

SAFEGUARDING CHILDREN FROM SEXUAL EXPLOITATION, ABUSE AND HARASSMENT

What the data tells us and what needs to change

WHAT THE DATA TELLS US

Scale and severity of harm against children

Since the onset of the CHS Alliance [Harmonised Reporting Scheme](#) on SEAH, **156 incidents involving children under 18** have been reported in 38 countries. **Children under 18 account for 38% of all reported SEAH incidents involving aid recipients and their community.**

As participation has varied, this figure represents an overall average. Comparable UN data shows a similar pattern globally, with children accounting for roughly a quarter of all reported incidents^[1]. These figures are significant but reflect only disclosed cases, with SEAH widely under-reported.

The nature of harm is striking: **69% of child-related incidents are sexual abuse**, compared to 34% sexual exploitation and 15% sexual harassment, with some overlap across categories. Reported cases include rape, attempted rape, sexual assault and other forms of sexual harm. Further, this shows that children are not only exposed to exploitative interactions, but also to other serious forms of sexual abuse.

Who is affected and where?

Among the child victim/survivors identified, **87% are girls and 13% are boys**. While this highlights the gendered nature of SEAH, the low proportion of boys likely reflects under-reporting rather than lower risk, with stigma and social norms creating additional barriers to disclosure.

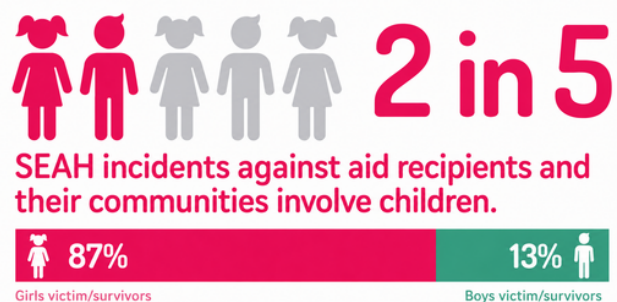
Geographically, **35% of reported incidents involving children occurred in Eastern Africa and 25% in Central Africa**, with the highest numbers of reports from Democratic Republic of Congo, Malawi, Bangladesh, Central African Republic, Uganda and Nigeria.

How disclosure happens

Only 9% of incidents against children were reported directly by them. In most cases, initial disclosure came from an adult, often a family or community member. Children rarely navigate formal reporting systems independently.

Nearly half of incidents (47%) were reported to staff, with community-based PSEAH focal points the second most common pathway. Overall, three-quarters of cases were raised through a person rather than via a hotline or complaint mechanism.

Profile of child victim/survivors



Typology of incidents against children



^[1] UN System-wide Data on Allegations: <https://www.un.org/preventing-sexual-exploitation-and-abuse/content/data-allegations-un-system-wide>

This means **disclosures depend on trusted individuals, not systems alone**. A child may confide in an adult, but whether that leads to action depends on clear pathways and adults who know how to respond. Where intermediaries are visible, trained and linked to reporting mechanisms, cases are more likely to surface; where they are not, abuse remains hidden.

How incidents involving children are reported



REPORTED IN PERSON

(to a staff or community member)

*Remaining incidents have unknown reporting mechanisms



REPORTED TO OTHER MECHANISMS

(hotline, complaint boxes, email/apps & other whistleblowing mechanisms)

Accountability and response gaps

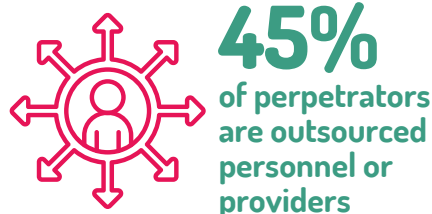
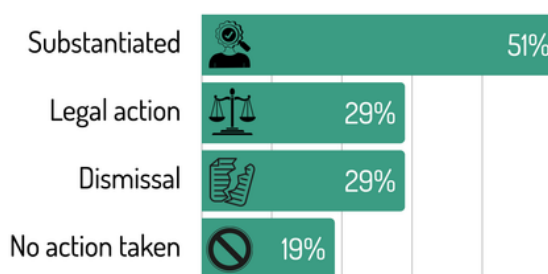
Only 29% of incidents involving children were reported to national authorities. Given that most cases involve sexual abuse of minors, criminal offences in most jurisdictions, this is notably low. While referral must be guided by the child's safety and consent, the data indicates a broader gap, with internal investigations and criminal processes not linking up.

