

SEAH HARMONISED REPORTING SCHEME (HRS)

SNAPSHOT: OCTOBER 2025 - MARCH 2026

Sexual exploitation, abuse and harassment (SEAH) incidents against aid recipients & their community.



i The infographic is based on 145 incidents reported by HRS participating organisations over 6 months (Oct 25 - Mar26) - 50% of which were incidents against aid recipients and their community.

These figures are not representative of all SEAH incidents or overall SEAH prevalence in the aid sector. However, they help identify recurring patterns, risks, and areas where prevention and response efforts may need strengthening.

TYOLOGY OF INCIDENTS

SEXUAL EXPLOITATION
37%

SEXUAL ABUSE
40%

SEXUAL HARASSMENT
26%

Some incidents involve multiple categories, so percentages don't total 100.

REPORTING CHANNELS

61% of incidents reported to **STAFF**

29% reported via complaint mechanisms | Complaint box 5%
Hotline: 8%
App/email: 16%

Only 15% reported directly by victim/survivors

VICTIM/SURVIVORS



45% of victim/survivors are children under 18

88% are females. 9% are male. 3% are unknown.

73% of sexual abuse victim/survivors are **GIRLS**

Women are most at risk of exploitation & harassment

ALLEGED PERPETRATORS

44% of alleged perpetrators are **OUTSOURCED PERSONNEL**

- > Partner staff: 18%
- > Volunteers: 17%
- > Incentive workers: 4%
- > Contractors: 5%

FRONTLINE STAFF account for: 23%

MANAGERS account for: 19%

ASSISTANCE PROVIDED



1 in 4 victims/survivors did not receive assistance

MHPSS	31%
V/S not identified	25%
Medical	11%
Declined	11%
Protection	10%
Legal	8%
Not offered	7%
Unavailable	7%
Economic	5%

RESPONSIVE ACTIONS TAKEN

53% of incidents **INVESTIGATED**

35% OF INCIDENTS **SUBSTANTIATED**

ACTIONS TAKEN

Dismissal	29%
Open case	26%
No responsive action	12%
Unknown/Other	11%
No individual identified	8%
Non renewal	7%
Warning	4%
Other sanction	3%



No victim/survivor identified in 25% of incidents



Referral to authorities in 20% of incidents



26% of incidents remain open

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Sexual exploitation, abuse and harassment (SEAH) incidents against staff member or affiliated personnel.



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TYPOLOGY OF INCIDENTS

SEXUAL EXPLOITATION

16%

SEXUAL ABUSE

7%

SEXUAL HARASSMENT

82%

Some incidents involve multiple categories, so percentages don't total 100.

REPORTING CHANNELS

58% reported to **STAFF**

53% via **COMPLAINTS MECHANISMS**

App/email	Hotline	Other
34%	12%	7%

32% reported directly by **victim/survivors**

VICTIM/SURVIVORS

91%

of victims/survivors are **FEMALE**

9% are males.

ALLEGED PERPETRATORS

45%

of alleged perpetrators are **MANAGERS**

Senior managers

18%

Middle managers

27%

33%

of alleged perpetrators are **FRONTLINE STAFF**

95% are male

RESPONSIVE ACTIONS TAKEN

58% of incidents **INVESTIGATED**

35%

OF INCIDENTS SUBSTANTIATED

ACTIONS TAKEN

Dismissal	25%
Open case	24%
No action possible	19%
Non-renewal	14%
Warning	8%
Other	11%
Warning	4%
Resignation	2%



Incidents involving senior managers showed the highest rate of no responsive action and the lowest rate of dismissal.

ASSISTANCE PROVIDED

59% victims/survivors received **MENTAL HEALTH & PSYCHOSOCIAL SUPPORT**

Physical protection was provided in 8%, medical assistance in 2%

The assistance was:

DECLINED by 18%

NOT OFFERED to 18%

Main reasons why assistance was not accessed:

- Confidentiality concerns
- Fear of retaliation
- Insufficient information provided



24% of incidents remain open



2% were referred to authorities

BEYOND THE SNAPSHOTS

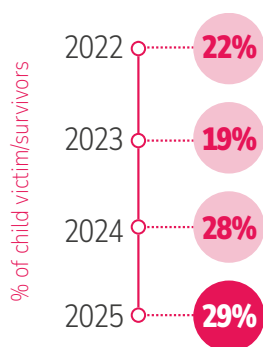
What 1,000 reported incidents are telling us



After more than three years of reporting into the CHS Alliance Harmonised Reporting Scheme (HRS), and with 1,000 incidents now reported by participating organisations, certain **patterns continue to emerge with striking consistency**. These are no longer isolated findings or short-term fluctuations. Together, they point to deeper systemic issues in how SEAH risks are occurring, reported, investigated, and addressed.

