidents reported who occurred in July and August are lower than those reported later during the period. The total case load has increased by 10% since the last reporting period (January to June 2022), which can most likely be attributed to an increase in organisations who have joined the Scheme and are reporting SEAH cases into the system.

### Incident types

<table>
<thead>
<tr>
<th>Type of incident</th>
<th>2022</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unknown for another reason</td>
<td>2%</td>
</tr>
<tr>
<td>Sexual Harassment; Sexual Abuse; Sexual Exploitation</td>
<td>8%</td>
</tr>
<tr>
<td>Sexual Harassment</td>
<td>26%</td>
</tr>
<tr>
<td>Sexual Exploitation</td>
<td>32%</td>
</tr>
<tr>
<td>Sexual Abuse</td>
<td>32%</td>
</tr>
</tbody>
</table>

Sexual exploitation and sexual abuse represent respectively a third of incidents reported this period (32% each). Sexual harassment represents one incident out of four (26%) and in 8% of cases incidents were included component of all three typologies of incidents (abuse, exploitation and harassment). In only 2% of cases, this information was unknown for other reasons. In the sections below, we will take a closer look at the breakdown in the type of incidents per other variable.
**Profile of the survivor/victim**

The vast majority of survivors/victim are women and girls (83% of incidents reported), whereas men and boys represent 10% of incidents. In 6% of cases reported, the sex of the survivor/victim was not reported because of a risk of identification.

A majority of survivors/victims were also below 18, posing as a priority the question of child safeguarding in humanitarian responses. More than half of the survivors/victims (56%) were children under 18.

When looking at the disaggregation in age according to the sex, we can note that male survivors/victims are exclusively children: whereas when looking at incidents where victims/survivors are female, the proportion of child survivors is slightly lower than those of adults, albeit high (46% of female survivors/victims are girls below 18), as highlighted in the graph to the right.

These trends truly highlight the importance of ensuring that safeguarding policies, not only on the response side but also for prevention and risk mitigation target children. All organisations should have a set of procedures and practices to make aid safe for children.

For more information, see Save the Children’s [Safeguarding in Emergency Toolkit](#) and the FCDO’s [Child Safeguarding page](#) containing detailed information and resources.
Finally, when looking at the sex and age group of the survivor/victim per type of incident, the following trends can be identified, as summarized in the graphs below.

Boys and girls under 18 seem to be significantly more at risk of sexual abuse than sexual exploitation, with 86% and 45% respectively of boys and girls under 18 being cases of sexual abuse. During this period, no incidents of sexual exploitation of boys were reported, whereas they represented 15% of incidents reports against girls.

On the contrary, adult women survivor/victims are particularly at risk of sexual exploitation, representing half of the incidents committed against this category. Additionally, 33% of incidents against adult women were of harassment. Sexual abuse of women only represented 6% of incidents. Finally, 11% and 10% of incident respectively for girls and women had components of sexual harassment, sexual abuse, and sexual exploitation simultaneously.

**Profile of the alleged perpetrator**

The vast majority of alleged SEAH perpetrators were males, accounting for 82% of incidents, or more than 3 incidents out of 4. In 12% of incidents, the sex of the alleged perpetrator was not reported, either because the organisation reporting does not routinely collect this information (10% of incidents) or because they did not wish to disclose this information (2% of incidents). In 6% of incidents, the alleged perpetrator was identified as a female.
In more than two third of cases (68%), the alleged perpetrator was identified as a national of the country, whereas international staff member represents only 18% of alleged perpetrators, highlighting the importance of ensuring safeguarding policies are better understood by national staff and affiliated personnel.

In the remaining 14% of cases, this information was not disclosed by the reporting organisation, either because they deemed this to represent a risk of identification (8%), because they did not wish to disclose this information (2%), or because the information was unknown for another reason (2%) of cases.

