



# Managing Sexual Violence against Aid Workers:

prevention, preparedness,  
response and aftercare

## European Interagency Security Forum (EISF)

EISF is an independent network of security focal points, who currently represent over 100 aid organisations operating internationally. EISF is committed to improving the security of relief operations and staff. It aims to increase safe access by aid agencies to people affected by emergencies. Key to its work is the development of research and tools that promote awareness, preparedness and good practice.

EISF was created to establish a more prominent role for security risk management in international aid operations. It facilitates exchange between member organisations and other bodies such as the UN, institutional donors, academic and research institutions, the private sector, and a broad range of international NGOs. EISF's vision is to be a global reference point for applied practice and collective knowledge, and key to its work is the development of practical research for security risk management in the humanitarian sector.

EISF is an independent entity currently funded by the US Office of Foreign Disaster Assistance (OFDA), the Swiss Federal Department of Foreign Affairs (FDFA), the UK Department for International Development (DFID) and member contributions.

[www.eisf.eu](http://www.eisf.eu)

### Disclaimer

EISF is a member-led grouping and has no separate legal status under the laws of England and Wales or any other jurisdiction, and references to 'EISF' in this disclaimer shall mean the member agencies, observers and secretariat of EISF.

The content of this document is not intended to amount to advice on which you should rely. You must obtain professional or specialist advice before taking, or refraining from, any action on the basis of the content of this document.

The views expressed in this document do not necessarily reflect those of EISF member organisations.

While EISF endeavours to ensure that the information in this document is correct, EISF does not warrant its accuracy and completeness. The information in this document is provided 'as is', without any conditions, warranties or other terms of any kind, and reliance upon any material or other information contained in this document shall be entirely at your own risk. Accordingly, to the maximum extent permitted by applicable law, EISF excludes all representations, warranties, conditions and other terms which, but for this legal notice, might have effect in relation to the information in this document. EISF shall not be liable for any kind of loss or damage whatsoever to you or a third party arising from reliance on the information contained in this document.

© 2019 European Interagency Security Forum

## Background

This EISF guide builds on an internal VSO Responding to Sexual Violence toolkit originally written in 2013 by Dr Helen Montgomery (VSO) alongside other members of the VSO International Medical Team. The VSO toolkit was revised in later years with support from a multi-disciplinary group from a consortium of organisations delivering the International Citizen Service (ICS) led by VSO, funded by the UK Government. The revised toolkit received particular input from Gurpreet Dhoot, Eve Marron, Penny Prestage, Leslie Snider and Anna Watt.

This EISF guide is the product of a collaboration between EISF and a group of experts with practical knowledge on how to manage sexual violence incidents against aid workers. These experts are listed in the acknowledgements below.

## Acknowledgements

### Original idea:

Adelicia Fairbanks, Eve Marron, Lisa Reilly and Marieke van Weerden

### Project manager:

Adelicia Fairbanks

### Contributing authors:

Gurpreet Dhoot (Tony Blair Institute for Global Change), Adelicia Fairbanks (EISF), Scott Grover (Headington Institute), Eve Marron (VSO), Catherine Plumridge, Lisa Reilly (EISF), Erin Rotich (Thrive Worldwide) and Marieke van Weerden

### Copy-editors:

Adelicia Fairbanks and Tania Inowlocki

### Expert advisors:

Shaun Bickley, Nora Lietzmann (GIZ), Sarah Martin and Megan Nobert

## Suggested citation

EISF. (2019) *Managing Sexual Violence against Aid Workers: prevention, preparedness, response and aftercare*. European Interagency Security Forum (EISF).



# Contents

<b>Introduction</b>	<b>05</b>	<b>Part 2: Preparedness</b>	<b>33</b>
About this guide	07	2.1. Developing policies and procedures	33
Who should read this guide?	11	2.2. Briefing and training staff	36
Key definitions	12	2.3. Clarifying roles and responsibilities	38
How to use this guide	14	2.3.1. First responder	39
<b>Part 1: Prevention</b>	<b>16</b>	2.3.2. Survivor supporter	39
1.1 Understanding the risk	16	2.3.3. Security focal point	41
1.1.1. Who are the perpetrators?	17	2.3.4. Safeguarding focal point	42
1.1.2. Individual risk factors for aggression	18	2.3.5. Human resources	43
1.1.3. External and organisational risk factors for aggression	19	2.3.6. Bystanders	43
1.2. How to prevent sexual violence	21	2.3.7. Internal investigators	44
1.2.1. Inclusive risk assessments	22	2.3.8. Leadership teams	44
1.2.2. Induction and training	23	2.4. Understanding the legal environment	45
1.2.3. Reporting and whistleblowing	26	2.5. Building a network of service providers	47
1.2.4. Disciplinary actions, investigations and references	28	2.5.1. Medical service providers	47
1.2.5. Organisational culture	29	2.5.2. Psychological service providers	48
		2.6. Managing communications	50

## **Part 3: Response** 53

### **3.1. Immediate response** 56

3.1.1. Overview of immediate actions 56

3.1.2. Medical response 61

### **3.2. Actions to be taken within 24 hours** 63

3.2.1. Overview of actions to be taken within 24 hours 63

3.2.2. Psychological response 68

3.2.3. Incident reporting 69

3.2.4. When the alleged perpetrator is a member of staff 73

### **3.3. Actions to be taken within 24–72 hours** 75

3.3.1. Overview of actions to be taken within 24–72 hours 75

## **Part 4: Post-incident actions and aftercare** 79

4.1. Overview of post-incident actions and aftercare 80

4.2. Survivor support plan 82

4.3. Conducting an investigation 84

4.4. Post-incident review 85

## **Tools** 87

**Tool 1:**  
Scenarios for senior leadership 89

**Tool 2:**  
Bystander intervention 94

**Tool 3:**  
Legal environment questionnaire 96

**Tool 4:**  
Sexual violence response task list 99

**Tool 5:**  
Guidelines for a survivor supporter 105

**Tool 6:**  
Preserving physical evidence 115

**Tool 7:**  
Conducting an investigation 118

## **References and bibliography** 128

## **Other EISF publications** 133



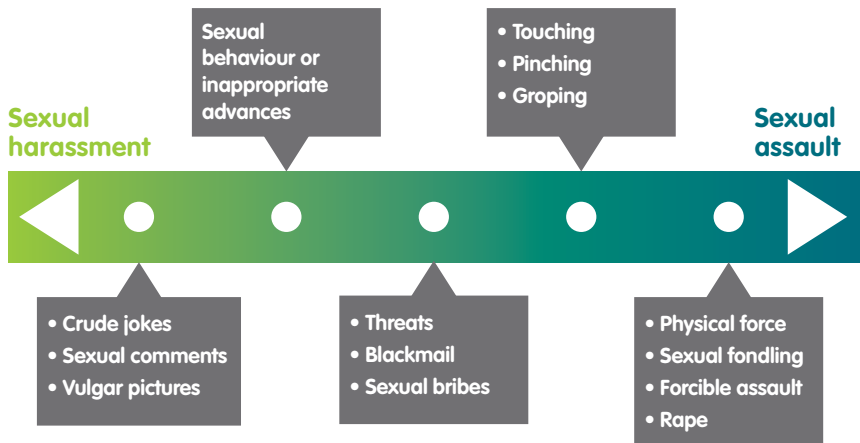
# Introduction

**Aid agencies have a duty of care to respond to incidents of sexual violence against their staff. Sexual violence in all its forms violates human rights. Incidents of this kind are deeply distressing for the survivor, their family, their colleagues and the whole aid community. Sexual violence incidents also have the potential to leave survivors with lifelong physical and mental health problems.**

This document aims to support aid agencies in preventing, being prepared for and responding to incidents of sexual violence against their staff. It is intended as a good practice guide to help strengthen existing processes and support organisations as they set up their own protocols.

While there are many competing terms and definitions, this guide refers to sexual violence as any act of a sexual nature that is unwanted or forced. It covers all incidents from sexual harassment to rape, including stalking, sharing sexual images without consent and sexual assault. The continuum of sexual violence is shown in Figure 1.

**Fig 1: Continuum of sexual violence**



Adapted from the continuum of harm developed by the US military (O'Reilly, 2018)



**While many aid organisations have adopted a zero-tolerance policy with respect to any form of sexual violence, they do not always apply it in practice.**

Anyone can be the target of sexual violence. Aid workers' personal characteristics – such as their sex, race, gender, sexual orientation, relative power and choice – interplay with their organisation and role, as well as the context in which they work, to affect their vulnerability to sexual violence. All individuals have personal vulnerability and risk profiles depending on who they are and where they are. Organisations should reflect in their prevention and preparedness efforts on how personal characteristics can influence their staff members' risk of being targets of sexual violence.

According to the United Nations Declaration on the Elimination of Violence against Women, women are at particular risk of sexual violence because of historically unequal power relations. These findings are supported by recent research undertaken within the aid sector, such as by the Feinstein International Center and Report the Abuse. However, it is important to remember that men can also be targets of sexual violence.

Due to the under-reporting of sexual violence against both men and women, it is difficult to get a clear picture of the scale of the problem. There are many barriers to reporting. For men and those who identify as lesbian, gay, bisexual, transgender, queer or intersex (LGBTQI), reporting incidents of sexual violence can be particularly difficult due to heightened stigma. Some countries lack laws or policies for sexual assault or rape of men, while other countries police people's sexual orientation, gender identity and expression (SOGIE), which can prevent LGBTQI survivors of sexual violence from accessing support or justice. In conservative societies, restrictive environments may cause women not to report incidents. In some instances, under-reporting may also be the result of an unsympathetic or hostile organisational culture and related processes.



*'It is important to remember that sexual violence can be attributed to a multitude of factors – personal, organisational and external – which are not related to an individual's SOGIE. Organisations should be wary of addressing only gender when trying to prevent and prepare for sexual violence incidents. This can take attention away from the threat, those who perpetrate violence, and those who could be empowered to prevent it and intervene as bystanders.'*

► See Section 1.1. Understanding the risk and Section 1.2.1. Inclusive risk assessments.

## Organisational standard of care in response to sexual violence

To provide a basic standard of care for survivors of sexual violence, an organisation should:

- make appropriate medical and psychological care available as soon as possible and in a confidential, if not anonymous fashion;
- offer choices that empower survivors and only intervene if someone could be at further risk;
- offer support and advice on legal and justice processes;
- pursue prosecution only if the survivor consents;
- respect the survivor's confidentiality by following information sharing protocols on a need-to-know basis, while allowing the survivor to speak out as desired;
- follow clear response protocols for identifying and dealing with alleged perpetrators;
- provide a feedback mechanism so survivors are kept informed of any actions being taken; and
- mitigate risk and exposure through prevention, preparedness and swift post-incident action.



### Further information

*'Humanitarian Experiences with Sexual Violence: Compilation of Two Years of Report the Abuse Data Collection'* by Report the Abuse

*'Managing the Security of Aid Workers with Diverse Profiles'* by EISF

*'Stop the Sexual Assault against Humanitarian and Development Aid Workers'* by Feinstein International Center

## About this guide

Many instances of sexual violence against aid workers go unreported or unaddressed. This guide aims to provide aid agencies with the necessary tools to change the way sexual violence is perceived and treated within the aid sector.

Concretely, this guide aims to build on the growing awareness of sexual violence against aid workers to:

- reduce the risk of sexual violence by guiding aid organisations on how to implement prevention and mitigation strategies;
- increase the likelihood of incident reporting by guiding aid organisations on how to develop better response and feedback mechanisms;
- aid the recovery of survivors through the sharing of good practice on immediate and ongoing care and support;
- influence the creation of an environment and organisational culture that make sexual violence unacceptable; and
- provide guidance for agencies on how to deal with in-house perpetrators.



**This guide aims to contribute to global safeguarding efforts within the aid sector by providing guidance on how to protect aid workers from sexual violence.**

This guide focuses on one particular aspect of safeguarding, that of protecting aid workers from incidents of sexual violence. This guide should, therefore, not be used as a resource on how to protect beneficiaries or others who do not fall under the duty of care of the organisation. Nonetheless, the guide does briefly touch upon other aspects of safeguarding, including situations where the alleged perpetrator is a member of staff and where incidents may affect both aid workers and beneficiaries.

This guide explicitly uses the term ‘survivor’ to refer to someone who has been the target of sexual violence. This manual provides survivor-centred guidance based on a survivor-centred approach, which aims to ensure that anyone who has been the target of sexual violence is treated with dignity and that the person’s rights, privacy, needs and wishes are respected.

The survivor-centred approach helps to support survivors’ recovery by strengthening their capacity to express their wishes and make decisions about possible interventions. If a survivor-centred approach is not used, there is a greater risk of:

- shame and stigma for the survivor;
- feelings of powerlessness for the survivor;
- attitudes that ‘blame survivors’ for being the target of sexual violence;
- discrimination on the basis of gender, ethnicity and other factors;



- further harm to the survivor's well-being and safety;
- an even higher number of incidents; and
- a reinforced culture of impunity and, consequently, an increase in unreported incidents.

Key elements of a survivor-centred approach include:

- **Safety and security.** The organisation's number one priority is the safety and security of the survivor and others so that it can reduce the risk of further harm or violence.
- **Confidentiality.** By ensuring confidentiality, an organisation can promote safety, security, trust and empowerment. Any information about the incident of sexual violence or identity of the survivor should be disclosed only on a need-to-know basis, and the survivor must be informed about what kind of information is shared with whom. Ultimately, confidentiality relating to the incident should be guided by the wishes of the survivor as much as possible.
- **Survivor recovery.** The provision of care should be designed to help the survivor as much as possible in returning to a functional state and a normal life.
- **Engagement.** Survivors should be kept informed of what actions are being taken in response to an incident and against the alleged perpetrator; this interaction can aid recovery and maintain or build trust in the organisation.
- **Respect.** All actions of helpers are guided by respect for the choices, wishes, rights and dignity of the survivor; such measures aim to facilitate recovery and provide resources for problem-solving.
- **Non-discrimination.** All survivors must receive fair treatment regardless of race, age, gender, ethnicity, nationality, religion, sexual orientation, gender identity or any other characteristic.



### Tool 1

#### Scenarios for senior leadership

Exceptions to the survivor-centred approach should only be considered if following the survivor's wishes could place the survivor or others at risk. By determining a risk threshold in advance, an organisation's senior leadership team can identify and communicate to staff at what point it would make decisions that go against the survivor's wishes.

► *See Part 3 for a list of red flags.*

## Survivor-centred vs survivor-led approaches

**Survivor-centred approach:** As part of this approach, the organisation gives the survivor control over the decision-making processes after the incident, provides internal support and arranges for support from relevant professional bodies. Under certain circumstances, however, the organisation may reclaim decision-making authority from the survivor, for example, if:

- survivors request levels of confidentiality that would prevent adequate responses or involvement from professionals; or
- survivors' choices place them at risk of further harm from injuries suffered or expose them and others to risk of further harm from perpetrators.

In such cases, survivors may feel less in control, but the focus of the approach is ultimately on their recovery and health and on the protection of others.

**Survivor-led approach:** This approach grants the survivor total decision-making control over all aspects of the post-assault process. To fulfil survivors' wishes and thereby support their recovery, an organisation may thus have to disregard its own policies or procedures. In this context, survivors may feel more in control. However, there is a risk that the survivor may make ill-informed or potentially harmful decisions.

Organisations should inform survivors of their options following an incident, regardless of what approach is used. A structure should be in place to ensure the survivor has control but is not overwhelmed with decision-making during this traumatic period. It is also key that organisations communicate early if there are limitations to the available support and issues around confidentiality due to the circumstances surrounding the case (e.g. if the alleged perpetrator is a member of staff).

While this guide is designed to support aid agencies in helping national and international staff members who survive acts of sexual violence, it recognises that such organisations also have a duty of care towards volunteers and others. Organisations should adapt the good practice shared in this document to the profile of the survivor.

Although this guide is intended for use by both national and international aid organisations, some elements may be more relevant to one or the other. All organisations should use the information contained in this guide as recommendations, which will need to be adapted to the local context, particular organisation, affected individual, and sexual violence incident. Organisations should always aim to seek expert advice when responding to an incident of sexual violence.

This guide is the product of a collaboration between EISF and a group of experts with practical knowledge on how to manage sexual violence incidents against aid workers. This EISF guide builds on an internal VSO Responding to Sexual Violence toolkit originally written in 2013.

For the EISF guide, experts inputted with written contributions throughout the guide, informed by their practical knowledge of working on this issue. A group of peer reviewers shared advice and further recommendations to ensure the accuracy and quality of the guidance shared in this document. These experts, without whose contribution this guide would not have been possible, are listed in the acknowledgements section at the start of this document.



### Further information

*'Guidelines for Gender-based Violence Interventions in Humanitarian Settings'*  
by the Inter-Agency Standing Committee (IASC)

*'Module 2' in 'Managing Gender-based Violence Programmes in Emergencies'* by UNFPA

## Who should read this guide?

This guide is aimed at anyone with a responsibility for staff care, safety and security, as well as anyone involved in processes aimed at preventing or responding to incidents of sexual violence against staff, such as security focal points, human resources (HR) staff, project and programmes staff, and first responders to incidents of sexual violence within an aid organisation.