SEAH is not confined to particular organisations, contexts, or types of operations. It occurs across the humanitarian and development sectors. The issue is not whether an organisation is “affected” by SEAH, but how prepared it is to prevent harm, reduce risk, respond safely, learn from incidents, and address the operational and cultural factors that allow abuse to occur or remain hidden. These findings are relevant to every organisation - not only safeguarding specialists or organisations currently reporting incidents

CHILDREN REMAIN SYSTEMATICALLY TARGETED ACROSS SEAH INCIDENTS



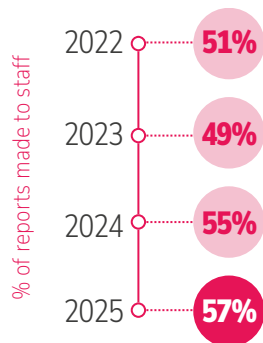
Children continue to account for an alarming proportion of victim/survivors in incidents involving communities, with girls disproportionately affected. This is **particularly acute in cases of sexual abuse**, where this reporting period marked the highest proportion recorded so far in HRS reporting: 45% of victim/survivors were children. With one in four victim/survivors not identified by age during this reporting cycle, the true proportion of children affected may be even higher.

The consistency of this pattern of perpetration across reporting cycles shows that **child safeguarding risks are not confined to child related activities and agencies with child protection mandate**. They are embedded across all aid operations, including in sectors and contexts that may not traditionally view themselves as working with children.

What needs attention now:

- Treat child safeguarding as a core operational risk across sectors
- Provide staff and volunteers with practical guidance on responding safely to disclosures involving children
- Map and test referral pathways to specialised child protection actors and authorities before incidents occur

REPORTING STILL RELIES HEAVILY ON TRUSTED INTERMEDIARIES



Across reporting cycles, **staff members continue to receive a large proportion of disclosures, while direct reporting by victim/survivors remains consistently limited**. This is particularly true in incidents involving aid recipients and their communities, where people continue to report primarily through individuals they know and trust, even where hotlines, complaint boxes, apps, and other mechanisms exist. Data suggests **this is especially the case for more sensitive incidents, including sexual abuse and cases involving children**, where disclosures are particularly likely to be made to trusted staff or members of the community.

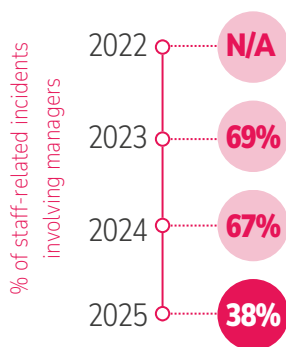
This does not mean formal mechanisms are failing - many people use them, and **maintaining multiple reporting options remains important**. Incidents involving staff members, for example, show much greater use of formal reporting mechanisms, particularly apps and emails, which may be perceived as safer by some than reporting

to a colleague. Nonetheless, the findings continue to show that **trust, familiarity, and human relationships strongly shape reporting behaviour**, particularly in incidents involving aid recipients and their communities.

What needs attention now:

- Train frontline staff to safely receive disclosures and refer victims/survivors through simple, coordinated, and victim/survivor-centred pathways
- Prioritise trusted and well-functioning reporting pathways over multiplying mechanisms
- Analyse reporting trends locally and consult communities and staff to understand which channels are actually trusted and perceived as safe to use rather than assuming this in advance.

MANAGERS REMAIN HEAVILY IMPLICATED IN WORKPLACE SEAH



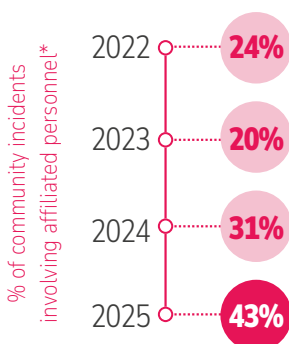
Across reporting cycles, **managers continue to account for a large proportion of alleged perpetrators in workplace-related incidents**. The consistency of this pattern points to deeper issues linked to power, supervision, organisational culture, and accountability. Data also suggests that incidents involving **senior managers are less likely to result in decisive disciplinary action**, raising additional concerns around prevention, accountability and reporting confidence.

When those responsible for shaping workplace culture are repeatedly implicated, reporting becomes harder and retaliation risks increase. **Leadership behaviour, management practices, and team culture must therefore become a core part of prevention efforts**. Until organisations meaningfully confront these dynamics, SEAH risks will persist not only within the workplace, but also in how organisations interact with and serve communities.