The type of incidents perpetrated by national vs international staff highlights interesting differences in typology of cases, as described in the graph below. Whereas the majority of cases perpetrated by international staff are sexual abuse (56% of cases), the majority of cases perpetrated by national staff are sexual exploitation (32%) and sexual harassment (32%).
When looking specifically at the survivor/victim profile of SEA perpetrated by national staff, the majority are female (around 4 incidents out of 5), out of which 44% are above 18 and 56% are below 18, and boys under 18 only account for 1 incident out of 5.

When looking specifically at survivors/victims of sexual abuse perpetrated by international staff members, the majority remain female (66%), however the proportion of boys under 18 is higher (1 incident out of three). All cases perpetrated by international staff against boys under 18 are cases of sexual abuse.

The gender and age of the survivor/victim according to the status of the perpetrators are summarized in the graph below.

Finally, zooming out to the reported profile of the alleged perpetrator allows us to identify two main groups as perpetrating SEAH in this period: organisation staff members working at the field level, accounting for 30% of alleged perpetrators, and incentive workers, accounting for 26% of alleged perpetrators. In fact, these are two profile of humanitarian workers most represented in field operation and with most contact with beneficiaries of the assistance, putting them in high positions of power.

Staff members in middle-management positions are reported as alleged perpetrators in 15% of incidents, and staff members in senior management positions and volunteers are reported as alleged perpetrators in 11% of incidents respectively, as detailed in the graph below.
Incident reporting

Incidents this period were reported in majority:
- Directly to a staff member of the organisation concerned by the case (31%)
- Using the CBCM - community-based feedback mechanisms (23%)
- Through PSEAH Focal Points (17%)

Other incidents were reported to a staff from another organisation, as distinguishing one humanitarian organisation from another is often confusing for affected populations in contexts where many are operating. In 17% of incidents, organisations reported not routinely collecting this information.

This emphasizes again the importance of ensuring that safeguarding processes are well understood by the staff members most at contact with affected communities, but also of ensuring these safeguarding processes apply to incentive workers, as they are equally put in a position of power often serving as intermediaries between organisations and affected communities.

It is recommended that incentive workers sign a code of conduct and are trained on said code of conduct, as well as to ensure awareness is raised in the community to encourage reporting of misconduct not only by staff but also by incentive workers through the available community-based complaint mechanisms (CBCM). For support in developing and implementing a code of conduct, see the CHS Alliance’s Code of Conduct Toolkit.

The numbers of incidents perpetrated by staff in managerial position (both middle and senior management) also highlights the importance of ensuring safeguarding is strongly included in recruitment and appraisal processes, and of coordination mechanisms like the Misconduct Disclosure Scheme exist to prevent known offenders to move from one organisation to another.

The majority of cases were reported by community leaders (19%), member of the survivor/victim’s family (17%), by a staff member of another organisation (13%), and by the survivor/victim directly (13%), as highlighted in the graph below.

When looking at the profile of the person reporting the incidents per channel used, we can see that survivors or their family only reported incidents in person, either through PSEAH focal points or staff from a humanitarian organisation, but never through the community-based complaint mechanisms (CBCM). In fact, the CBCM seems to be almost exclusively used by community leaders.
This could be due to a mistrust or lack of access of other community members (including survivors) in CBCMs, or the fact that aid organisations often rely on community leaders to disseminate information within the community on things like CBCMs, which does not always reach them.

### Action taken in response to the incident

The rate of cases substantiated and resulting in the subject being separated from the organisations remain very low: only 14%. In 12% of cases, the subject resigned or was separated either before the investigation, or before the disciplinary process. This means alleged perpetrators of SEAH were separated or resigned from the hiring entity in one incident out of four.

This highlights the importance of:

- Ensuring inter-agency mechanisms are in place so staff members who receive allegations pertaining to another organisation can safely report those cases ensuring confidentiality (focal point system to limit persons involved in the incident)
- Understanding the barriers community members are facing to use CBCMs as well as the barriers for survivors to report as they only report directly in one out of eight incidents.
- Raising awareness of entry points like community leaders on using reporting mechanisms and maintaining confidentiality of incidents.