**This guide is not aimed at survivors of sexual violence. It is designed to help organisations improve their capacity to prevent, be prepared for and respond to incidents of sexual violence.**

This guide does not focus on the separation of roles and responsibilities, concentrating instead on actions that need to be taken. Each organisation will approach an incident of sexual violence differently, depending on its structure and resources. However, all organisations must ensure that each task is carried out by the most appropriate and qualified person. The risk of causing further harm to survivors of sexual violence is extremely high; a key way to minimise that risk is to ensure that trained staff members are leading each process.

## Key definitions

**Bystander:** an individual who witnesses an incident of sexual violence against another person.

**Intersectionality:** a holistic approach that considers how the interplay between the different facets of an individual's personal characteristics, such as race, sexual orientation, sex and age, affects their identity as a whole.

**Perpetrator(s):** an individual or group of individuals who commit an act of sexual violence. They need not necessarily be affiliated with the survivor's organisation. This guide makes reference to 'alleged perpetrators' when an investigation has not yet confirmed innocence or guilt.

**Rape:** non-consensual penetration of any body part of the person who does not consent with a sexual organ and/or non-consensual penetration of the vagina or anus by any body part or foreign object.

**Safeguarding:** protection from acts of sexual violence and other forms of harmful conduct directed at individuals involved in either the delivery or receipt of humanitarian or development aid.

**Safeguarding focal point:** an individual within an organisation whose role is to be the focal point at headquarters and/or the local office level for incidents relating to sexual violence.

**Sexual abuse:** the threat or actual physical intrusion of a sexual nature under unequal or coercive conditions or through the use of force. Sexual abuse implies a power differential, such as between an adult and a child or a supervisor and a subordinate.

**Sexual aggression:** any sexual activity performed against a person's will through the use of force, coercion, alcohol, drugs or authority. Sexual aggression is a technical term used in criminology and is an umbrella term used to describe the whole spectrum of sexual violence.

**Sexual assault:** any sexual activity with another person who does not consent, including non-penetrative acts such as kissing. The term 'assault' is broad and covers incidents of rape as well.

**Sexual harassment:** unwelcome sexual advances that do not involve physical contact, such as requests for sexual favours and other verbal or physical behaviour of a sexual nature that tend to create a hostile or offensive environment. The harassment can occur in person and through unsolicited communication, such as on social media or the telephone.

**Sexual violence:** any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances – including acts to traffic a person's sexuality – through the use of physical force, coercion or threats of harm by any person regardless of their relationship to the survivor. Sexual violence includes

situations where perpetrators take advantage of a coercive environment or a person's incapacity to give genuine consent. In this guide, sexual violence is used as an umbrella term to refer to all forms of unwanted sexual activity, including sexual harassment, rape and other forms of sexual assault.

**Survivor (or victim):** a person who has experienced sexual violence. In general, the terms survivor and victim can be used interchangeably. Medical and legal professionals usually use the word 'victim'. 'Survivor' is generally preferred in the mental health and social support sectors because it implies resilience. Affected individuals should decide for themselves which term they feel is most appropriate.

**Survivor supporter:** an individual whose role is to support the survivor of a sexual violence incident. In ideal conditions, such supporters have been trained to support survivors. Survivors may choose untrained supporters based on personal circumstances, however.



### Further information

---

*'Glossary on Sexual Exploitation and Abuse' by the United Nations*

## How to use this guide

This guide is divided into two main segments: guidance and tools. The first section is composed of four parts focused on: **(1) prevention, (2) preparedness, (3) response** and **(4) post-incident actions and aftercare**. To read about specific topics of concern, readers are invited to navigate between these four parts by referring to the diagram (see below). At the start of each section, the relevant theme is highlighted in the diagram.



### PREPAREDNESS

- Policies and procedures
- Briefing and training staff
- Roles and responsibilities
- Legal environment
- Network of service providers
- Communications

### PREVENTION

#### Understand the risk

- Who are the perpetrators
- Individual risk factors
- Organisational risk factors
- External risk factors

#### Prevent

- Inclusive risk assessments
- Induction and training
- Reporting and whistleblowing
- Disciplinary actions, investigations and references
- Organisational culture

### RESPONSE





- Immediate actions
- Actions within 24 hours
- Actions within 24-72 hours

### POST-INCIDENT ACTIONS AND AFTERCARE








- Ongoing medical, psychological and legal support
- Investigation
- Survivor support plan
- Post-incident review

The survivor occupies a central position in the diagram to remind readers of the survivor-centred approach that should guide each process.

This guide features:

- crucial activities and tips, indicated with 
- expert accounts, indicated with 
- cross-references within the guide, indicated with ; and
- cross-references to further resources and supporting information, including publications that are available at [www.eisf.eu](http://www.eisf.eu), indicated with 

The last segment of this guide presents seven practical tools, which are referenced throughout the manual with the following tool symbols:

-  **Tool 1:** Scenarios for senior leadership
-  **Tool 2:** Bystander intervention
-  **Tool 3:** Legal environment questionnaire
-  **Tool 4:** Sexual violence response task list
-  **Tool 5:** Guidelines for a survivor supporter
-  **Tool 6:** Preserving physical evidence
-  **Tool 7:** Conducting an investigation

Please refer to the references section at the end of this guide for details on, and links to, resources cited in the text.

Hyperlinks are included to ease navigation through the document.

# 1

# Prevention



*‘Sexual violence is generally about power, not sex.’*

Prevention and preparedness efforts aim to reduce the likelihood of an incident of sexual violence occurring in the first place. To prevent sexual violence against aid workers, it is useful to focus equally on dissuading potential perpetrators and on addressing the vulnerabilities and risk factors for aggression.

## 1.1. Understanding the risk

Some models of prevention focus excessively on controlling staff conduct as a way to prevent sexual violence. Such approaches call on staff – especially women – to avoid wearing revealing clothing and consuming alcohol, among other behaviours. These types of prevention tactics infer that survivors could have prevented sexual violence if they had behaved differently.

Approaches that focus solely on controlling staff conduct can subtly perpetuate a victim-blaming culture and create an organisational environment where sexual violence is perceived as permissible in given circumstances.

Approaches to prevention should focus both on deterring potential perpetrators and on minimising the vulnerabilities and risk factors for aggression and sexual violence.



Furthermore, all prevention efforts need to have a balanced focus on individual as well as external and organisational vulnerabilities and risk factors (such as permissive organisational environments).

### 1.1.1. Who are the perpetrators?

Feinstein International Center's report 'Stop the Sexual Assault Against Humanitarian and Development Aid Workers' reveals that the majority of perpetrators of sexual violence against aid workers are men working in the aid sector or men employed by aid organisations as security providers. Perpetrators can also come from armed forces, armed groups or the local community where the aid workers operate. Sexual violence incidents reported to the NGO Report the Abuse and shared in their report 'Humanitarian Experiences of Sexual Violence' indicate that 92% of the perpetrators of sexual violence against aid workers were male. Due to under-reporting of such incidents, these percentages do not necessarily provide an accurate reflection of the actual sex ratio of perpetrators.

#### Dispelling myths

- 'Stranger danger' is commonly perceived as the greatest risk although the perpetrator is more likely to be someone the survivor knows.
- Incidents of sexual violence are not always extremely violent acts and can vary significantly in nature.
- Although women are more likely to be targeted, men can be targeted as well; certain circumstances, including personal characteristics and the local context, can increase the risks to men.

Perpetrators have different reasons for committing acts of sexual violence and carry out aggression in different ways. They are influenced by a combination of factors, such as their developmental and family history, personality, and environmental and societal factors. After engaging in sexual violence, individual offenders also react differently.

Research on characteristics of sexual violence perpetrators is limited. However, a study undertaken by the RAND Corporation on male perpetrators of sexual violence against women highlights some key characteristics:

- childhood abuse;
- high-risk sexual behaviour, such as a history of engaging in casual or impersonal sex, multiple sex partners, past sexual perpetration;
- underdeveloped interpersonal skills, such as a lack of empathy or difficulty connecting in relationships;

- aggressive attitudes and cognition, such as hostility towards women, rape myth acceptance or hypermasculinity;
- associating with sexually aggressive peers, which can increase the risk that they will engage in sexual offences; and
- substance abuse, such as moderate to heavy use of alcohol or drugs, which can represent a risk factor related to sexual violence, as it can disinhibit executive functioning (that is, cognitive processes that are necessary for the control of behaviour).

### 1.1.2. Individual risk factors for aggression

Individuals can take actions to try to reduce the risk of being targeted by a predator by understanding and following organisational security risk mitigation measures.



**Unfortunately, sometimes there is nothing an individual can do to mitigate the risk of being targeted.**

Staff should be made fully aware that sexual violence is a risk that they may be exposed to and that each individual has personal attributes that affect their risk of being a target for sexual violence. As mentioned in the introduction to this guide, the interplay between an individual's intersectional identity (who the person is), behaviour, location, role and organisation will factor into their personal vulnerability and risk.

Factors that may affect an individual's risk of experiencing sexual violence include:

- **age:** 18–25-year-olds are more likely to be targeted than those over 50.
- **sex:** women are more likely to be targeted than men.
- **perception of nationality and culture:** certain cultural stereotypes can impact on whether a person may be targeted.
- **personal characteristics:** perceptions and beliefs around identity can cause certain profiles to be targeted, such as if they are perceived as LGBTIQI.
- **ability:** an individual's perceived ability or disability can affect their personal risk. Ableism – discrimination against individuals with disabilities – can also play a role in whether individuals are targeted.
- **appearance:** individuals whose appearance is obviously different from the local community could draw focus and be at higher risk as a result.
- **alcohol:** excessive consumption can impair people's judgement and make them look like easier targets, which can draw a sexual predator's attention.

- **risk-taking behaviour:** taking risks can make a person look like an easier target and draw the attention of a sexual predator.
- **access:** perpetrators need access to individuals in order to place them in a vulnerable position, either by following them home or administering drugs (known as date rape drugs) to incapacitate them. Such access is more difficult to mitigate if the perpetrator is a colleague or someone known to the targeted individual.
- **group size:** individuals on their own or in pairs are more likely to be targeted than large groups.
- **personal boundaries:** a lack of professional or clear boundaries can lead to incidents. It is important to support staff on ways to communicate boundaries and understand other people's boundaries, especially in multicultural settings.
- **letting minor concerns go unreported:** minor issues involving known people can escalate if they are not addressed or reported. A lack of reporting can increase the risk of being targeted for sexual violence.

These are possible individual risk factors, which should be communicated to staff and considered in an organisation's security risk management processes. However, even reducing these risks does not guarantee that a person will be able to avoid an incident.

### 1.1.3. External and organisational risk factors for aggression

Risk factors for aggression rely on an enabling environment that allows the offender to perpetrate the offence with little to no fear of consequences. These factors can be categorised as external and internal to the organisation.



*'Social norms are often more powerful than a person's personality in predicting behaviour. Imagine attending a football match for the first time and fans cheering when a goal is scored – they stand and yell and wave their arms. If you have never attended a football match before and perhaps are a quieter person, you still may stand and cheer. You are not expected to sit quietly and observe, as you would be at a tennis match. This is a social norm, and even if you don't enjoy football, there is social pressure to conform to the norm.'*

While external factors are usually beyond any single institution's control, an organisation can ensure that such factors do not dictate its internal structure, systems, processes or culture. The organisational structure and culture should aim to recognise and take into account (as well as counteract, where possible) undesirable or potentially destabilising social norms and factors, such as:

- a sexually hostile environment;
- high levels of sexual aggression;

- judicial tolerance of sexual violence or bias in favour of offenders;
- a failed or fragile state;
- a breakdown of law and order;
- a militarised society; and
- a patriarchal or conservative society.

Within the organisation, the risk factors are those related to the organisation's structure, processes and systems, as well as the culture of the organisation. An organisation's environment and culture can have a strong impact on staff behaviour. For example, if the social norms of an organisation involve objectifying women or treating subordinates with disrespect, staff members are more likely to adapt to this culture and behave accordingly.

An organisation should aim to prevent or tackle internal risk factors that are related to its structure, processes or systems, including:

- weak organisational policy and preparation regarding sexual violence;
- unclear reporting processes and mechanisms;
- poor implementation, understanding and/or compliance of security risk management measures;
- a lack of clarity on roles and responsibilities;
- a lack of transparency on actions taken by management;
- a legacy of poor follow-up on allegations;
- a lack of training and awareness-raising for staff;
- the absence of an ethics office/ombudsperson or a lack of whistleblower protections;
- a lack of accountability and/or action by leadership following allegations;
- a poorly defined leadership structure; and
- a veil of silence around sexual violence.

An organisation is also advised to mitigate internal cultural factors that raise the risk of sexual violence, such as:

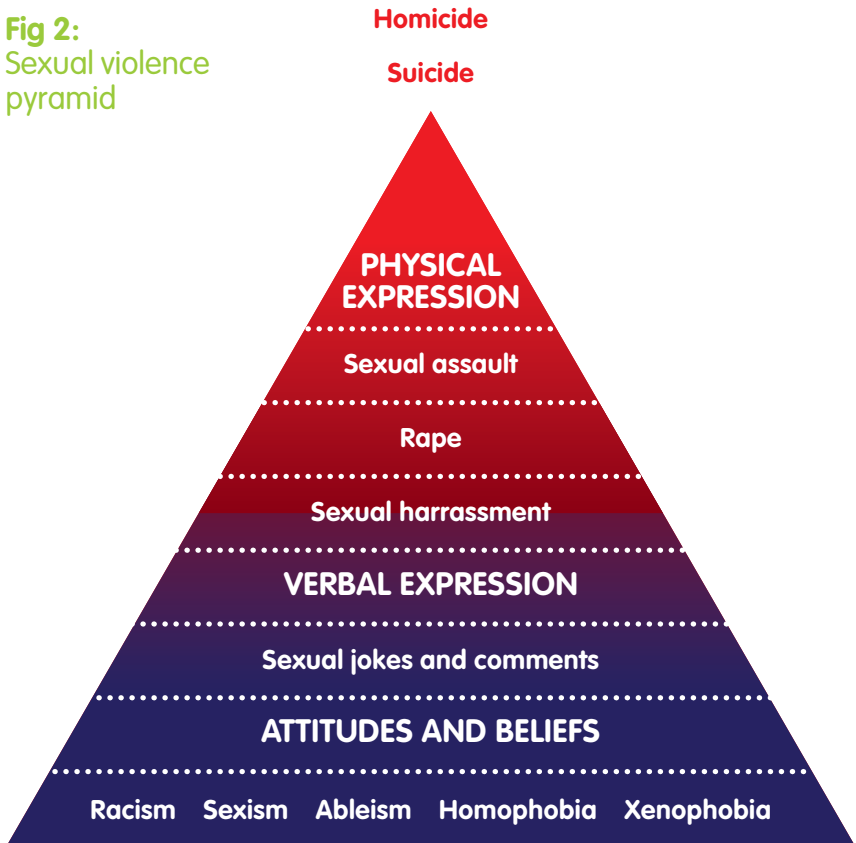
- pervasive inequality, including gender inequality and discrimination against diverse profiles;
- acceptance of rape myths (such as 'all men do this');
- misogyny;
- a hierarchical culture;
- the presence of allies to perpetrators (both male and female);

- substance abuse (such as excessive alcohol consumption);
- poor leadership;
- favouritism by senior management of an individual or group of individuals, which may impact whether allegations are taken seriously if these are made against this particular individual or group; and
- acceptance of other forms of misconduct, such as psychological harassment and bullying.

## 1.2. How to prevent sexual violence

Many organisations have a zero-tolerance policy on all forms of sexual violence, including sexual harassment. Such policies reflect an understanding that an environment where sexual harassment is not addressed may degenerate into a setting that is conducive to more serious offences, such as rape and other forms of assault. For the purposes of prevention, different forms of sexual violence should be seen as interrelated and forming a continuum of behaviour (see Figure 2).

**Fig 2:**  
Sexual violence  
pyramid



Adapted from the Pyramid of Violence by CCASA

By failing to address sexual harassment and offensive comments and jokes, an organisation can implicitly condone an environment where sexual hostility is the norm. In such an environment, minor incidents can escalate into more serious and higher-impact sexual misbehaviour, such as cyber-stalking, non-consensual touching, and rape. The more sexual harassment or other inappropriate conduct takes place in an organisation, the greater is the likelihood of more serious incidents of sexual violence.

As part of their prevention efforts, therefore, organisations should aim to address minor incidents as systematically as they would major ones.