Administrative measures, such as contract termination, may have immediate employment consequences but this does not ensure criminal accountability. Without referral to authorities, perpetrators may move to other organisations or contexts, leaving children at continued risk which is why information sharing tools like the [Misconduct Disclosure Scheme](#) and [Project Soteria](#) are important.

Incidents involving children are more often substantiated than SEAH cases overall (51% vs 39%); yet 21% remain open. Separation of the victim occurred in only 29% of cases, with other sanctions rare. This raises concerns

about the consistency and deterrent effect of organisational responses, for example, no action was taken in 19% of cases, often due to lack of disciplinary authority over the perpetrator.

When incidents are confirmed, what happens next?



This is closely linked to perpetrator profiles. **While frontline staff account for 22% of cases, 45% involve outsourced personnel**, including volunteers (17%), partner staff (12%), contractors (10%) and incentive workers (6%). These workers are central to delivery, but oversight and disciplinary authority over them can be fragmented. Where this authority is limited, confirmed misconduct does not consistently lead to consequences, and it is easier for perpetrators to move between organisations.

Additionally, almost all alleged perpetrators identified in incidents involving children are male (98%).

Access to support

Access to support for child victim/survivors is uneven. **Nearly 1 in 3 received no assistance.** In 21% of cases the child declined or was not offered support, and in a further 12% support was not available. Among those who did access support, 45% received mental health and psychosocial services, 31% received medical assistance, and 15% accessed legal support (with some children receiving more than one type of support). For incidents that largely involve sexual abuse, this gap is significant.

Barriers to reporting

The figures in this document indicate where incidents are reported, not necessarily where risk and number of cases are highest; variation in numbers across regions is likely driven by a combination of factors, including trust in reporting mechanisms, organisational capacity, social norms and stigma, and the strength of national child protection systems. Overall, the data suggests basic safeguarding measures are failing children, especially when power imbalances and children's reliance on aid are not properly addressed.

Do you want to understand how these trends apply to your organisation? The CHS Alliance's [Harmonised Reporting Scheme](#) allows you to analyse your own data, compare it with aggregated trends, and identify where risks are concentrated, how effectively cases are handled, and where prevention efforts can be strengthened. To learn more or join, contact seah.hrs@chsalliance.org.

PRINCIPLES FOR SAFEGUARDING CHILDREN FROM SEAH

Safeguarding risks for children, including SEAH, are shaped by context, including conflict, displacement and the use of digital tools, and by organisational choices about how programmes and systems operate in settings marked by power imbalances and weak safeguards.

Child safeguarding is everyone's responsibility and needs to have clear senior-level accountability. Decisions and actions should do no harm and prioritise the child's best interests, safety and dignity; organisations should avoid discrimination, recognise and respond to children's evolving capacities and provide clear age-appropriate information.

Reporting should not increase the likelihood of risk, stigma or retaliations, and all information must be handled confidentially. Safeguarding focal points must have specialist competence and all personnel must act to prevent harm and escalate concerns promptly.

RECOMMENDATIONS

Below are a set of **practical actions** that any organisation can implement, including those with limited resources or without specific expertise on children.

Who this is for: All organisations whose staff, volunteers or partners may interact directly or indirectly with children through their activities, including those that do not primarily work with children. The origins of the work comes from the humanitarian and international development sector but may be useful more widely.

Why this matters: The data shows that children continue to experience sexual exploitation, abuse and harassment by individuals connected to organisations that are supposed to support and protect them. This represents one of the most serious failures of safeguarding and accountability. When reporting, referral and accountability mechanisms fail, children may be left without protection and perpetrators may remain free to harm others.