For further information and resources on CBCMs see the CHS Alliance’s dedicated chapter in the PSEAH Implementation Quick Reference Handbook and RSH’s notes on designing and managing CBCMs.

### Profile of the person reporting the incident per type of incident

<table>
<thead>
<tr>
<th>Category</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anonymous</td>
<td>3%</td>
</tr>
<tr>
<td>Other member of the community</td>
<td>3%</td>
</tr>
<tr>
<td>Community leader</td>
<td>8%</td>
</tr>
<tr>
<td>Anonymous</td>
<td>5%</td>
</tr>
<tr>
<td>Member of victim/survivor’s family</td>
<td>3%</td>
</tr>
<tr>
<td>Staff of my organisation</td>
<td>5%</td>
</tr>
<tr>
<td>Survior/victim</td>
<td>15%</td>
</tr>
<tr>
<td>Staff of another organisation</td>
<td>13%</td>
</tr>
<tr>
<td>Do not routinely collect this information</td>
<td>5%</td>
</tr>
<tr>
<td>Member of victim/survivor’s family</td>
<td>3%</td>
</tr>
<tr>
<td>Other member of the community</td>
<td>5%</td>
</tr>
<tr>
<td>Staff of my organisation</td>
<td>10%</td>
</tr>
<tr>
<td>Survivor/victim</td>
<td>23%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Overall status of the incident</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Substantiated - Subject separated from org before the allegation substantiated</td>
<td>14%</td>
</tr>
<tr>
<td>Unsubstantiated</td>
<td>4%</td>
</tr>
<tr>
<td>Subject resigned or separated pending investigation</td>
<td>2%</td>
</tr>
<tr>
<td>Subject resigned or separated pending disciplinary process</td>
<td>10%</td>
</tr>
<tr>
<td>Risk of identification</td>
<td>4%</td>
</tr>
<tr>
<td>No responsive action possible</td>
<td>54%</td>
</tr>
<tr>
<td>Do not wish to disclose this information</td>
<td>12%</td>
</tr>
</tbody>
</table>
In a majority of cases, no formal responsive action was possible (54% of cases), highlighting the important barriers faced by organisations in conducting investigations on SEAH incidents.

When looking at the reasons why no responsive action was taken by organisations, in more than one incident out of four respectively this was due to the fact that the organisation did not have the internal capacity or resources (26%) or due to the fact that the risk of the survivor/victim was deemed too high and that they did not give consent to proceed with an investigation (26%). In one incident out of five, the organisation reported having insufficient information to assess the allegation. In 14% of cases, organisations did not report why no responsive action was taken, with all responses summarized in the graph below.

When looking at the type of incidents when staff resigned or was separated from the hiring entity vs type of incidents when no responsive action was taken, as highlighted in the diagrams below, we can see that responsive actions seems to be taken in majority in response to sexual exploitation (62% of cases where staff resigned or was separated from the hiring entity).
These findings put to light important challenges linked to SEAH response, in particular when it comes to investigations and disciplinary measures, putting forward the following key points:

- The need to increase capacity and resources available for investigations and responsive actions. This needs to be reflected in organisation’s internal budgets, but also in funding from donors, as it was reported in challenges the lack of funds available for SEAH investigations which tend to be technical, long and costly. These resources – both technical and financial – must be accessible to national organisations who usually operate with limited budget/teams.
- Better equipping organisations to handle complex incidents where there is a risk for the survivor, and in knowing how to balance the survivor-centered approach and the importance of accountability.

For further resources on SEAH investigation, see the CHS Alliance’s SEAH Investigation Guide & Investigator Qualification Training Scheme, or RSH’s How-to Note on Preparing and Managing Safeguarding Investigations.