To prevent incidents of sexual violence, leadership teams should aim to strengthen their organisation's structure, processes and systems. Efforts to prevent incidents of sexual violence are more likely to be effective if an organisation has:

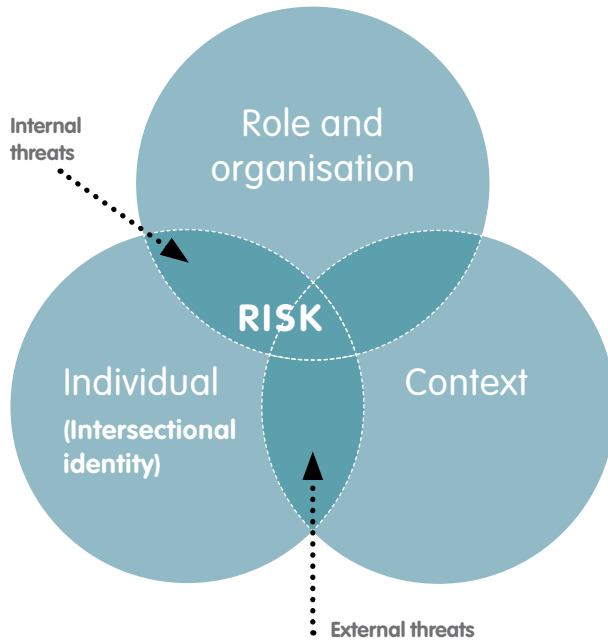
- a clear and strong leadership stance on sexual violence;
- a strong and clear organisational policy;
- consistent implementation of security risk management measures;
- an inclusive security risk management framework, which includes carrying out inclusive risk assessments;
- standardised and clear mechanisms for reporting on concerns and incidents, including timeframes for action following a report;
- training and inductions for all staff to raise awareness of the risk of sexual violence and reporting mechanisms;
- an independent investigation process;
- an organisational code of conduct;
- clear and effective response processes that are survivor-centred;
- informal channels for reporting incidents that do not rely on senior management investigations (which may be biased);
- an ethics focal point, safeguarding focal point or ombudsperson;
- a clear disconnect between the hierarchical structure and complaints management;
- clear accountability; and
- support and protection mechanisms that assist survivors or others who wish to speak out about wrongdoing, such as a whistleblowing policy.

### 1.2.1. Inclusive risk assessments

Individual, organisational and external risk factors for sexual violence should be incorporated into an organisation's standard risk assessment process.

Risk assessments should consider both external and internal threats, as well as their interrelationship (see Figure 3).

**Fig 3: Internal and external threats related to identity**



Reproduced from EISF's *'Managing the Security of Aid Workers with Diverse Profiles'*

A person's intersectional identity has an impact on that individual's vulnerability to sexual violence. Threat and vulnerability analyses must consider how certain personal profiles may be at greater risk than others in the context being assessed. Sometimes it is the perception of an individual's profile rather than the actual profile that places the individual at risk.

For sexual violence risks, security focal points must take an intersectional identity approach in order to understand how power dynamics change in relation to a staff member's personal identity and organisational role, and to identify the risks they may face as a result.

### 1.2.2. Induction and training

While organisations need to provide specialised training to those who will be specifically involved in preparing and responding to an incident of sexual violence, there is a further need to train all staff on key areas to support prevention efforts.

Staff induction plans should cover policy, reporting and accountability mechanisms in relation to sexual violence. Staff members require training on ensuring personal security – based on the above-mentioned individual, external and internal organisational risk factors (► see Sections 1.1.2. and 1.1.3.) – as well as training that allows individuals to have a basic understanding of the security risk management procedures and systems in place to protect and support staff.

Organisations should include key messages about risks related to sexual violence – and how the organisation responds to such incidents – in staff pre-departure briefings, in-country security briefings and training sessions.

Training for all staff should entail an overview of staff roles and responsibilities within the organisation in case of an incident – whether in relation to harassment or assault – including expected bystander behaviour and management response.



## Tool 2

### Bystander intervention

Regular training focused on sexual violence should take place across all offices and management levels to raise awareness not only of the risks but also of the role colleagues can play in the prevention and response to incidents in order to support themselves and colleagues (such as through bystander intervention).



**According to experts, improving bystander response is one of the best ways to bolster mechanisms that reduce sexual harassment in an organisation.**

The organisation must ensure that all staff members attend these inductions and training sessions. At their conclusion, participants should be able to:

- demonstrate awareness of sexual violence incident statistics (globally and within the country of operation) and know where to obtain such information;
- define the risks of sexual violence and personal accountability;
- describe the organisation's response process and resources for managing sexual violence incidents;
- identify ways in which to avoid and respond – as individuals and as part of an organisation – to any sexual violence incident, including through awareness of risk factors such as date rape drugs;
- show an understanding of the importance of confidential reporting and how to confidentially report concerns and incidents; and
- describe the critical early steps and medical support available to staff, such as psychological first aid and access to medical services.





**No survivor of sexual violence should ever be blamed, and it is important to ensure that staff understand this.**

Specifically, trained staff should be able to demonstrate that they understand:

- what forms sexual violence can take, where they lie on the continuum, and how one form of violence can create an environment that enables another form;
- what consent means and that it should always be sought before engaging in sexual behaviour;
- that genuine consent cannot be obtained in the context of power imbalances, such as between a manager and a subordinate;
- that anyone can be a survivor of sexual violence, since it can affect all people, regardless of sexual orientation, sex or gender identity;
- that the organisation will not tolerate any form of sexual violence;
- that the organisation will fully support staff who experience sexual violence, regardless of their personal identity characteristics;
- how to be an ambassador for sexual violence prevention efforts;
- how to manage or seek support when faced with sexual violence, including sexual harassment;
- how to report a sexual violence incident and what the agency will do to support survivors and bystanders;
- how the organisation will ensure the confidentiality of the reporting process;
- the importance of confidentiality at every stage in relation to a sexual violence incident; and
- how, if and when alleged perpetrators may be notified of a complaint.

### Prevention training

Training that focuses on preventing sexual violence should consider the living and working conditions of the participants and aim to:

- anticipate the needs of potential perpetrators and deny them space, allies and opportunities;
- strengthen individuals' ability to avert incidents by increasing their capacity to reduce exposure, identify situations and individuals to avoid, and remove psychological barriers that may cause someone to freeze during an assault; and
- empower individuals to act in case they become bystanders.



## Videos to support staff training on sexual violence

**'Tea and Consent'** by Thames Valley Police

**'The Basics of Sexual Consent'** by Rise Above

**'Consent vs Rape'** by Disrespect Nobody

**'How Easy It Is to Slip a Date Rape Drug into a Drink'**

by Security Defense Weapons

*All of these videos are accessible on YouTube.*

### 1.2.3. Reporting and whistleblowing



**Trust lies at the heart of effective reporting and whistleblowing mechanisms.**

Robust and confidential reporting and whistleblowing mechanisms are essential parts of prevention efforts. On the one hand, they support survivors in reporting minor incidents as a way to curb sexually hostile attitudes in the workplace, so that major incidents are less likely to occur. On the other hand, well-functioning reporting and whistleblowing mechanisms can serve as a deterrent against potential perpetrators, especially if these are staff members. However, there are several barriers to reporting and whistleblowing on sexual violence incidents.

Weak reporting and whistleblowing mechanisms may be the result of poor policy and implementation, a lack of transparency and accessibility, and confidentiality concerns. Access is a significant constraint in reporting incidents of sexual violence. Reporting mechanisms should consider how power imbalances, which can be related to identity as well as organisational roles, affect access.

Survivors who wish to report harassment may be unsure how or whether to do so, especially if they feel the incident requires addressing but does not warrant formal disciplinary measures against the offender. To address this type of circumstance, a number of organisations have identified safeguarding focal points (or the equivalent) to whom informal complaints can be made and who are able to sensitively address incidents at the harassment end of the sexual violence continuum.

## Aid in Danger sexual violence reporting mechanism

Insecurity Insight is developing a reporting tool to allow aid workers to report incidents of sexual violence directly to Insecurity Insight. Survivors can report their experience to Insecurity Insight without having formally notified anyone. Insecurity Insight will annually release figures on sexual violence against aid workers on the basis of the information gathered through the reporting mechanism.

The aim of this independent reporting mechanism is to provide survivors with a platform to have their story heard and to ensure that the reported incidents are taken into account within broader policy discussions as well as within global figures on sexual violence in the aid sector.

This reporting mechanism will be launched in early 2019.



For updates see the Aid in Danger website run by Insecurity Insight:  
<http://www.insecurityinsight.org/aidindanger/>

Some survivors may feel that even if the incident is reported, nothing will happen, particularly if the perpetrator is a staff member or closely aligned with the organisation (such as a donor or a partner organisation). Survivors may ask themselves, 'What's the point?' To overcome this doubt, agencies must clearly demonstrate and explain their accountability mechanisms. In particular, they should clarify:

- what process will be followed when a complaint is made;
- that disciplinary action is taken against managers who fail to take action following a complaint;
- the time it may take until the process is finalised; and
- that feedback is provided to survivors regarding what action is being taken and why.



**After a report has been made, the survivor may incorrectly assume that no action is being taken if they are not regularly updated on the organisation's response, particularly if the survivor has been removed from the site of the incident.**

Some survivors may decide not to report incidents if they think they will be disciplined because of their behaviour before the incident took place, for example, breaking curfew. In such cases, survivors do not get the support that is required, and those responsible for staff safety and security remain unaware of a threat that may affect others.

In response to these concerns, some organisations have put in place leniency or immunity policies for survivors who were breaking rules when incidents occurred to encourage them to report incidents.

Organisations can encourage reporting and whistleblowing by strengthening internal whistleblowing systems and procedures, as well as establishing reporting or whistleblowing mechanisms that are managed by independent third parties.

## Whistleblowing

Whistleblowing is when a staff member reports an incident of wrongdoing in the workplace in the interest of others. This is different from an individual reporting an incident, for example, harassment, that is affecting them directly; this type of incident should be addressed through an organisation's incident reporting mechanism.

A survivor or other individual may wish to speak up in the interests of others when, for example, a report has been made about a sexual violence incident, but this report has not been adequately responded to by the organisation. Whistleblowing in response to this type of situation would aim to address a weakness in the organisation's overall systems and processes in order to protect staff, beneficiaries and the organisation itself from harm.

Organisations should strengthen both their reporting and their whistleblowing mechanisms to support sexual violence prevention and response efforts.

Organisations can support whistleblowing by seeking support from external whistleblowing service providers, such as the UK charity [Protect](#).

► *For information on organisational incident reporting, see Section 3.2.3. Incident reporting.*

### 1.2.4. Disciplinary actions, investigations and references

Perpetrators who are aid workers may move with ease between agencies, and this is facilitated in instances where HR departments are pressured to recruit personnel but lack the resources needed to undertake adequate background checks.

In addition to carrying out thorough background checks on prospective staff members, aid agencies should put in place policies that guide whether and how their HR departments share information with future employers on staff members who were subjected to disciplinary action for sexual violence offences. Organisations have traditionally been reluctant to put any remarks



into a staff reference letter other than confirmation of the job title and dates employed. Furthermore, disciplinary action can sometimes result in an agreement between the organisation and staff member to keep the results confidential. Sometimes offenders are given an opportunity to 'jump before they are pushed'.

*'If an organisation starts an investigation into a staff member but the alleged perpetrator leaves the agency before the investigation is concluded, the investigation should still continue in the alleged perpetrator's absence, and a record should be kept on file of the conclusions of the investigation, should these evidence misconduct, in accordance with data retention legislation.'*

Following allegations and donor concerns relating to safeguarding in the wake of the #AidToo movement, aid organisations must consider their ethical responsibilities to limit opportunities for perpetrators to re-offend and to dismantle the enabling culture that currently exists in society generally and the aid sector in particular.

► See Section 4.3. Conducting an investigation.

### 1.2.5. Organisational culture

Within the aid sector, it is not uncommon to find organisational environments that promote a 'macho' culture, which can deter survivors from reporting incidents of sexual harassment. In some organisations there may also be a lack of clear guidance on what would be considered a reportable offence versus 'acceptable' behaviour. It is not unusual for survivors to report facing the dilemma of whether to report, particularly when the perpetrator is a senior colleague, a client or a partner representative, especially if other colleagues appear to accept the behaviour. The taboo nature of sexual harassment and violence within a 'macho' culture also means that survivors are less likely to discuss their concerns among themselves. As a result, they may feel alone in their situation, which can cause additional mental distress.

Each agency has a responsibility to create a culture of strong safeguarding practice to ensure that everyone feels safe, included, protected from harm (including all forms of sexual violence) and informed about how to raise concerns and access support when needed. The way these messages are communicated and delivered within each office is important in creating an inclusive and supportive culture.

Table 1 identifies steps that organisations can take to address negative organisational cultures.

**Table 1: Addressing negative organisational cultures**

Issue	Steps an organisation can take
<b>Perpetrators</b>	Identify and tackle enabling factors, such as the external and organisational risk factors described in Section 1.1.2.
<b>Allies of perpetrators</b>	Identify and tackle organisational attitudes that make it acceptable and possible for staff members to be allies to perpetrators in the commission of an offence.
<b>Hostile attitudes</b>	Discourage offensive and inappropriate jokes and language and challenge rape myths.
<b>Inequality</b>	Promote positive organisational change by addressing gender and other forms of inequality in inductions, training and general organisational procedures. This can create a positive synergistic effect to assist in preventing sexual violence. Power imbalances between colleagues and those relating to identity (including concerns about job security) must be tackled as well.
<b>Trust</b>	Ensure that every staff member feels confident that they can confidentially report concerns, no matter how minor they may initially seem, and that there is a process to deal with these effectively and proportionately.
<b>Recruitment</b>	Carry out robust background checks and be clear on expectations of the applicant prior to recruitment.
<b>Inductions</b>	Include exercises that help staff clearly communicate personal boundaries and effectively identify and respect the personal boundaries of others. This should include guidance on how to be a supporter of a survivor and how to intervene as a bystander.
<b>Policy</b>	Ensure that staff members are aware of organisational policy – including the practical application of a zero-tolerance approach – and that implementation is transparent and consistent.
<b>Accountability</b>	Hold offenders, allies and enablers accountable, consider legal recourse and avoid normalisation of offences. Non-compliance with policy should result in disciplinary action. Consider linking organisational values to performance review and job security.
<b>Management</b>	Ensure all levels of management are aware of their responsibilities and that they are held accountable. This should include exhibiting behaviour that promotes a positive culture around addressing issues of sexual violence in the workplace.
<b>Barriers</b>	Identify barriers to improving organisational culture and address them.
<b>Accessibility</b>	Ensure staff members feel they can approach managers and/or focal points with concerns, as survivors or bystanders. Consider assigning trained focal points for sexual violence concerns in each office. The security focal point is not necessarily the most appropriate person for this role.
<b>Motivation</b>	Reward staff members who exhibit behaviour that promotes a positive culture around addressing issues of sexual violence in the workplace.
<b>Cultural challenges</b>	Avoid challenging cultural beliefs that are identified among risk factors by insisting on workplace rules, the code of conduct and other mechanisms.
<b>Open discussion</b>	Put in place open forums in which staff can discuss issues, including sexual harassment.
<b>Reporting and whistleblowing</b>	Have effective and trusted reporting and whistleblowing mechanisms in place as well as a system for survivors or bystanders to formally and informally report concerns. This should be complemented by a structure and procedures to protect reporters and whistleblowers.
<b>Inclusivity</b>	Involve staff in discussions around the processes and, when possible, policy, to ensure that they are involved in possible improvements and changes.

## Organisational climate survey

The 'climate' of an organisation is what it feels like to work in that organisation and relates strongly to perceptions of what is considered acceptable behaviour. This includes how people speak and communicate with one another (with respect or disrespect) and how staff and management work together. Organisational climates are critical in enhancing or inhibiting behaviour related to sexual violence. For example, organisations that tolerate or permit forms of sexual harassment are thereby communicating that this behaviour is acceptable within the organisation as a whole. By carrying out internal surveys, organisations can gain insight into the characteristics of their climate. Organisations may also consider using an outside agency to conduct an 'organisational climate survey'.



More information can be obtained from the Headington Institute at [support@headington-institute.org](mailto:support@headington-institute.org).



## Further resources

*'A Review of the Literature on Sexual Assault Perpetrator Characteristics and Behaviors'* by Rand Corporation

*'ACT Gender Security Guidelines: threats to men, women and LGBTI staff'* by ACT Alliance

*Aid in Danger database by Insecurity Insight* (database of incident reports, which include reports on incidents of sexual violence)

*'CARE International: sexual harassment, exploitation and abuse transparency report'* by CARE International

*'Eight Principles for Building Trust through Feedback'* by Bond

EISF themes page *'Managing Sexual Violence against Aid Workers'*

*'How Identity Affects the Internal Threats Aid Workers Face'* on the ICRC Humanitarian Law and Policy blog

*'Humanitarian Experiences with Sexual Violence: Compilation of Two Years of Report the Abuse Data Collection'* by Report the Abuse

*'Managing the Security of Aid Workers with Diverse Profiles'* by EISF

*'Online Harassment of Women'* by XYZ

*Protect* (a UK charity that supports whistleblowers and organisations)

*'Sexual Harassment in the Humanitarian Context'* by the Headington Institute  
(accessible on the DisasterReady learning platform)

*'Stop the Sexual Assault against Humanitarian and Development Aid Workers'*  
by Feinstein International Center

*'The Violence Pyramid'* by CCASA



# 2

# Preparedness



Preparing to respond to a sexual violence incident is paramount to responding effectively in the event of an incident. Given the gravity of such incidents, a poorly prepared response can have life-threatening consequences.

Organisations can take numerous prevention actions to support preparedness. This section should be consulted in conjunction with Section 1.2., which also discusses steps organisations can take to promote preparedness.

## 2.1. Developing policies and procedures

Table 2 provides concrete steps an organisation can take to develop policies and procedures designed to help it respond effectively in the case of an incident of sexual violence.