VETTING AND TRAINING

- Screen all personnel who may have direct or indirect contact with children**, including staff, volunteers, partner staff, and contractors. Where police checks are not possible, use references, self-declarations and behaviour-based interview questions applicable to safeguarding children.
- Assess child safeguarding risks for each role and apply appropriate mitigations** (such as enhanced checks, supervision and monitoring). Embed child safeguarding responsibilities in job descriptions, appraisals, contracts and due diligence. Ensure Codes of Conduct and Safeguarding Policies include child-specific provisions across all staff.
- Deliver mandatory safeguarding induction training before any work begins.** This should cover expected behaviour (including the two-adult rule, prohibition of sexual activity with anyone under 18), reporting obligations, consequences for breaches, and participation in wider accountability including the **Misconduct Disclosure Scheme** and **Project Soteria**.
- Safeguarding focal points must be appropriately trained practitioners.** They must have specialist training to safely receive disclosures, assess risk and take immediate protective action for children. **Focal points must not investigate allegations.**
- Train all personnel to recognise and escalate concerns safely.** This should cover indicators of abuse, safe responses to disclosures (listen, believe, do not probe), and immediate reporting through established mechanisms.
- Embed prevention controls into daily practices and spaces.** Avoid unsupervised contact, ensure visibility, avoiding unsupervised contact, use of private but observable spaces, maintain safe physical environments, and transparent technology use.



SAFE AND ACCESSIBLE REPORTING

Where feasible safely consult children and families about risks, prevention measures, and how reporting and response systems are designed, to make sure these systems are trusted, accessible, and effective.

Offer multiple, simple reporting options, including in-person routes, hotlines and online tools that are aligned with channels children use. Ensure safeguarding focal points are visible and reachable.

Use trusted intermediaries safely. Through awareness building and training, enable teachers, volunteers and peer leaders to receive concerns and pass them on through clear referral pathways, upholding confidentiality and do-no-harm. Recognise, however, that these roles carry power and can be misused. Ensure safeguards are also in place to mitigate the risk of intermediaries abusing their position.

Make reporting accessible for different needs, adapting for low literacy, disability, language and contexts with limited privacy. Where appropriate follow national child-protection procedures, including referral pathways.



RAPPID SUPPORT

Ensure you have a list of the available local services, including paediatric health care, specialised psychosocial support, legal assistance, and support for children to return to education. And update your list periodically. If it doesn't exist, consider carrying out the mapping or working with others to get it done.

Remove practical barriers to access, including safe transport, accompaniment by a trusted adult, and providing options outside of normal hours where possible.

Use a simple First 48 hours protocol for imminent risk. Prioritise urgent medical care, immediate safety planning, and rapid escalation to safeguarding leads and child-protection authorities.

If safe to do so, follow up with caregivers, ensuring consent, to confirm the child received support and remains protected. Organisations should also provide tailored support for pregnant girls and children born as a result of abuse.



USING DATA TO PREVENT HARM

Harness case data to identify and act on risk. Review trends from incident reporting and programme learning, including where risks arise, who is affected, how disclosures occur and where responses break down. Use these insights to inform programme design choices, adaptive delivery and safeguards.

Use the [Harmonised Reporting Scheme \(HRS\)](https://seah.hrs@chsalliance.org) to analyse child-related risk. The HRS allows organisations to filter incidents involving children and identify patterns across roles, activities & contexts. To access, organisations can join HRS, contact: seah.hrs@chsalliance.org

Apply child-focused risk assessments to identify key risks, including common pathways to harm and system gaps, and to set clear mitigation actions, roles and responsibilities. Assessments must account for different needs, such as disability, gender, displacement, pregnancy and parental care status.



Protect information and collect only what is necessary. Limit access to sensitive data, store information securely, and plan for contexts where children may have limited privacy.

Coordinate with child protection, GBV, education, and health actors. Align with national authorities on reporting and referral processes to ensure timely protection and access to support.

OTHER RESOURCES

- ▶▶ [Core Humanitarian Standards](#)
- ▶▶ [CHS Alliance PSEAH Resources](#)
- ▶▶ [IACS Minimum Operating Standards – PSEAH](#)
- ▶▶ [CAPSEAH: Further information and resources - Child Safeguarding](#)
- ▶▶ [Keeping Children Safe - Ending Child Abuse in Organisations](#)
- ▶▶ [Keeping Children Safe - Developing Child Safeguarding Policy \[2024\]](#)
- ▶▶ [Keeping Children Safe - Closing Gaps in Emergencies \[2024\]](#)
- ▶▶ [Minimum Standards for Child Protection in Humanitarian Action \[2019\]](#)
- ▶▶ [UNICEF - Child Safeguarding Toolkit for Businesses \[2026\]](#)
- ▶▶ [World Vision, Matthew McVarish - How to Receive a Disclosure \[2026\]](#)
- ▶▶ [Able Child - Child Friendly Inclusive Safeguarding Policy](#)
- ▶▶ [RSH Ethiopia Hub - Talking to Children About Safeguarding](#)

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