What needs attention now:

- Recruit and support managers as active culture-setters who help create safe teams, workplaces, and operations
- Integrate safeguarding behaviour and team culture into performance reviews and promotion processes
- Strengthen confidential reporting pathways outside line management structures
- Ensure disciplinary measures are applied consistently, regardless of seniority

OUTSOURCED PERSONNEL CONTINUE TO REPRESENT A MAJOR SAFEGUARDING GAP



Outsourced personnel* continue to be consistently represented among alleged perpetrators in incidents involving aid recipients or their communities. In 2025, this reached the highest proportion recorded so far in HRS reporting, accounting for 43% of alleged perpetrators. These are individuals engaged by organisations to deliver services on their behalf, often with direct community contact but weaker supervision and oversight arrangements.

The consistency of this trend suggests that **safeguarding standards are often less embedded once community-facing work is outsourced or delegated**. Yet organisations increasingly rely on third parties to deliver assistance at scale or in insecure areas, making stronger safeguarding oversight across the delivery chain essential.

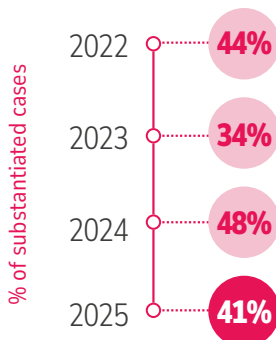
What needs attention now:

- Define clear safeguarding non-negotiables for all affiliated personnel, including basic screening questions, signed codes of conduct, and short mandatory PSEAH inductions before deployment

*Including partner staff, contractors, volunteers, incentive workers, vendors, and other outsourced or temporary personnel.

- Ensure community-facing activities are actively supervised by staff members and linked to accessible complaint mechanism
- Strengthen organisational PSEAH guidelines for affiliated personnel beyond awareness-raising (e.g. clear reporting pathways, incident follow-up procedures, oversight responsibilities throughout the delivery chain)
- Clarify safeguarding accountability arrangements with partners, vendors, contractors, and other third parties, including who is responsible for prevention, reporting, investigation, and follow-up when incidents occur

LIMITED INVESTIGATION CAPACITY CONTINUES TO LIMIT ACCOUNTABILITY



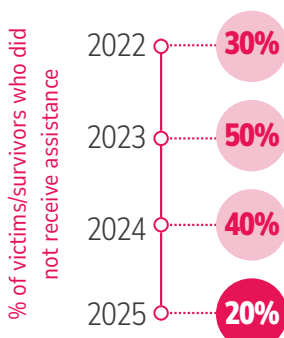
Across reporting cycles, substantiation rates remain relatively low. This should not automatically be interpreted evidence of false reporting. In fact, many cases remain opened for prolonged periods, and one quarter see no action being taken. In many contexts, investigations struggle to progress because of limited capacity, delayed reporting, weak evidence collection, outdated investigative frameworks, or fear of retaliation.

The data also shows a proportion of inconclusive or unsubstantiated cases where organisations nevertheless took administrative measures, suggesting concerns were still considered credible or serious. As a result, cases remain unresolved not only for organisations, but for the sector as a whole, as alleged perpetrators may continue moving between organisations without accountability or traceability.

What needs attention now:

- Invest in investigation capacity upfront, including access to trained investigators such as through the [CHS Alliance Investigation Qualification Training Scheme](#).
- Set clear KPIs, timelines and follow-up systems so cases do not remain open indefinitely
- Maintain regular communication with victim/survivors throughout the process and communicate delays or limitations transparently
- Seek to conclusively resolve investigations so perpetrators can be prevented from moving between organisations in future through accountability mechanisms such as the [Misconduct Disclosure Scheme](#).

SUPPORT TO VICTIM/SURVIVORS REMAINS UNEVEN



Across reporting cycles, a significant proportion of victim/survivors either do not receive assistance, decline support, or face barriers accessing services safely and consistently, although the 2025 data suggests some improvement. Confidentiality concerns, fear of retaliation, insufficient information, stigma, and weak service availability and logistics continue to affect access to care and support.

The consistency of this pattern suggests that accountability cannot be understood only as taking action against perpetrators. In line with the CHS Alliance's victim/survivor-centred approach, organisations also need to ensure that victim/survivors can safely access appropriate support services that are trusted, confidential, and accessible in practice. This requires not only establishing referral pathways, but also addressing barriers such as cost, distance, lack of trust, confidentiality concerns, and fear of stigma or retaliation.

What needs attention now:

- Regularly assess whether support services are genuinely accessible, of good quality, and safe
- Ensure victim/survivors receive clear information about available assistance
- Design support around confidentiality, safety, and informed choice - not only procedural compliance