**Table 2: Preparing to respond to an incident of sexual violence**

Area	Steps an organisation can take
<p><b>Safeguarding, safety and security policies and procedures (contingency plans)</b></p>	<ul style="list-style-type: none"> <li>• Develop clear policies and contingency plans on what to do in the event that an incident of sexual violence is reported, including how to manage alleged in-house perpetrators.</li> <li>• Ensure that policies and contingency plans consider the needs and further risks to both national and international staff.</li> <li>• Implement policies and procedures specific to sexual violence and ensure that all staff members are aware of them.</li> <li>• Clearly state what is deemed unacceptable behaviour in the organisation’s code of conduct.</li> <li>• Put in place clear processes of action for staff who are perpetrators, allies or enablers of sexual violence.</li> <li>• Establish whether the organisation can access expertise or professionals who can assist in such incidents, such as the British High Commission for UK nationals.</li> <li>• Establish standard operating procedures (SOPs) for referrals to accountability mechanisms and investigations, including protocols for calling in outside counsel or investigators.</li> <li>• Clarify what psychological and medical support is in place for survivors and their supporters, including the duration and level of support.</li> <li>• Ensure that policy documents state clearly who is responsible for post-exposure prophylaxis (PEP) kits. PEP kits should be easily available; staff members should have the option to obtain PEP kits from the organisation without involving their superiors. For staff members who prefer to obtain PEP kits elsewhere, or if an organisation does not keep such kits, policy should make known where in the country kits may be obtained (such as in clinics or other organisations). Organisations should be clear on what is contained within the PEP kits and inform survivors of these contents.</li> </ul> <p>▶ See Section 3.1.2. Medical response.</p> <ul style="list-style-type: none"> <li>• Conduct regular reviews of appropriate contact details – such as police, as well as international and local medical and psychological professionals – and aim to meet with medical providers and other key service providers annually to check agreements and provisions in each office.</li> <li>• Clarify which insurance policies apply to which staff groups – for example, national or international – and what treatment is covered, including long-term care. All staff members should be aware of insurance coverage in case an event occurs. Clarity on what is covered and what is not covered adds to transparency and promotes reporting.</li> <li>• Brief and train local partner organisations on protocols in the event a staff member who is being hosted by them experiences or commits an act of violence. Organisations should consider including expectations around sexual violence in their partnership agreements.</li> <li>• Establish an annual review to ensure that each country programme has up-to-date policies, procedures and referral mechanisms for responding to incidents of sexual violence.</li> <li>• Consider carrying out stress tests and simulations to ensure processes work.</li> </ul>
<p><b>Reporting mechanisms</b></p>	<ul style="list-style-type: none"> <li>• Establish clear reporting procedures that identify who should be made aware of an incident to protect the survivor’s confidentiality and how information should be stored safely.</li> <li>• Develop a protocol that clearly identifies who is accountable for following up on reports, what steps to take if a case is not being processed properly, and who conducts investigations and sits on the arbitration committee (should one be put in place).</li> </ul>

**Table 2: continued**

Area	Steps an organisation can take
<b>Reporting mechanisms</b> <i>continued</i>	<ul style="list-style-type: none"> <li>• Implement a publicly accessible system through which individuals both inside and outside the agency can raise concerns – confidentially, if necessary – about unacceptable behaviour.</li> <li>• Make complaint mechanisms accessible to all staff. The reporting procedure should be anonymous and confidential for those who wish to submit complaints about current or past incidents of sexual violence.</li> </ul> <p>▶ See Section 3.2.3. Incident reporting.</p>
<b>Briefing and training of staff</b>	<ul style="list-style-type: none"> <li>• Ensure that all potential first responders to an incident are trained.</li> <li>• Include key messages about the organisation’s response to sexual violence incidents in all staff inductions.</li> <li>• Ensure that tools and guidelines to support responders are up to date, accessible and ready for distribution.</li> <li>• Make certain that information about medical, forensic and legal procedures – including reporting requirements and local protocols – are documented, accessible and up to date.</li> <li>• Train all staff on risks in the local context and how to prevent incidents and mitigate risks, including incidents of sexual violence.</li> <li>• Train all staff on their role and responsibilities, as well as their limits, in responding to sexual violence, including as a bystander.</li> <li>• Make sure that all staff members know how and when to report an incident and how to protect confidentiality.</li> </ul>
<b>Clear roles and responsibilities</b>	<ul style="list-style-type: none"> <li>• Ensure that a trained member of staff is available 24 hours a day to staff in each office to respond to serious incidents such as rape. This responsibility could be rotated regularly among trained personnel. Staff members who wish to report to someone immediately following an incident should be able to choose from among at least two people.</li> <li>• Determine whether the security focal point in a country programme has the capacity and training required to deal with cases of sexual violence. While these individuals are the ones who handle operational safety and security issues, they are not necessarily the most appropriate focal points for incidents of sexual violence.</li> </ul>
<b>Documentation, monitoring and evaluation of serious incidents</b>	<ul style="list-style-type: none"> <li>• Establish a documentation process for the reporting of incidents of sexual violence, in line with organisational policy – unless such measures are incompatible with confidentiality requirements or the wishes of the survivor. Incident reporting procedures need to be flexible enough to accommodate these types of incidents.</li> <li>• Put in place a post-incident review process to reflect on incidents with senior management and relevant staff (local and international) to improve future responses, including risk assessment and reduction strategies, responses and communication processes.</li> <li>• Put in place case management procedures for tracking perpetrators, actions taken to support survivors, incident statistics and issues related to reported incidents. Include protocols for data retention, placement of information about incidents in HR files and communication of said information internally and to future employers.</li> </ul>
<b>Logistics</b>	<ul style="list-style-type: none"> <li>• Maintain access to several vetted secure and safe accommodations with private bathrooms.</li> <li>• Ensure that trusted private transport services are available to the survivor and an accompanying person.</li> <li>• Have arrangements in place for confidential repatriation for international survivors upon request or as needed.</li> <li>• Ensure that funds are accessible to cover costs, assist survivors and support their reintegration into routine life processes. Insurance policies do not necessarily cover all of these expenses.</li> </ul>

## 2.2. Briefing and training staff

Building the capacity of all staff helps to create a cohesive, supportive community that contributes to prevention efforts. By clarifying everyone's roles and responsibilities, this approach also increases the likelihood of an appropriate response to incidents of sexual violence. All staff should receive training upon recruitment – or, for international staff, before deployment – about the local context and culture in relation to sexual violence, safeguarding, and safety and security issues that relate to risks of sexual violence. This training should include organisational principles, policies and procedures regarding all forms of sexual violence, including how to report an incident confidentially.



**The organisation must send a clear message to staff that sexual violence is never acceptable and an individual is never to blame for being the target of sexual violence.**

In covering how staff should respond in the case of an incident, training should consider the different 'roles' of survivors, bystanders, colleagues who are asked to help, first responders, survivor supporters, security focal points and managers.

Staff should be empowered to intervene as bystanders in order to prevent incidents from escalating, respond to an assault, and also to provide immediate support to the survivor after an incident, for example by involving the appropriate organisational focal points.



### Tool 2 Bystander intervention

► See Section 2.3.6. *Bystanders*.

Sexual violence training for staff should include not only what to do if an incident occurs, but also how the organisation is to respond in such situations, what is to be done if no action is taken by the responsible individual, and what is to be expected if the perpetrator is a staff member. Training should also aim to cover information on how to collect and preserve evidence in case the survivor may wish to bring a case immediately or at a later date.

### Case study

One organisation has noted positive feedback from staff regarding its internal security training, which covers risk factors and the response process for dealing with incidents of sexual violence. Staff reported feeling empowered by the knowledge that a process was in place and expressed their appreciation of high levels of support and confidentiality. As a result, the organisation has broadened the conversation to cover sexual harassment experienced on a daily basis in different environments, reporting of low-level issues, ways to support staff and mechanisms for dealing with external stakeholders involved in the harassment.

Organisations should ensure that all staff and external trainers who provide briefings or training are comfortable presenting the subject matter and that they are able to clearly reflect the principles guiding the organisation's zero-tolerance approach to sexual violence to diverse audiences. Briefing and training on these issues must, therefore, combine both sensitivity to the context and culture, and a step-by-step run-through of the principles that guide the organisation's prevention and response to all forms of sexual violence.

To respect cultural norms and beliefs, the organisation may consider delivering briefings and training to single-sex rather than mixed-sex groups, in order to provide a comfortable space in which all participants may ask questions, raise concerns and participate actively in dialogue. Views and norms about gender, gender identity, sexuality and sexual violence differ across cultural contexts.



*'Sometimes single-sex discussions can actually ghetto the conversation, so use it sparingly or in conjunction with other methods.'*

Conceptions of gender and sexuality vary, and open discussions of issues related to sexual violence may not be customary in all settings. Rather than limiting the conversation, local attitudes can help to inform the training approach.

Organisations should consider training selected staff – such as security focal points, staff representatives, first responders and survivor supporters (where possible) – on how to provide psychological first aid.

## Psychological first aid

Staff members who have not been trained as mental health professionals can use psychological first aid (PFA) to support distressed individuals who have experienced a traumatic event. PFA is different from a psychological debriefing in that it does not involve a detailed discussion about the incident; rather, it is focused on supporting the survivor's long-term recovery.

Key principles of PFA include:

- active listening;
- cultural sensitivity; and
- compassion.

PFA involves responses such as:

- practical care and support;
- assessments of and responses to needs and concerns;
- protection from further harm;
- listening and comforting; and
- referral for further support.

### 2.3. Clarifying roles and responsibilities

Certain staff members may have particular duties in preventing or responding to sexual violence. The in-country lead, HR and security focal points may be the first who are required to act on a report of sexual violence against staff, ensuring that both the survivor and others are safe and secure.

It is important that all staff members understand their individual roles and responsibilities, as well as the limits of those roles and at what point to refer to specialised professionals.

Key roles to be covered at each office level – headquarters, country and field – should be clearly defined in relation to:

- medical, safety and security management;
- information management;
- communications and media management;
- responses to sexual violence;
- psychosocial support; and
- investigations and reviews.

Anyone with a specific role, including the survivor supporter, requires training (including refresher training at regular intervals), supervision and support to build competence, confidence and effectiveness in troubleshooting difficult or complex situations, as well trauma response. Supervision and support are also important to ensure the well-being of staff who take on these responsibilities and may be exposed to upsetting stories or situations.

Organisations should provide clear guidance on responsibilities related to incidents of sexual violence for the roles discussed in Sections 2.3.1. – 2.3.8.

### 2.3.1. First responder

If a sexual violence incident is formally reported through established incident reporting protocols, then the first responder should be a trained member of staff with the knowledge and competencies to immediately respond to the incident following established organisational protocol. This may, for example, be a safeguarding focal point.

However, the survivor may first confide in a friend or close colleague. With the survivor's consent, this individual should aim to immediately seek the support of a designated focal point, such as trained first responder, to guide the survivor through the initial steps of a response. In the absence of the survivor's consent to involve others, this individual may need to take the initiative of informing the survivor of the organisation's recommended response steps and, with the survivor's consent, guiding them through this process. Organisations should be prepared for this eventuality by allowing these first responders to gain access to the necessary guidance, information and resources they require to support the response process, while still maintaining the anonymity of the survivor.

► *See Section 3.1.1. Overview of immediate actions.*

### 2.3.2. Survivor supporter

Depending on the situation and the relationship with the survivor, a first responder may be asked to become the 'survivor supporter' – that is, the person with whom the survivor will have the most contact after the event and whose task is to support the survivor and act as liaison between the survivor and the organisation.

A survivor supporter is usually identified following a serious incident of sexual violence, such as rape or another form of sexual assault. However, every incident is unique, and it may be beneficial to identify a survivor supporter for other incidents of sexual violence, such as sexual harassment, depending on the needs of the survivor.

Organisations can encourage survivors to select a person to accompany them or assist them after an incident. In some cases, organisations can assign a trained staff member the role of survivor supporter if the survivor

approves. This can be beneficial as these individuals will be familiar with the organisation's response protocols and will have received the necessary training to accompany the survivor appropriately, for example, training on psychological first aid.

The survivor should be allowed to choose their supporter, such as a trusted colleague, a trained survivor supporter, or a family member or friend.

Since the circumstances of incidents vary, it is important to remain flexible regarding survivor supporters. Senior management should consider training all staff members to be survivor supporters as the responsibility may fall to anyone as a core part of their function. Should the survivor choose a friend or family member as a survivor supporter, the organisation should provide appropriate guidance, and where possible, training to support this individual in their survivor supporter role.



**All staff members should know what to do if a colleague or friend reports an incident to them in confidence.**



**Tool 5**  
Guidelines  
for a survivor  
supporter

Organisations are advised to provide written guidance for survivor supporters, including on:

- being available to the survivor;
- providing basic support;
- listening to the survivor;
- maintaining confidentiality and privacy;
- providing psychological first aid to the survivor; and
- their role and relationship with other actors in the organisation and how this engagement should be guided by the wishes of the survivor.



*'Make sure you are clear on the survivor supporter's need to maintain privacy and confidentiality. When are they required to report? Would this only be during times of risk to other staff? How is that determined? What is the threshold of a "risk" to other staff for your organisation?'*



**The survivor supporter may experience fatigue, and this can use a lot of their emotional resources. Organisations may need to offer an alternative support person to the survivor if the survivor supporter needs respite.**



In relation to survivor supporters, organisations are encouraged to consider the following key questions:

- If the organisation assigns a survivor supporter, should the person be a local, regional or headquarters-based staff member?
- What other criteria should influence the selection?
- What information and training does the survivor supporter need before and after an incident occurs?
- Under what circumstances should the survivor supporter seek external support from the organisation's trained focal points?
- What should the organisation do if the trained survivor supporter has a perceived connection with the alleged perpetrator?



*'Be clear and transparent about where staff members' allegiances should lie. A manager who is charged with investigating allegations should not be supporting the survivor at the same time. There is an inherent conflict in these two roles.'*

### 2.3.3. Security focal point

The involvement of security focal points in a sexual violence incident will vary from organisation to organisation. Their engagement will be most evident in supporting prevention and preparedness efforts through risk assessments, risk mitigation strategies, implementing policies and process, training and participation in HR recruitment processes as appropriate.

In relation to sexual violence, security staff must be able to:

- identify and analyse risk factors relating to sexual aggression (using an inclusive identity approach);
- devise and implement risk mitigation measures in a consensual and respectful manner with staff of all profiles;
- conduct a briefing that communicates the threat, in proportion to the risk and the risk reduction measures;
- stop inappropriate conversations, behaviour, jokes and online abuse;
- be alert to social markers that indicate sexually hostile workplaces;
- act as an empowered bystander in all environments and encourage others to do so through strong communication skills and by setting an example; and
- create a context-specific survivor-centred contingency plan whose guiding principles are safety, confidentiality, respect and non-discrimination.



### 2.3.4. Safeguarding focal point

To improve reporting of sexual violence incidents, some organisations have introduced a safeguarding focal point, ombudsperson or similar position whose purpose is to provide staff with a confidential way to report incidents or raise concerns. These individuals may become first responders in given circumstances and require appropriate training to support this function.

The presence of a safeguarding focal point can ensure that staff members raise concerns even if they feel that the issues may not be serious enough to warrant formal reporting. This is key to understanding whether a workplace environment is conducive to more serious code of conduct breaches.

**The security focal point, human resources manager or gender advisor should not automatically be considered the safeguarding focal point. This role requires particular skills, competencies and training to instil trust among staff members that this individual will handle serious concerns in a confidential and effective manner.**

A safeguarding focal point should have the autonomy to receive and act upon reports in a confidential manner, with no obligation to report incidents to senior management. This individual should act as a conduit between the survivor and the organisation until a formal survivor supporter is identified.

Safeguarding focal points must be:

- trained;
- culturally sensitive;
- accessible;
- open and compassionate towards all identity profiles;
- aware of reporting protocols;
- respectful of confidentiality and privacy; and
- empowered to act upon reported concerns and incidents, in line with the survivor's wishes.



**Some organisations have a safeguarding team at headquarters and focal points in each country office. It is advisable to have two safeguarding focal points in each office (one female and one male).**

### 2.3.5. Human resources

Human resources staff play a strong role in influencing policy and practice in relation to sexual violence. They may be asked to:

- support or lead the development and dissemination of the code of conduct;
- develop policies in relation to duty of care towards the survivor, survivor supporter, colleagues and perpetrators (who are members of staff);
- provide input on information management in relation to incidents;
- guide the confidential response process to an incident of sexual violence; and
- lead or support the internal investigation into the incident.

The role that HR staff plays in relation to a sexual violence incident needs to be extremely clear in the organisation's policies and contingency plans.



**HR staff play an extremely important role in, firstly, ensuring that sexual predators are not recruited through appropriate backgrounds checks, and, secondly, in preventing sexual predators from moving to other organisations by ensuring appropriate internal policies and procedures in relation to disciplinary actions, investigations and referencing.**

### 2.3.6. Bystanders

Bystanders are individuals who witness a sexual violence incident, and they can play an important role in supporting survivors and promoting positive work environments. Conversely, when co-workers do not speak up if they witness uncomfortable events at work, this can cause survivors to doubt themselves and refrain from reporting these types of incidents.