**Assistance rendered to the survivor/victim**

In 40% of cases, no assistance was provided to the survivor/victim, either because no assistance was available (18% of cases), because they declined the assistance (16% of incidents), or because they did not seek assistance (6% of incidents). When assistance was provided, mental health and psychosocial support was provided in majority (42% of cases), followed by medical support (28%). Legal assistance was provided in a minority of cases (15% of cases), highlighting the importance of strengthening collaboration with local authorities, when safe, to reduce impunity of perpetrators of SEAH. Similarly, Physical Protection was only provided in 16% of cases, which could explain why no responsive action was taken by organisations because too many risks were identified for the survivors. Economic assistance was also provided in a small minority of cases (2%).
Finally, when taking a closer look at the region of the incident when assistance was reported as unavailable, we can see that the prevalence is highest in Central Africa and Eastern Africa – in particular in Central African Republic, the Democratic Republic of the Congo, and South Sudan. This is unsurprising considering the geographic complexity of these three humanitarian crises where the question of humanitarian access and therefore access to services for populations remains particularly challenging.

These findings show important challenges linked to victim/survivor assistance putting to light important measures to take forward:

- Strengthen legal assistance available to survivor/victims to end impunity on SEAH.
- In incidents where survivors/victims refuse the assistance, ensure that this is because the survivor/victim deems that he/she does not need or want the assistance, rather than because he/she does not feel safe in accessing services.
- Ensure better resources for survivor/victim assistance are directed to contexts where services were reported as unavailable, like DRC, CAR or South Sudan.

For more information on adopting a survivor-centered approach to PSEAH, see the CHS Alliance’s Foundational Paper on the topic.

### Remedial actions taken following the incident

In one case out of five, organisations did not take remedial actions following the SEAH incident – showing that learning from an incident to inform risk mitigation and prevention remains limited and is not always seen as a priority. Also, in one case out of five, organisations did awareness raising with communities on SEAH in response to the case. However, in only 12% of incidents, did organisations assess and implement risk mitigation measures linked to their human resources process, and in another 12% of incidents did organisations assess and implement risk mitigation measures linked to their programs.

Remedial measures continue not to be considered a priority on SEAH with organisations very much focused on response. With the trends in this report showing a minority of incidents resulting in investigation and discilinary measures, remedial actions are essential and all organisations should priorities actions for safer programming and for SEAH risk mitigation to ensure all are safe from the start. Reducing the prevalence of the incidents requires investing in risk mitigation and prevention, which can be guided by the evidence and trends in this report.

For more resources on SEAH risk reduction, see RSH’s [Note on how to carry out a safeguarding risk assessment](#). For more resources on safe programming, see the dedicated chapter in the CHS Alliance’s [PSEAH Implementation Quick Reference Handbook](#). The CHS Alliance will also be holding a webinar on a regular basis on translating SEAH trends into key actions for risk reduction and prevention, open to all Scheme members.
Conclusions

This report has highlighted the types of trends, evidence and learning that can emanate from having quality data on SEAH. Without harmonising the way in which each organisation collects data, such trends cannot exist as the data collected by different organisations is incomparable.

Although annual trends shared publically by many organisations are welcomed, they are often numbers rather than analysis, making them essential for transparency, but limiting their utility in terms of analysis and learning.

The SEAH Harmonised Reporting Scheme aims to be a safe way for organisations to share anonymously and confidentially top line data on SEAH that they typically already collect and report. This would then feed into global & aggregated trends analysis that, in turn, organisations can use to target and improve SEAH risk reduction, prevention and response.

For more information on the Scheme, please see links to all of our resources below:

- SEAH harmonised scheme website
- SEAH harmonised data collection & reporting template
- Presentation and accompanying notes on the harmonised scheme
- Findings from consultations for establishing a harmonised SEAH reporting scheme
- FAQ on the harmonised scheme