The level of intervention from a bystander varies depending on the situation and the capability of the individual. In the case of serious incidents or if there are stark power imbalances, it can be dangerous for bystanders to intervene.

In most cases relating to minor sexual violence incidents, however, bystanders can make a strong positive contribution simply by stopping harassment or condemning inappropriate conversations in the workplace.



#### Tool 2 Bystander intervention



*'There is a growing understanding of the importance of empowering bystanders to prevent, prepare for and respond to sexual violence incidents, which is why this topic has come off the page and into the training rooms.'*

### 2.3.7. Internal investigators

The internal investigating individual or investigation committee needs to be completely independent from:

- the survivor;
- the alleged perpetrator; and
- the management line of either of these individuals.

HR departments should be in a position to provide support to an internal investigation.

► See Section 4.3. *Conducting an investigation.*

### 2.3.8. Leadership teams

Leadership teams can play an important role in prevention and preparedness by spearheading a strong and realistic zero-tolerance approach and by informing key policies and processes. Leadership teams should not involve themselves directly in a sexual violence incident response, but rather focus on ensuring that the process is survivor-centred to the greatest extent possible, that each function is empowered to follow policy and procedure, and that the investigation process is independent.

To ensure preparedness and expedite the response process, an organisation's leadership team should aim to answer the following key questions prior to an incident taking place:

- What does 'zero tolerance' mean for the organisation?
- Does the organisation have the internal expertise to deal with incidents in all locations?
- Do staff members know and have confidence that there are response processes in place, and that these will be supported effectively?
- Could the organisation deal with a serious incident effectively now and could it deploy resources effectively?
- How would the organisation deal with an incident in which the alleged perpetrator and survivor are both staff members?
- Is the organisation prepared to shut down projects or reduce budgets or programming to support a staff member who is a survivor of sexual violence if required?
- Is the organisation prepared to shut down projects or reduce budgets or programming if the perpetrator is a staff member, partner or donor?



### Tool 1

Scenarios for  
senior  
leadership

Organisations should consider organising scenario planning workshops with leadership teams to support preparedness activities. These workshops can help ensure that organisational leaders are well informed and confident in the organisation's response preparedness to a variety of sexual violence incidents.

## 2.4. Understanding the legal environment

Organisations should ensure that they have a solid understanding of the legal environment in which they operate, especially in relation to sexual violence incidents. Consider also that extra-territorial prosecutions may take place for sexual violence committed against or by international staff.



**The legal requirements of a contingency plan should consider the response for both national and international staff.**

In preparing for a potential incident of sexual violence, organisations should:

- know whether there is a legal requirement to report an incident of sexual violence to the police;
- know whether a survivor or alleged perpetrator must or should remain in the country in the event that a survivor makes a report to the police;
- determine how safe reporting to the police is for a survivor;
- assess how safe reporting to the police is for the alleged perpetrator (especially if this individual is a member of staff);
- have details of – and, ideally, a retainer agreement with – a trusted local criminal lawyer in each country of operation who will be available on short notice if a survivor wishes to involve the justice system or if a staff member is arrested for an offence;
- understand the legal position if the alleged perpetrator or survivor is an international staff member;
- understand the legal and confidentiality implications associated with medical treatment options, such as accessing emergency contraception and PEP, which can be restricted to specific clinics and government hospitals and sometimes inaccessible altogether in particular contexts; and
- understand the legal position if survivors want to bring cases in their home countries or the country where the organisation is headquartered.



**Major embassies keep lists of trusted local legal officials who can help to provide a better understanding of the local legal picture.**



When an incident has taken place, the organisation must be able to advise the survivor on the options at hand, including by explaining:

- the potential consequences of reporting an incident to the local police;
- how sexual violence incidents are treated in the country's criminal law, civil law and legal practice; and
- what counts as a criminal offence in the given context, who is considered culpable and what requirements must be met for a legal case.

**In some places, survivors may face additional harm if they report a sexual violence incident to the local police. They could be assaulted or punished for extramarital sex. In some countries, they may be asked to produce a witness to be allowed to report an incident of sexual violence.**

Organisations should understand the consequences of a survivor's decision to submit a police report and can prepare by answering the following key questions for each office and country of operation:

- Which police station is in charge and where should the report be filed?
- Can the police be asked to travel to the survivor's location?
- What is the time period within which reporting must take place?
- Are there restrictions on forensic medical evidence gathering?
- How long does reporting take?
- How many times will the survivor be required to repeat the account of what happened?
- In what languages can reporting be done and where can the organisation access translators?
- If reporting must be done by the survivor personally, what medical examination (including which clinic) do the police recognise?
- Do the police require their own medical checks? If so, where and how will these take place?
- What does the criminal process require of the survivor and what duties can others, such as the organisation or a lawyer, carry out on the survivor's behalf?



**Reporting a sexual violence incident and following the legal process through can be very distressing to the survivor. The individual may require extensive psychological and social support to go through with any action involving local police or the court system.**



### Tool 3

Legal  
environment  
questionnaire

The impact of legal proceedings on the alleged perpetrator should also be considered by the organisation. This is particularly the case where the organisation has a duty of care towards the alleged perpetrator, for example, if they are a staff member. The impact of legal proceedings on alleged perpetrators should also be a consideration in contexts where the alleged perpetrator would be at very high risk of harm, which may be a breach of human rights legislation or conflict with the organisation's values.

Justice does not always have to be pursued in the legal system; with the survivor's consent, justice can be mediated through local community leaders. In such cases, however, it is important to consider whether reporting on an incident to a person of responsibility in the community, such as an elder, may put the survivor or alleged perpetrator at risk of harm.

## 2.5. Building a network of service providers

Organisations should establish a network of competent service providers in all countries of operation that can deliver services in the event of a sexual violence incident. The network should include medical and psychological service providers.



*'When evaluating which service provider may be a good fit, see if they are committed to responding to and seeing the survivor within a set period of time, for example, within 24 hours. You don't want sexual violence survivors having to wait a week to see a provider. Providers should understand that this is an urgent situation and be willing to give these patients priority.'*

### 2.5.1. Medical service providers

It is advisable to identify a professional medical service provider in the country of operation to support international and national staff in the event of a sexual violence incident. Before doing so, organisations should check what support the insurance provider can give in such an instance and what treatment is covered, including whether the survivor is covered for medical evacuation if there is limited physical damage. It is important to determine what medical conditions would require out-of-country support and whether there are separate policies for international and national staff.

Organisations should also identify medical service providers who can provide PEP kits that can be accessed quickly and confidentially in the event

of an incident. When assessing medical facilities for their access to PEP, it is advisable to ask whether the facilities will issue PEP to survivors who do not wish to undergo a medical examination to gather forensic evidence or who are not supporting a police investigation.

Similarly, organisations should inform themselves in advance of an incident what the options and limitations of forensics are in the country and where to turn for a stronger regime if required. Organisations should try to pre-identify safe places in each country of operation where a medical exam could be carried out following the survivor's wishes. Local medical facilities may not be appropriate for such exams, and it may be worth discussing with other organisations operating in the area what options are available.

Organisations should establish procedures for referral to competent and caring international medical professionals, when advisable. These procedures should consider technical issues that may hinder certain types of support, including poor connections for remote support.

► See Section 3.1.2. *Medical response.*

### 2.5.2. Psychological service providers

Organisations should establish procedures for referral to competent and caring local or international psychological professionals who understand the culture and work of the organisation. To support such referrals, organisations should have a process for vetting therapists and other mental health professionals to ensure they have the credentials and experience needed to be of assistance to a survivor during a critical time in their recovery.

Table 3 presents guiding principles that an organisation can use when interviewing or selecting a mental health professional for its sexual violence response and support network. The principles are listed in the order of importance. It should be noted that these principles serve only as guidance, as it may be difficult, depending on the context in which an incident occurs, to find individuals with the specified credentials, experience and training.

Some organisations have found that having a separate provider who speaks the local language and understands the culture and customs can make the recovery process more seamless for national staff. It can be useful to set up agreements with providers in different regions. Ideally, a contract or agreement should specify that the provider agrees to respond within 24 hours and to schedule an appointment and see the survivor as soon as possible.

Contracts with all parties should clearly state the scope, number and type of sessions the organisation is willing to cover and how these will be paid for. Such clarity can be helpful to trauma survivors, who face a great deal of uncertainty, which can trigger emotional responses. Organisations are



**Table 3: Guiding principles for selecting mental health service providers**

Guiding principle	Considerations
<b>Credentials</b>	In general, a master’s degree in psychology, counselling or a related field is a minimum requirement. A psychiatrist may also be appropriate. It is important to be aware that medically trained people – in contrast to professionals in psychology, social work and counselling – may be more focused on symptoms or psychiatric disease, which may be less useful for dealing with acute or long-term post-traumatic conditions. Psychiatrists usually focus on psychiatric medication rather than talk therapy. Trauma survivors – including sexual violence survivors – greatly benefit from talk therapy in the recovery process.
<b>Experience</b>	A seasoned, skilled and compassionate ‘generalist’ mental health practitioner may be very useful for providing evaluations and treatment for staff experiencing distress as the result of exposure to a traumatic event. However, experience of working with survivors of trauma, and specifically sexual violence survivors, is highly recommended. Working with sexual violence survivors is a delicate and sensitive undertaking and requires good judgement, training and experience. When interviewing mental health professionals, it is useful to ask about their experience treating survivors of sexual violence and what their methods are.
<b>Training</b>	Relying on ‘training’ as the primary qualification is the most common pitfall in the identification of local providers for this kind of work. Many mental health professionals in the United States, Commonwealth nations and, to some extent, Europe, have undergone some kind of training, usually in ‘critical incident stress debriefing’. It is important to take into consideration that the level and intensity of training varies, as do the expertise and experience of the trainers. In general, training curricula and the models upon which they are based may be formulaic and narrow. Ideally, an organisation should identify a qualified mental health professional with training in psychological first aid and common evidence-based and effective therapies for trauma, including cognitive processing therapy (CPT) and prolonged exposure (PE) therapy. Psychotherapists who have training in evidenced-based psychotherapies are usually more equipped to deal with trauma survivors but finding an individual with this background may be challenging in some contexts.

advised to explain policies and procedures to survivors – as well as to mental health professionals. The number of authorised sessions directly affects how the mental health professional intervenes with the survivor.



*‘Generally, two therapy sessions will allow only basic stabilisation and advice-giving and referral. Four to six sessions may allow more time to treat the trauma symptoms and help the survivor’s recovery more directly.’*

Organisations should also consider setting up a contract with an organisation that has experienced mental health professionals who can provide competent services internationally. Some organisations can provide telehealth or remote counselling to survivors via secure video-conferencing software to aid workers in remote locations.

► See Section 3.2.2. *Psychological response.*

## 2.6. Managing communications

In the event of a serious sexual violence incident, organisations have to make some important communications-related decisions. These are best planned for in advance.

Key questions to consider and prepare for include:

- What internal communications protocol will be followed in the event of an incident?
- What external communications protocol will be followed in the event of an incident?
- Will the organisation share information with other organisations to avoid similar incidents in the future?
- What information regarding the perpetrator can be shared with other organisations?

By sharing information about the incident with external people and institutions, an organisation may heighten the risk that:

- the survivor will experience further trauma;
- the confidentiality of information about the survivor will be endangered;
- the survivor will be exposed to unwanted attention or even danger (from the alleged perpetrator, for example);
- staff will be contacted by journalists who seek more information;
- social media comments will be used by the police or hamper police and internal investigations; and
- social media posts by staff, the survivor or the alleged perpetrator may be used as evidence in civil litigation.



*'While organisations should respect a survivor's wish for confidentiality, they should avoid sending the message that survivors should be ashamed of their experience and prevent others from knowing about it. One survivor said that while her organisation was very strict about maintaining confidentiality in the belief that they were protecting her privacy, the instruction that she was not allowed to say anything to her colleagues made her feel that she had done something wrong.'*



**Organisations must be prepared in case the survivor wishes to speak out about the incident.**

Survivors have the right to speak out about an incident if they choose to and organisations should be prepared for this eventuality. Affected staff may wish to reach out to friends and family following an incident. Such contact may increase the risk that strangers – including journalists – will be able to find, copy and perhaps publish the information, especially if this contact is made via social media.

Organisations should develop guidance to support survivors who wish to talk about their experience. Survivors should feel empowered to make their own decisions while having the option to speak confidentially with a qualified focal point in the organisation about the possible reasons for and consequences of speaking out. A trained safeguarding focal point or a communications focal point for this eventuality should be identified as part of preparation activities.



**No one but the survivor should share information of any kind about a sexual violence incident on social media.**



### Further resources

*'Crisis Management of Critical Incidents'* by EISF

*'Critical Incident Protocol'* by CARE

*'Gender and Security: guidelines for mainstreaming gender and security risk management'* by EISF

*Good Practice Tools* by Report the Abuse (for addressing sexual violence in humanitarian organisations)

*'Managing the Message'* by EISF

*Online training overview* by the Headington Institute

*'Peace Corps Manual'* by Peace Corps (for resources on sexual violence preparedness and response)

*'Prevention, Policy and Procedure Checklist'* by Report the Abuse

*'Protection from Sexual Exploitation and Abuse by Our Own Staff'* by the IASC PSEA Taskforce

*'PSEA Basics Training Guide'* by InterAction

*'Psychological First Aid: guide for field workers'* by WHO, War Trauma Foundation and World Vision International

*RAINN (Rape, Abuse & Incest National Network)*

*'Rape and Sexual Assault Abroad: returning to the UK'*  
by the UK Foreign and Commonwealth Office

*Resources* page on the Thrive Worldwide website

*'Security Incident Information Management Handbook'*  
by RedR UK, Insecurity Insight and EISF

*'Trauma & Critical Incidents'* by the Headington Institute

# 3

## Response



This section covers the main steps an organisation should consider taking in response to an incident of sexual violence, particularly rape and other forms of sexual assault. For less severe incidents of sexual violence, such as sexual harassment, the guidance in this section will need to be adapted to the circumstances of the incident.



**Tool 4**  
**Sexual violence response task list**

This section of the guide covers the three initial stages of a response to an incident of sexual violence (see Figure 4). The follow-up post-incident actions and aftercare are discussed in more depth in Part 4.

The timeframes and actions suggested in this section are designed to ensure the security and well-being of the survivor, the preservation of physical evidence (if there is any), and the provision of appropriate and timely medical and psychological care in the initial aftermath of an incident. It should be noted that this guidance must be tailored to the specific circumstances of each case.



*The advice shared must take into account the survivor's profile (such as if they are a local) and the local context, including whether pursuing legal proceedings may result in more harm for the survivor. In the Middle East, for example, reporting could lead the survivor to be prosecuted for having extra-marital sex, engaging in adultery, or both. In Pakistan and parts of India, reporting could lead the survivor to be raped again as punishment. Do not encourage survivors to preserve evidence if this does not help them in the long run.'*





*'If the survivor and other affected persons do not receive confidential care, there is a risk of self-harm and suicide. Maintaining confidentiality is vital.'*

Empowering survivors after incidents of sexual violence, during which their right to choose was not honoured, can facilitate healing and render the process of reporting and seeking help less traumatising.



**Respecting survivors' wishes, especially in the initial response phase, is vital.**

If decisions need to be taken against survivors' wishes – such as moving them to a safer location to prevent further harm – those decisions must be explained clearly and carefully, as the aim is to give them back as much autonomy as possible. Training survivor supporters on how to identify 'red flags' can ensure that survivors receive emergency care when they need it most.

### Red flags

'Red flags' are signs that an individual (for example, the survivor, survivor supporter or alleged perpetrator) needs an immediate referral to specialised professionals, even if they have indicated that they do not wish to seek professional medical and psychological support.

Urgent care and support should be provided to individuals who are:

- physically injured and in need of emergency medical care;
- at risk of harming others;
- at risk of harming themselves by cutting, burning or other means;
- unable to care for themselves or keep themselves safe (for example, if they fail to eat consistently, are unable to shower or maintain a basic level of personal hygiene, or place themselves in high-risk situations);
- exhibiting symptoms of dissociation, including feeling like they are outside their body, a state of limited awareness or 'blurriness', 'checking out' or long periods of staring;
- exhibiting intense anger or threatening violence;
- talking about suicide or how they would be 'better off dead';
- consistently crying or engaging in emotional displays;
- exhibiting recklessness, risk-taking or impulsive behaviour;
- abusing substances (such as alcohol or drugs), for example by drinking until they 'blackout'; and
- becoming paranoid or displaying fearful behaviour in professional settings.

## 3.1. Immediate response

#### KEY ACTIONS

In the event of an incident of sexual violence, the organisation should immediately:

- ensure the survivor's and team members' security and safety;
- offer to arrange emergency medical care confidentially, with the survivor's consent;
- offer to arrange transport to a safe location if danger is imminent or if the survivor wishes to move;
- ensure the survivor knows that the organisation believes their account of what happened;
- assure the 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 survivor in touch with friends and family, if desired;
- find out from the survivor whom they would like their 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 survivor of the reporting protocol; and
- start a confidential log of all communications and decisions for the response process with the survivor's consent.

### 3.1.1. Overview of immediate actions

A key aspect of the initial response is to provide the survivor with all the information and support they need to make informed decisions.

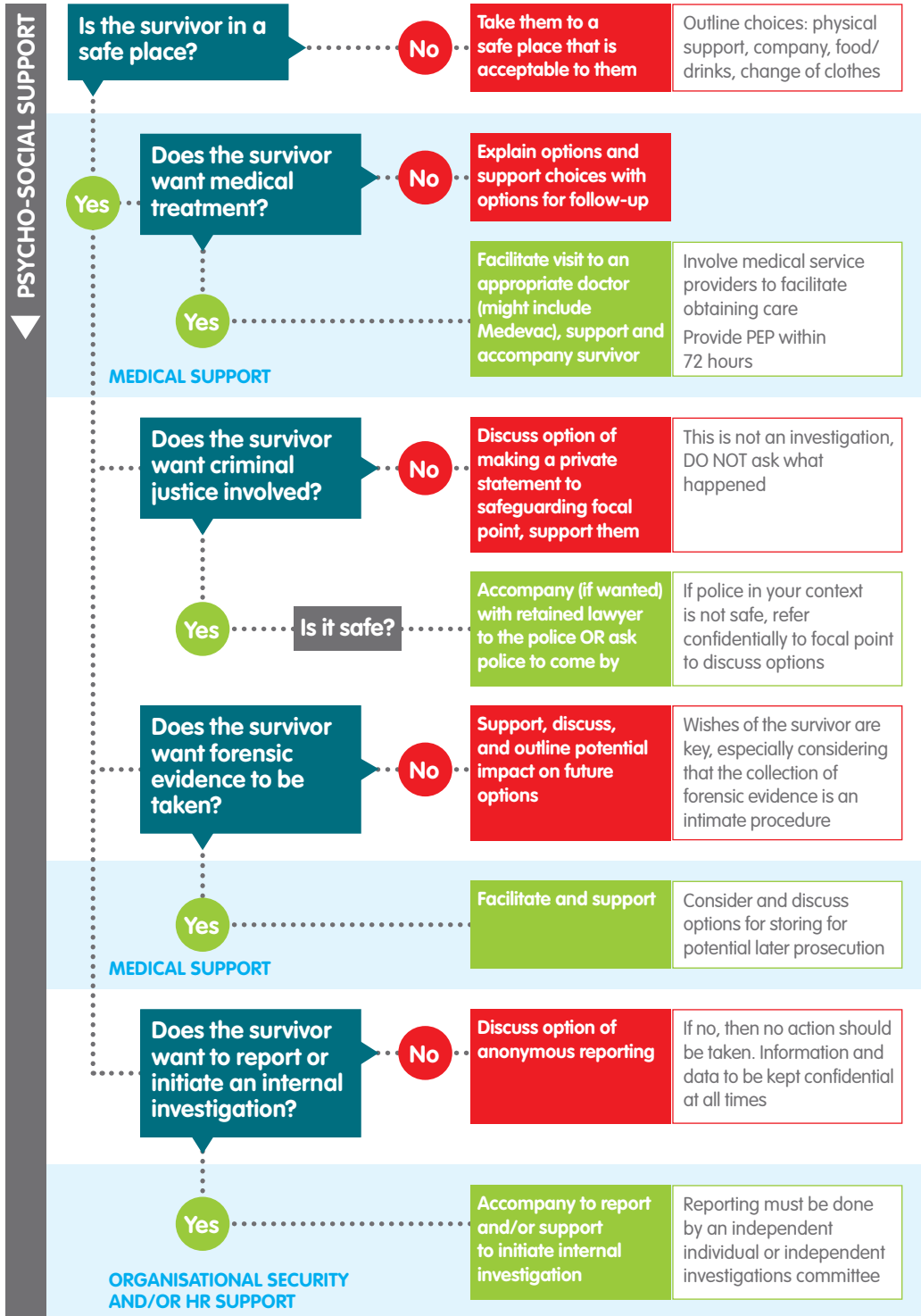


*'Survivors are often struggling with feeling a loss of control. Giving them a sense of certainty and expectation around next steps can reduce the sense of loss of control or helplessness.'*

Figure 5 covers the immediate actions that should be taken after an incident has occurred, the majority of which are likely to be led by a first responder.



**Fig 5: Initial response steps**



Adapted from GIZ and Catherine Plumridge's 'Algorithm for Post-assault Management in the Field'



### Tool 5

#### Guidelines for a survivor supporter


It is important to remember that the first responder may be a friend or colleague and not a trained staff member equipped to respond to this type of incident. Table 4 can assist first responders at all levels, including those who have not received any prior training in this area.

The first responder may become or hand over responsibilities to the survivor supporter during or after these initial steps. Survivor supporters will then need to take a series of specific steps to assist the survivor appropriately.

**Table 4: General advice for first responders**

Goal	Things to do	Things you can say	Things NOT to say or do
Ensuring the survivor's security, safety and initial support needs	<ul style="list-style-type: none"> <li>• Be empathetic and convey to the survivor that you believe their story.</li> <li>• Ensure their security and safety as a first step. If the report was made over the phone, ask if they are safe and who is there with them, if anyone. If you determine the survivor is not in a safe place, help them get to safety by arranging transportation, calling emergency services (if these exist in the location) or a trusted appropriate local contact who is known and approved by the survivor.</li> <li>• Find out if the survivor is injured or in need of emergency medical care. Emergency medical care is highly recommended when there has been a potential exchange of body fluids (blood or semen). Inform the survivor about the importance of receiving prompt emergency care and then arrange it as required. This needs to be done in line with the survivor's wishes.</li> <li>• If the survivor is reluctant to seek necessary medical care, but there are clear concerns about medical safety, consider confidentially seeking help from an organisational focal point or appropriate medical service provider who can speak to the survivor directly to discuss the risk. The survivor will need to consent to medical care or make an informed decision regarding refusal of medical care.</li> <li>• Respect the survivor's wishes as much as possible, as long as these wishes do not put them at further risk.</li> <li>• Consider if other staff may be at risk of harm and ensure mitigating steps are taken to guarantee their safety. Involve the organisation's security focal point if they are not yet involved but do not share more information about the sexual violence incident than is absolutely necessary.</li> </ul>	<p><i>'I'm so sorry this happened to you. Please know you are not alone, and we are here to help you.'</i></p> <p><i>'Where are you now?'</i></p> <p><i>'Are you injured?'</i></p> <p><i>'What do you need/ want right now?'</i></p> <p><i>'You don't need to tell me any details.'</i></p> <p><i>'Do you know where the perpetrator is now?'</i></p> <p><i>'What can we do to make you feel safer?'</i></p> <p><i>'What do you think you need?'</i></p> <p><i>'Do you have a plan for the next 24 hours to take care of yourself? Is there someone who can stay with you?'</i></p> <p><i>'What information would be most helpful to you right now?'</i></p> <p><b>If the report was made over the phone:</b></p> <p><i>'In case we get disconnected, how can I call you?'</i></p> <p><i>'Are you safe where you are?'</i></p> <p><i>'Are you alone or with someone you trust?'</i></p>	<p><b>Do NOT blame the survivor for what happened.</b></p> <p><b>Do NOT say:</b></p> <p><i>'Why were you in that area?'</i></p> <p><i>'Were you drinking?'</i></p> <p><i>'What were you wearing?'</i></p> <p><i>'How were you behaving?'</i></p> <p><i>'Was it your fault?'</i></p> <p><i>'Were you asking for it?'</i></p> <p><i>'What were you thinking?'</i></p> <p><i>'Are you sure this all happened?'</i> (implying disbelief)</p> <p><i>'What happened?'</i></p>

**Table 4: continued**

Goal	Things to do	Things you can say	Things NOT to say or do
<p><b>Offering support</b></p>	<ul style="list-style-type: none"> <li>Depending on the circumstances, offer support by telephone or, if you can, face to face.</li> <li>If you are an organisational focal point for this type of incident, ask if the survivor would like you to call someone to be with them, such as a trusted friend, colleague or family member who can act as a survivor supporter.</li> <li>Allow the survivor to select the person who will provide support and companionship.</li> </ul> <p> See Tool 5: Guidelines for a survivor supporter.</p> <ul style="list-style-type: none"> <li>Let the survivor know you are willing and available to listen to them, without forcing them to talk about upsetting details.</li> <li>Check that the survivor understands the routine organisational next steps in the process (such as organising a move to safety, scheduling a medical and psychological assessment, informing others and building a support team for the survivor).</li> <li>Be aware that the survivor may feel overwhelmed and anxious and may have difficulty remembering the next steps.</li> <li>Try to keep your messages clear and simple, repeat information you have already provided, if needed, and remain patient and calm.</li> <li>Maintain a calm tone of voice and convey to the survivor that you and the organisation are supportive and can help them to reduce their fears.</li> </ul>	<p><i>'I will stay in touch with you by telephone, and you can always reach me or someone else to support you at this number.'</i></p> <p><b>[If in touch over the phone, if possible]</b> <i>'Would you like me to come and be with you?'</i></p> <p><i>'Would you like me to call someone to be with you – a friend, colleague or family member?'</i></p> <p><i>'Would you like me to call [XYZ] to be with you?'</i> (Recommend a survivor supporter if the survivor cannot think of anyone.)</p> <p><i>'From what you say it would be wise to get medical attention, and we recommend coming to [XYZ] for this treatment.'</i> (If medical support is not available locally, make clear that the sooner PEP is taken, the better.)</p> <p><i>'Do you know what to expect now? Are the next steps clear to you?'</i></p> <p><i>'Is there anything else that you're concerned about right now that we haven't talked about?'</i></p>	<p><b>Do NOT force support or companionship on a survivor.</b></p> <p><b>Do NOT force the survivor to talk about upsetting details of the incident.</b></p> <p><b>Do NOT say:</b> <i>'You're traumatised and shouldn't be alone.'</i> <i>'You might hurt yourself or someone else if you're alone.'</i> <i>'We have to send a staff member to evaluate you and witness your medical exam.'</i></p>

**Table 4: continued**

Goal	Things to do	Things you can say	Things NOT to say or do
<p><b>Advising the survivor on preserving physical evidence</b></p>	<ul style="list-style-type: none"> <li>• Explain that if the survivor wishes to pursue prosecution of the sexual offender, forensic evidence – for example, documentation of injuries and the collection of DNA – needs to be gathered in a timely way.</li> <li>• Advise the survivor of their legal rights in the country where the incident occurred and how to preserve physical evidence should they wish to pursue prosecution (immediately or possibly at a later date).</li> <li>• Explain that collecting evidence does not commit the survivor to prosecute, but it does preserve their ability to do so.</li> <li>• Ensure that your advice reflects the wishes of the survivor as well as local laws.</li> </ul> <p>▶ See Section 2.4. <i>Understanding the legal environment.</i></p> <ul style="list-style-type: none"> <li>• Keep in mind that it can be very distressing not to be able to wash, go to the toilet or change clothes after a sexual assault until a medical examination can take place in order to preserve evidence.</li> <li>• Be mindful that an examination can cause the survivor further distress.</li> <li>• If the survivor is prepared to have an examination, provide support throughout the process.</li> <li>• Be aware (and inform the survivor) that in some contexts the only medical professionals available may be male.</li> </ul> <p> See Tool 6: <i>Preserving physical evidence.</i></p>	<p><i>‘You don’t have to decide right now if you want to report this to the police, but you can do a few things now to make sure you can report if you want to later on.’</i></p> <p><i>‘If you haven’t already bathed, brushed your teeth, changed your clothes, douched, cleaned your fingernails or used the bathroom, you may wish to consider waiting to do these activities until after the medical examination.’</i></p> <p><i>‘Try not to move, wash or throw anything away where the incident occurred. Try to keep any sanitary items or contraceptives.’</i></p> <p><i>‘If you must urinate, please try to use a clean glass or jar.’</i></p>	<p><b>Do NOT force the survivor to prosecute if they do not wish to do so. Simply advise them on ways to preserve their choice to do so.</b></p> <p><b>Do NOT say:</b></p> <p><i>‘You have a duty to protect other people from this offender by prosecuting.’</i></p>
<p><b>Informing others, in line with the reporting protocol and the wishes of the survivor</b></p>	<ul style="list-style-type: none"> <li>• Follow the organisation’s sexual violence incident reporting process to inform the correct focal points of the incident.</li> <li>• Provide requested incident reports confidentially.</li> <li>• Explain clearly and in a matter-of-fact manner to the survivor what information will be shared and with whom.</li> <li>• Assure the survivor that every step will be taken to protect their privacy and confidentiality.</li> <li>• If you are providing support by phone, explain that you will hang up in order to inform the appropriate focal points, and let the survivor know when you will call them back.</li> </ul>	<p><i>‘We will do everything we can to protect your privacy, but we want to get you the best possible support. For this reason, I may need to inform a few individuals within the organisation – for example, HR and the safeguarding focal point – to determine the best way to get you help.’</i></p>	<p><b>Do NOT share information with anyone who does not need to know about the incident, including the private details the survivor has shared with you or identifying information of the survivor.</b></p> <p><b>Do NOT say:</b></p> <p><i>‘I promise not to tell anyone.’</i></p>

**Table 4: continued**

Goal	Things to do	Things you can say	Things NOT to say or do
	<ul style="list-style-type: none"> <li>• Provide the survivor with a list of all staff who know of the incident, detailing who knows the identities of those involved and details of what happened.</li> <li>• Be mindful of whom you inform about the incident, especially if the alleged perpetrator is known to you and has relationships with the individuals you are expected to inform. In these circumstances consider whether these individuals should be informed at all.</li> <li>• Avoid placing the survivor at further risk through your reporting.</li> <li>• Start a confidential log of all communications and decisions for the response process with the survivor's consent.</li> </ul>	<p><i>'We report all serious incidents to specific senior managers as part of our crisis response protocol. However, we will not reveal your name in those reports, so that we can protect your confidentiality. Details about what happened, and your name, are only shared with selected individuals on a need-to-know basis. The information will be shared with as few people as possible.'</i></p> <p><i>'It is up to you whom you want to share this information with in your life.'</i></p>	

**3.1.2. Medical response**

Table 5 offers a list of medical response actions that the World Health Organization and other European guidelines recommend are taken following an incident of sexual violence.

Organisations should seek professional medical advice to guide the medical response, as the actions will need to be adapted to the sexual violence incident, personal profile of the survivor and the context in which the incident occurred.



**All decisions made and actions taken relating to medical treatment should be with the survivor's consent.**

**Table 5: Medical response actions**

Area	Actions
Physical injury	<ul style="list-style-type: none"> <li>• Arrange for a medical professional to conduct an examination and provide immediate first aid, including treatment of any physical injury.</li> </ul>
Forensics	<ul style="list-style-type: none"> <li>• In consultation with the survivor and a medical professional, consider whether a specific forensic procedure, examination, testing or reporting is required if the survivor plans to involve the police.</li> <li>• Arrange for the survivor to see an appropriate forensic medical examiner if this is a specific legal requirement, the survivor is planning to involve the police, and/or the organisation is not able to provide this service.</li> </ul>
Risk of disease transmission	<ul style="list-style-type: none"> <li>• In consultation with the survivor, arrange for a medical professional to assess the need for HIV post-exposure prophylaxis (PEP) preventive treatment, treatment for sexually transmitted disease infections (STI) (such as chlamydia and gonorrhoea), and treatment for other diseases, such as hepatitis B.</li> <li>• Ensure that the survivor understands that PEP and other disease prevention medication do not affect possible pregnancy.</li> <li>• With the survivor's consent, arrange for a medical professional to provide the survivor with the necessary treatment to reduce the risk of disease.</li> </ul>
Pregnancy	<ul style="list-style-type: none"> <li>• Offer the survivor the option to take a pregnancy test.</li> <li>• If a survivor wishes to take emergency contraception to avoid pregnancy that may have resulted from the sexual violence incident, offer access to such medications and services, including counselling if required. However, consideration should be given to:               <ul style="list-style-type: none"> <li>• the local legal environment;</li> <li>• any ethical position of the survivor and/or the organisation.</li> </ul> </li> </ul>
Mental health and psychological adjustment	<ul style="list-style-type: none"> <li>• Offer the survivor access to mental health professionals.</li> <li>• With the survivor's consent, arrange for the mental health professionals to assess the survivor's psychological state.</li> <li>• If necessary, offer counselling – sourced locally, if available, or otherwise remotely.</li> <li>• Advise survivors that counselling will not require them to discuss the incident if they are not ready or would not find it helpful. Explain that therapy is meant to be supportive and that it serves to offer the survivor information on trauma and positive behaviours for coping.</li> </ul>
Continuing medical care and monitoring	<ul style="list-style-type: none"> <li>• Offer the survivor continued medical care until treatment is complete or for as long as possible (discuss end date options with the survivor).</li> <li>• Provide the survivor with access to continued medical monitoring to ensure physical and psychological well-being.</li> <li>• If adequate medical or psychological care and support are not available locally, discuss the options of remote support, repatriation or relocation with the survivor.</li> </ul>



**All medical and psychological treatment should be administered by a qualified professional.**

## HIV post-exposure prophylaxis (PEP)

PEP is a drug that can reduce the risk of a survivor of sexual violence contracting HIV. While PEP makes infection with HIV less likely, it does not work in all cases and is especially unlikely to work if taken 72 hours after exposure to HIV. Ideally, PEP should be taken within 24 hours of the incident. The treatment lasts several weeks.

The medicine can make patients feel very unwell. Possible side effects include fatigue, headaches, nausea, diarrhoea and vomiting. People who are taking PEP should be regularly monitored by a health professional. The organisation must, therefore, make sure that qualified doctors or nurses are involved.

Ensuring that PEP kits are easily and quickly accessible to survivors is an essential part of an organisation's sexual violence preparedness efforts.

### 3.2. Actions to be taken within 24 hours

#### KEY ACTIONS

Within 24 hours of receiving a report that sexual violence has taken place, support staff from an organisation are encouraged to:

- make arrangements for medical and psychological assessment and care, with the consent of the survivor;
- accompany the survivor in their choice to report the incident to the police;
- ensure the survivor is safe and comfortable;
- remind the survivor and the survivor supporter about the preservation of evidence, should they wish to gather such evidence;
- take actions with regards to the alleged perpetrator (if their identity is known); and
- submit an incident report in line with internal policy and inform those who need to know in accordance with the confidentiality requests made by the survivor.

#### 3.2.1. Overview of actions to be taken within 24 hours

Table 6 provides an overview of actions to take ideally within the first 24 hours of an incident.



**Respect the survivor's wishes, as long as these do not put them at further risk. Involve and cooperate with the survivor in all decisions and provide information and support for the decision-making process.**

**Table 6: Actions to be taken by an organisation within 24 hours of a report of sexual violence**

Action	Guidance	Keep in mind
<p><b>Make arrangements for medical and psychological assessment and care</b></p>	<ul style="list-style-type: none"> <li>• Ensure the survivor has the option to receive medical and psychological assessment and care as soon as possible (ideally, within a few hours and certainly within 24 hours) by competent and sympathetic practitioners. This step should include PEP, which needs to be administered within 72 hours after the incident.</li> <li>▶ See Section 3.1.2. <i>Medical response.</i></li> <li>• With the survivor’s consent, reach out to medical and psychological practitioners who have been previously identified and with whom the organisation has agreements in place.</li> <li>▶ See Section 2.5. <i>Building a network of service providers.</i></li> <li>• Organise transportation for the survivor if there is a need to travel for medical assessment and care.</li> <li>• Help survivors to make informed decisions about which medical treatment they wish to receive and which clinic they wish to receive it from.</li> <li>• With the survivor’s consent, arrange for the survivor supporter to remain in contact with the treating doctor and mental health service provider to ensure adequate and appropriate care is provided and the next steps are clear.</li> </ul>	<ul style="list-style-type: none"> <li>• Psychosocial support and care (such as PFA) from designated staff, a trained survivor supporter or someone chosen by the survivor can be of great help in promoting recovery.</li> <li>• If quality psychological counselling services are available locally, offer them to the survivor.</li> <li>• Offer remote trauma assessment consultations to the survivor, but do NOT force the survivor to access counselling or medical care.</li> <li>• The survivor should be able to access medical and psychological treatment without undue complications or logistical barriers.</li> <li>• Survivors who are international staff members may be able to access services, support and assistance through their embassy.</li> </ul>
<p><b>Accompany the survivor in their choice to report the incident to the police</b></p>	<ul style="list-style-type: none"> <li>• Inform survivors of the local legal environment and discuss the legal requirements for possible prosecution.</li> <li>• Accompany the survivor and provide them with support if they choose to report the incident to the police.</li> <li>• Use pre-obtained information on the local legal environment to guide the survivor and the organisation’s interaction with the police.</li> <li>• For medical examinations, use known and trusted private clinics to avoid evidence gathering or automatic reporting to the authorities if the survivor chooses not to report.</li> <li>• If a police interview is required, ensure that the survivor has excellent support.</li> <li>• If at all possible, delay any interviews until the survivor is ready and willing to make a report and be interviewed.</li> </ul>	<ul style="list-style-type: none"> <li>• International staff members may decide not to report to the police as it would mean staying in the country until the trial, which could take years.</li> <li>• Be mindful that reporting an incident of sexual assault to the police can be a traumatic experience in itself and is a choice that should rest solely with the survivor.</li> <li>• Note that in some countries, organisations may be required to file a report under the terms of local legal agreements or national law and that some clinics that treat survivors file reports automatically with the police.</li> </ul>




**Table 6:** *continued*

Action	Guidance	Keep in mind
		<ul style="list-style-type: none"> <li>• The organisation should be prepared by gathering information on the local legal environment to speed up and guide the police reporting process.</li> <li>• For police interviews, it may be possible to have two supporters present, the main survivor supporter and another focal point. Consider asking along an external professional who has experience dealing with this process in the local environment.</li> </ul> <p>► See Section 2.4. <i>Understanding the legal environment.</i></p>
<p><b>Ensure the survivor is safe and comfortable</b></p>	<ul style="list-style-type: none"> <li>• Ensure the survivor is housed in a secure, safe and comfortable accommodation. Such accommodation should be superior to that which is usually considered appropriate for organisation staff and must include a private room with a private bathroom. The survivor may wish to stay at a hotel.</li> <li>• Offer the option of a shared room with the survivor supporter or separate neighbouring rooms.</li> <li>• Ensure adequate security, such as by keeping the location confidential to protect the survivor from further harm.</li> <li>• House the survivor in a location close to people who can provide support, including ongoing health care service providers and legal counsel.</li> <li>• If the survivor does not feel safe, arrange a move without debate.</li> <li>• Initiate discussions with the survivor, when they are ready, on whether they wish to remain in the location, be relocated or evacuated (for international staff), and whether they wish to take medical leave.</li> </ul>	<ul style="list-style-type: none"> <li>• Only move survivors if that is their wish or if they are at risk of further harm in their current location.</li> <li>• Provide amenities in the accommodation for the survivor's comfort, including room service and access to entertainment.</li> </ul>

**3. Response**

**Table 6:** *continued*

Action	Guidance	Keep in mind
<p><b>Remind the survivor and the supporter about preserving evidence</b></p>	 <p>See <i>Tool 6: Preserving physical evidence</i>.</p>	
<p><b>Submit an incident report and inform those who need to know</b></p>	<ul style="list-style-type: none"> <li>• Agree with the survivor on what information can be passed to selected managers and other focal points to access extra support services.</li> <li>• With the survivor’s consent, complete an incident report in accordance with the organisation’s sexual violence incident reporting process, which should feature more confidentiality safeguards than the standard incident reporting process.</li> <li>• Listen to the survivor’s account of the incident if they are willing to share information. It may be inappropriate to take notes during this initial disclosure, but with the survivor’s consent a written account should be drafted at an appropriate moment and shared with the survivor to check for accuracy.</li> </ul> <p>▶ See <i>Section 3.2.3. Incident reporting</i>.</p>	<ul style="list-style-type: none"> <li>• Always keep the survivor updated on who will be informed about what concerning the incident.</li> <li>• Follow confidentiality guidance and the survivor’s wishes to the greatest extent possible.</li> <li>• Do not place the survivor at risk of further harm through reporting or information sharing.</li> <li>• Use professional judgement when reporting the incident, particularly if the alleged perpetrator is a member of staff with access to incident reports or who has close relationships with those who do.</li> <li>• Do not pressure the survivor to provide details or to re-read the written account of the incident if they do not wish to.</li> <li>• Avoid re-traumatising the survivor by asking them for information they are not ready to share.</li> <li>• The initial information gathering for the incident report is not the same thing as an investigation and should not be approached as such.</li> <li>• Ideally, essential support services should be accessible to the survivor without requiring management approval or knowledge of the incident.</li> </ul>

**3. Response**

**Table 6:** *continued*

Action	Guidance	Keep in mind
<p><b>Take actions with regards to the alleged perpetrator (if known)</b></p>	<ul style="list-style-type: none"> <li>• Try to establish whether the survivor knew the attacker and whether that person is a staff member or otherwise affiliated with the organisation.</li> <li>• If the alleged perpetrator is from a partner organisation or another aid agency, take appropriate steps to inform the alleged perpetrator’s senior management and take precautions to protect staff and others from harm.</li> <li>• If the alleged perpetrator is a staff member, make arrangements to remove the alleged perpetrator from any environment where they could pose a risk to the survivor or anyone else (e.g. ensure they are housed in separate accommodation and accompanied at all times).</li> <li>• If the alleged perpetrator is a staff member, suspend all their work activities/targets if the allegations are severe.</li> <li>• Ensure that the alleged perpetrator is treated in a neutral manner and, if they are a staff member, arrange for an independent trained focal point to ask them about the incident. Take notes on their account and ask the alleged perpetrator to check the write-up for accuracy.</li> <li>• If the alleged perpetrator is a staff member and requires legal support, make arrangements to provide it.</li> <li>• Review possible consequences for the alleged perpetrator, including the outcome and sentence of a legal process and the risk of violence, including sexual violence, they may face if imprisoned. The organisation may choose to review these consequences even if the alleged perpetrator is not a member of staff.</li> </ul> <p>► See Section 3.2.4. <i>When the alleged perpetrator is a member of staff.</i></p>	<ul style="list-style-type: none"> <li>• Remember that the organisation may have a duty of care towards the alleged perpetrator and must, therefore, review actions before taking them to ensure the alleged perpetrator’s wellbeing, safety and security.</li> <li>• Engaging with the alleged perpetrator can place the survivor at further risk of harm.</li> <li>• Ensure that safeguards are in place to protect the survivor or other reporter before taking any action involving the alleged perpetrator.</li> <li>• Ideally, do not engage the alleged perpetrator without the consent of the survivor unless there is a significant risk of further harm to the survivor or others.</li> </ul>

### 3.2.2. Psychological response

An organisation must have clear policies about how to offer psychological support to survivors and must make these resources readily accessible. Ideally, access to psychological support should not be contingent on whether the survivor reports an incident. Its availability should be communicated during induction and at regular intervals during employment, so that staff can access support directly and confidentially.



**Survivors may find it difficult to reach out for help due to shame and other factors, and, therefore, adding layers of bureaucracy or steps to access psychological care can discourage much-needed treatment.**

In deciding whether to cover psychological support in all cases or only in the event of a reported critical incident, an organisation should consider that reactions to trauma vary widely and what may seem like a minor incident to an external individual, may in fact have been an extremely traumatic experience for the survivor that could take them a long time to recover from.

An organisation's policy should specify how much support it can realistically offer survivors, including at what cost and for how long (such as a certain number of sessions per incident or per year). Survivors should not be told that support is available as long as they need it if that is not the case.

► See Section 4.2. *Survivor support plan.*

Organisations should also be prepared to provide psychological support to others who may have been affected by sexual violence incidents. Survivor supporters, first responders, bystanders, close friends and colleagues of the survivor may be at risk of experiencing secondary trauma.

#### Indirect trauma

**Secondary traumatic stress:** a spillover of symptoms, such as nightmares or anxiety, caused by indirect exposure to a survivor's trauma by an individual who speaks to or helps the survivor.

**Vicarious trauma:** a deep shift in worldview that results from repeated indirect exposure to the trauma of others, often experienced by first responders such as paramedics.



**Remember that alleged perpetrators who fall under the organisation's duty of care may also require psychological support.**

### 3.2.3. Incident reporting

Each organisation has its own approach to reporting a sexual violence incident. Organisations are advised to establish and use a separate incident reporting process for sexual violence incidents, rather than to rely on a single process for all types of incidents. Since a sexual violence incident may cause survivors to feel that their privacy, safety and well-being have been violated, it is vital that an organisation's response not violate privacy any further. All staff should know and follow protocols for reporting sexual violence incidents in order to maintain the confidentiality of survivors.



**To protect confidentiality, organisations must ensure that the minimum number of people are informed about the incident.**

When it comes to reporting, the organisation should balance the need for privacy with the need to inform the people who can:

- ensure the survivor's safety and security;
- give support that will promote the best health outcomes (both mentally and physically); and
- ensure others are not at similar risk from the same perpetrator.

Figure 6 presents a model that can serve as a starting point for developing a reporting protocol.

**Fig 6: Reporting protocol model**

Should confidentially report to designated focal point	Required to investigate	Required to keep confidential
<ul style="list-style-type: none"> <li>• First responders</li> <li>• Survivor supporter (under pre-determined circumstances)</li> </ul>	<ul style="list-style-type: none"> <li>• Safeguarding focal point</li> <li>• Human resources</li> </ul>	<ul style="list-style-type: none"> <li>• Medical and mental health professionals</li> <li>• Others</li> </ul>



**The organisation does not need to inform individuals who provide medical or psychological services about an incident. Survivors should decide whether they want to share information about the event with these individuals.**

Staff should be aware that an adequate response to a serious sexual violence incident requires certain people to be informed of the event. However, only the treating doctor and a designated focal point need to know the survivor's name and details of injuries. Other internal responders may know of the incident but should not know the identity of the survivor. Communications staff should monitor social media without knowing the names of survivors.

By providing details of an incident, an organisation or individual may inadvertently identify the survivor, particularly in small, closed communities. Risks inherent in such communication should be part of the decision-making process.

In deciding who should be provided with information about an incident – and how the information is to be shared – responders should also consider the identity of the alleged perpetrator. In some cases, alleged perpetrators have allies within the organisation who can take action to support them and further harm the survivor.

Table 7 explores key questions to consider when managing communications related to sexual violence incidents.

**Table 7: Questions concerning the reporting of sexual violence incidents**

Question	Guidance
<p><b>Who needs to know about the incident?</b></p>	<ul style="list-style-type: none"> <li>• Only those who need to know should be informed of relevant details, such as the name of the survivor, their physical and emotional condition, and any plans for immediate and longer-term care and support.</li> <li>• The survivor should be informed who has been told about the sexual violence incident and what information they received. Permission to convey information should be sought from the survivor whenever possible.</li> <li>• If an incident management team is set up, its members need to know the location and an outline of the incident. They should not be aware of the name of the survivor or details beyond what is necessary.</li> <li>• Donors may need to be informed of the incident, in line with funding agreements, but this information should be kept to a minimum and not include the name or other identifying details of the survivor. Organisations should aim to have very strict confidentiality agreements in place with donors to clarify what the donor will do with the information.</li> <li>• Maintaining confidentiality does not mean that one staff member manages the entire incident and tells no one else. Other individuals within the organisation should know basic anonymous details about an incident so that they can ensure the best possible support for the survivor.</li> <li>• A failure to inform others that a serious incident has taken place may place other staff members at risk. Decisions around how to share information are extremely sensitive and involve balancing security and confidentiality. A security risk assessment needs to take place to guide the process.</li> </ul> <p>▶ See Table 8 for examples of who needs to know.</p>

**Table 7: continued**

Question	Guidance
<p><b>If others know about the sexual violence incident, what are their responsibilities towards confidentiality?</b></p>	<ul style="list-style-type: none"> <li>• Anyone who knows about the incident has a responsibility to protect the survivor’s confidentiality and privacy. The survivor’s identity and the details of the incident should not be disclosed to anyone who does not already know them or does not need to know them.</li> <li>• No information of any kind about the sexual violence incident should be shared on social media. Only the survivor can decide to share such information, ideally after a counsellor has explained the implications of making public statements.</li> <li>• The importance of maintaining confidentiality and not sharing on social media should be explained to all staff members.</li> </ul> <p>▶ See Section 2.6. <i>Managing communications.</i></p>
<p><b>What are the legal requirements for reporting?</b></p>	<ul style="list-style-type: none"> <li>• In some countries, the law requires reporting of serious incidents of sexual violence, such as rape.</li> <li>• An organisation should know and consider the country’s legal requirements. Its policy on external reporting should also consider whether the police, medical staff or the legal system is hostile towards survivors of sexual violence.</li> </ul> <p>▶ See Section 2.4. <i>Understanding the legal environment.</i></p>
<p><b>How and why should sexual violence incidents be documented?</b></p>	<ul style="list-style-type: none"> <li>• Documenting sexual violence from the initial notification through to closure of the case is advisable. It is often a good idea to document verbatim (word for word) what the survivor says about the event. However, it may not be appropriate to take notes during an initial disclosure.</li> <li>• By documenting the incident, the organisation ensures there is a reliable written record of details for later recall; it also allows for adequate briefings of those who need to know, including staff members who may take over or follow up on a survivor’s care and support.</li> <li>• Responders who document incidents should avoid interpreting feelings and giving opinions or adding personal comments; they should record only the information that is presented, such as the time, date and names of people present. Some survivors may prefer to write down an account rather than telling someone; they should be offered that option.</li> </ul>
<p><b>How can an organisation ensure that documentation of sexual violence is kept secure and confidential?</b></p>	<ul style="list-style-type: none"> <li>• All written documentation must be kept secure and confidential at all times. It may be stored in a locked cabinet or in a secure (password-protected) section of a server, with access granted only to those who need to know.</li> <li>• An organisation is likely to be asked for clear records that have not been tampered with should a case be prosecuted in court.</li> </ul>
<p><b>Is the reporting process different for incidents of sexual harassment?</b></p>	<ul style="list-style-type: none"> <li>• The guiding principles in this table apply to all incidents of sexual violence, including sexual harassment.</li> <li>• It is important to remember that an organisation’s perception of the severity of an incident will not necessarily align with how traumatic an individual found the incident. All sexual violence incidents must, therefore, be treated as serious.</li> <li>• Staff members may not be sure about what constitutes an incident of sexual harassment that should be reported. Clear guidance should be provided to support survivors and bystanders in reporting.</li> <li>• Some individuals may wish to report an incident of sexual harassment although they do not consider it grievous enough to warrant a full incident response. National staff, in particular, may wish to discuss an incident but not want further action taken, as this would place them at greater risk within their community. Bystanders may want to report inappropriate behaviour even if they do not think the offender needs to be formally disciplined.</li> <li>• A reporting system should be flexible and allow focal points to respond to incidents informally, as appropriate.</li> </ul>

**3. Response**

Organisations should develop a need-to-know list to guide incident reporting. Any information sharing should be discussed and carried out with the permission of the survivor. It may be useful to go through such lists with survivors to ensure they are clear and satisfied with who is to be informed about what. Table 8 identifies the types of people who may be included in such a list.

**Table 8: Individuals who may be included in a need-to-know list**

Type of information to convey	Full details (identity, injuries, etc.)	Incident location and impact on survivor and programme (does not include identifying details of the survivor)	Incident outline but no identifying information of the survivor	Incident outline only with the survivor's express permission
<b>Individuals who need to know</b>	<ul style="list-style-type: none"> <li>• Treating doctor (only to the extent needed for treatment)</li> <li>• If informed by the survivor, the survivor supporter</li> <li>• Safeguarding focal point</li> </ul>	<ul style="list-style-type: none"> <li>• Country director</li> <li>• Survivor supporter</li> <li>• Other senior staff members (selected with the survivor's input) who may be required to take over or support incident management in a prolonged situation (if their involvement is assessed to improve support given to survivor)</li> </ul>	<ul style="list-style-type: none"> <li>• Security focal point at headquarters</li> <li>• Incident management team</li> <li>• Donor (only if there is a donor requirement and there is a very strict confidentiality process in place on what the donor will do with the information)</li> <li>• Other organisations in the location where the incident took place if there are risks posed to their staff</li> </ul>	<ul style="list-style-type: none"> <li>• Local authorities, including the police</li> <li>• The family of the survivor</li> <li>• Other internal responders</li> <li>• Providers of medical, mental health or legal services</li> </ul>

What is contained within an incident outline and shared with key stakeholders will vary across different organisations. As part of an organisation's preparedness phase, senior management should clarify what information this outline should include in order to avoid misunderstandings during an incident response.



### 3.2.4. When the alleged perpetrator is a member of staff

The survivor may identify the perpetrator of a sexual violence incident as another member of staff. In such situations, the organisation owes a duty of care to both the survivor and the alleged perpetrator. Actions in response to alleged perpetrators should be taken within 24 hours of an incident being reported. In cases where the alleged perpetrator is a member of staff then actions should be taken immediately or as soon as possible.



**There is a greater risk of reports being inadequately addressed when alleged perpetrators are staff members. This risk must be factored into the incident response process.**

If a staff member has been identified as a perpetrator, organisations are advised to consider the following.

#### Safeguarding the survivor and others

- If the allegations are severe, make arrangements for the alleged perpetrator to be suspended or placed on administrative leave from the programme during the investigation, but try to keep the reason for their absence confidential.
- Consider moving alleged perpetrators to a secure location if they pose a risk to anyone in their current accommodation. They may need to be chaperoned during their stay pending an internal or external investigation into the allegations.
- Ensure that the alleged perpetrator and survivor do not come into contact with one another if the allegations are of a severe nature. For harassment complaints, restrictions on potential contact should be discussed with the survivor.

#### Safeguarding the alleged perpetrator

- Determine what the organisation's duty of care towards the alleged perpetrator entails, including legal, medical and psychological support.
- Ensure that senior leadership have discussed at what point their duty of care towards alleged or convicted perpetrators should come to an end. Such a decision should be taken before an incident occurs.
- Consider how the organisation's actions to support the survivor can affect the well-being of the alleged perpetrator.
- If a criminal investigation has been initiated, ensure the safeguarding of the alleged perpetrator. Obtain professional advice about how to safeguard them if they are arrested and incarcerated.

- In some countries, legal proceedings may be so poor or the punishment for sexual assault so severe that the organisation may need to take additional steps to protect an alleged perpetrator.
- Offer confidential psychological support to alleged perpetrators. Bear in mind that they can experience distress during the investigation process, which can result in anger, depression, anxiety and – in some cases – self-harm or suicidal thoughts or behaviour.
- Provide urgent and immediate care to alleged perpetrators exhibiting red flags.

► See box on red flags in Part 3.



### Tool 7

#### Conducting an investigation

#### Response and internal investigation process

- Ensure neutrality. In the initial response stages, there may not be any evidence to confirm or deny the allegation. Making such a determination is the responsibility of investigators or law enforcement if involved.
- Try to ensure that gossip and rumours about the survivor and alleged perpetrator do not spread.
- Establish an ombudsperson's office or an independent investigation team with members who are not in the same hierarchical structure as either the survivor or the alleged perpetrator. Oversight from more senior levels of the organisation can help prevent conflicts of interest.
- Inform both the survivor and the alleged perpetrator about how the internal investigation will occur, the timeframe, and the importance of confidentiality for all involved during and after the investigation.
- If the alleged perpetrator wishes to go through an evidence-gathering process to help establish innocence, determine whether allowing such a process might cause further harm before making a decision.
- Consider developing standard operating procedures (SOPs) to guide when outside investigators should be brought in. Such procedures help to prevent perceptions and allegations of bias in the investigation process.

#### Internal investigation outcome

- Establish a support plan for the alleged perpetrator to facilitate recovery and next steps, as appropriate, following an investigation.
- If the perpetrator is dismissed following an internal investigation, consider stating the reason for the dismissal in such a way as to help protect the confidentiality of both the survivor and the perpetrator.
- In accordance with privacy obligations, ensure that appropriate information is shared for reference purposes in order to prevent perpetrators from re-offending.

### 3.3. Actions to be taken within 24–72 hours

#### KEY ACTIONS

Within the first 24–72 hours after an organisation is notified of a sexual violence incident, efforts should be made to:

- establish an incident management team, including family and communications support functions;
- assist the survivor with legal and justice processes;
- assist the survivor with ongoing medical and psychological support;
- assist the survivor supporter and others as appropriate;
- manage logistics and administrative support; and
- inform insurance providers.

#### 3.3.1. Overview of actions to be taken within 24-72 hours

Table 9 offers guidance on how to provide support 24-72 hours after an incident. The survivor and survivor supporter may have additional logistical needs that an organisation should also aim to meet.

**Table 9:** Actions to be taken by an organisation within 24–72 hours of a report of sexual violence

Action	Guidance	Keep in mind
Establish an incident management team, including family and communications support functions	<ul style="list-style-type: none"> <li>• Follow organisational response protocol, which may include establishing an incident management team (IMT) depending on the severity of the incident.</li> <li>• Through the IMT, establish a family support mechanism alongside the survivor. Allocate a family support officer to be the point of contact for the survivor's family and partner. Provide support and logistics as needed.</li> <li>• Through the IMT, establish a communications response to the incident, including a prepared response to any media queries.</li> <li>• Monitor social media and other communications channels to ensure confidentiality around the incident and to address any information breaches.</li> </ul> <p>▶ See Section 2.6. Managing communications.</p>	<ul style="list-style-type: none"> <li>• If information about the incident is already circulating among staff, then aim to brief these individuals on the need to maintain confidentiality.</li> <li>• With the survivor's consent, ensure there is a dedicated phone line for the survivor's family, partner, and others (e.g. legal representatives and doctors) to contact the organisation.</li> </ul>

**Table 9: continued**

Action	Guidance	Keep in mind
<p><b>Assist the survivor with legal and justice processes</b></p>	<ul style="list-style-type: none"> <li>• Discuss the legal process with the survivor to support them in making an informed decision on their involvement in any legal proceedings.</li> <li>• Provide ongoing support with any legal or justice processes, in line with the survivor’s wishes and relevant legal frameworks (local or international).</li> <li>• Ensure the survivor has quality legal representation if needed for prosecution, and assist them in navigating local laws, customs and procedures.</li> <li>• Consider securing legal representation for the alleged perpetrator if they fall under the organisation’s duty of care.</li> </ul> <p>► See Section 3.2.4. <i>When the alleged perpetrator is a member of staff.</i></p>	<ul style="list-style-type: none"> <li>• Use in-country legal expertise.</li> <li>• Provide assistance with translation when necessary.</li> <li>• The legal process can be highly distressing for the survivor and alleged perpetrator.</li> <li>• Additional psychological support may be required during the entire legal process.</li> </ul>
<p><b>Assist the survivor with ongoing medical and psychological support</b></p>	<ul style="list-style-type: none"> <li>• Provide the survivor with both practical (for example, logistical) and emotional support with ongoing medical and psychological care.</li> <li>• Offer the survivor psychological counselling in the country where they are located, if quality care is available. Such care may be provided by local professionals, through an embassy (depending on the nationality of the survivor) or via other support networks.</li> </ul> <p>► See Section 2.5. <i>Building a network of service providers.</i></p> <ul style="list-style-type: none"> <li>• If quality psychological care – appropriate to the survivor’s culture – is not available in the country where the survivor is located, offer remote counselling.</li> </ul>	<ul style="list-style-type: none"> <li>• Remember to inform your insurance provider in accordance with pre-existing agreements to enable the survivor to access medical and psychological support.</li> <li>• Keep an eye out for any warning signs (‘red flags’) that would require immediate referral of the survivor to specialised professional care.</li> </ul> <p>► See box on red flags in Part 3.</p>
<p><b>Assist the survivor supporter and others as appropriate</b></p>	<ul style="list-style-type: none"> <li>• Assess the support needs of other staff and offer support (such as general support, training, supervision by managers or professional support).</li> <li>• Provide regular supervision for the survivor supporter and offer them optional, confidential psychological support services.</li> <li>• Offer the survivor supporter training on how to be a survivor supporter and in psychological first aid, if feasible.</li> <li>• Offer psychological support to the survivor’s family and partner if deemed appropriate.</li> <li>• Consider the needs and offer support, including psychological care, to the alleged perpetrator if the individual falls under the organisation’s duty of care.</li> </ul>	<ul style="list-style-type: none"> <li>• Sexual violence incidents can be distressing for individuals besides the survivor, such as staff who were previously exposed to sexual violence.</li> <li>• Some staff may be particularly concerned about their safety and security in the area, and non-local staff may question whether they should remain in the country.</li> <li>• The survivor supporter is at high risk of secondary trauma.</li> <li>• Be aware that all individuals who provide support to the survivor may also feel distressed by what they see and hear.</li> </ul>

**Table 9:** *continued*

Action	Guidance	Keep in mind
	<ul style="list-style-type: none"> <li>• Offer staff affected by or involved in the incident response access to psychological support services.</li> <li>• If staff members are widely aware that a sexual violence incident took place, consider providing support and limited information in group sessions, in consultation with the survivor.</li> </ul>	<ul style="list-style-type: none"> <li>• Group sessions for staff members who are aware of the incident can help to dispel rumours, offer a space to raise concerns, provide reassurance and allow trained focal points or senior management to explain what is being done to ensure the safety, security and well-being of all staff.</li> </ul>
<p><b>Manage logistics and administrative support</b></p>	<ul style="list-style-type: none"> <li>• Arrange per diems for the survivor and their supporter, as well as possible activities as distractions, to reduce stress levels.</li> <li>• Arrange logistics – such as private transport – for the survivor, their supporter and other staff responding to the incident to facilitate the response process.</li> <li>• Suspend all work activities/targets set for the survivor, their supporter and other individuals involved in the response as appropriate.</li> <li>• Agree with the survivor on the reason colleagues will be given regarding their absence from work and on the form of communication to be used for this.</li> <li>• Put in place a regular check-in schedule with the survivor and/or survivor supporter in order to discuss needs, concerns and other information.</li> </ul>	<ul style="list-style-type: none"> <li>• Make sure that the survivor is comfortable with the arrangements.</li> <li>• Keep the survivor regularly informed of actions being taken by the organisation in response to the incident.</li> </ul>
<p><b>Inform insurance providers</b></p>	<ul style="list-style-type: none"> <li>• If required and with the survivor’s consent, inform insurance providers that an incident has occurred to enable the survivor to access appropriate medical and psychological support.</li> </ul>	<ul style="list-style-type: none"> <li>• Refer to agreements on the minimum amount of information that needs to be shared with insurance providers for them to initiate their support in the event of a sexual violence incident.</li> <li>• This may need to take place earlier or later in the response process depending on the agreements in place with the insurance provider.</li> </ul>



## Further resources

---

*'Guidelines for Medico-legal Care for Victims of Sexual Violence'* by WHO

[forthcoming publication] *'Guidelines for Private Security Providers on Preventing and Addressing Sexual Exploitation and Abuse'* by the International Code of Conduct Association (ICoCA)

*Gynopedia* (a resource on sexual, reproductive and women's health)

*'Peace Corps Manual'* by Peace Corps

*Rape Crisis Counseling Platform* (for guidance on how to support a survivor)

*'Resources: Kate Puzey Volunteer Protection Act of 2011'* by Peace Corps

*'Responding to Intimate Partner Violence and Sexual Violence against Women'* by WHO

*'UK National Guidelines on the Management of Adult and Adolescent Complainants of Sexual Assault 2011'* by the British Association of Sexual Health and HIV

# 4

## Post-incident actions and aftercare



### 4. Post-incident actions and aftercare

Organisations are advised to develop a plan to provide long-term support to the survivor in relation to medical and psychological care and legal support, and their choice to return to work, relocate, evacuate, and/or take medical leave. Consider initiating an investigation into the incident, arrange aftercare for the survivor and others, and conduct a post-incident review.

## 4.1. Overview of post-incident actions and aftercare

### KEY ACTIONS

There are several post-incident and aftercare actions that should take place once the initial response to the sexual violence incident has been completed. These actions should include:

- developing a plan with the survivor on returning to work, relocation, evacuation or medical leave;
- arranging medical, psychological and/or legal follow-up care and support;
- arranging aftercare for the survivor and others;
- considering the initiation of an investigation; and
- conducting a post-incident review.

**Table 10:** Post-incident actions to be taken by an organisation following an incident of sexual violence


Action	Guidance	Keep in mind
Develop a plan with the survivor on returning to work, relocation, evacuation or medical leave	<ul style="list-style-type: none"> <li>• Meet with the survivor to determine a plan for a return to work, relocation, evacuation or medical leave.</li> <li>• Ensure that the survivor knows they may be relocated or evacuated immediately for care, depending on their medical, psychological, security and personal needs.</li> <li>• Ensure that survivors who are not immediately evacuated or relocated are able to access a high standard of medical care locally until the initial stages of assessment, testing and treatment are complete.</li> <li>• Be aware that evacuation or relocation for national and international staff is highly advised if:               <ul style="list-style-type: none"> <li>• supportive medical care and appropriate psychological expertise is not available locally;</li> <li>• PEP is not available locally;</li> <li>• the local environment is potentially stressful, triggering, or hostile;</li> <li>• the local support network is made up of working professionals who are only available for a short time every day (due to other work commitments);</li> <li>• the team and/or country office is not able to remain fair and unbiased about what happened; and</li> </ul> </li> <li>• efforts to address victim blaming by the team and management prove inadequate or ineffective.</li> </ul>	<ul style="list-style-type: none"> <li>• Consider what options are available based on the organisation's policies for national and international staff.</li> <li>• Be prepared to participate in a long cooperative process with the survivor and local office as it may take time for the survivor to decide to return to work, be repatriated or be relocated.</li> <li>• Recognise that relocation and evacuation decisions primarily depend on the health and security needs of the survivor, and on their wishes (as long as their choice does not put them at further risk of harm).</li> <li>• Primarily, the decision to return home depends on the needs and wishes of the survivor, with input and advice from a medical and security perspective.</li> </ul>



**Table 10: continued**

Action	Guidance	Keep in mind
	<ul style="list-style-type: none"> <li>• Establish a reintegration plan if the survivor wishes to return to work and the medical service provider and organisational focal point agree with the survivor that this is appropriate.</li> <li>• If the survivor has returned to work, establish flexible arrangements, e.g. private transportation, alternative workspace, and shorter work days if required.</li> <li>• Stay in regular contact with the survivor if they choose to return home and ensure they have access to appropriate local services.</li> </ul>	<ul style="list-style-type: none"> <li>• Sometimes an organisation determines that the survivor's decision to return to work raises security or psychological concerns that outweigh the interests of the survivor or the organisation. The organisation needs to be prepared to deal with this type of situation.</li> </ul>
<p><b>Arrange medical, psychological and/or legal follow-up care and support</b></p>	<ul style="list-style-type: none"> <li>• Explain to the survivor that continuing physical medical care can take anywhere from 3 weeks to a year, depending on the severity of the assault and whether PEP has been administered.</li> <li>• Arrange for the survivor to access ongoing medical care as appropriate.</li> <li>• Ensure access to psychological support for the survivor for at least a year after the sexual violence incident.</li> <li>• Make sure that survivors know they can seek support many months after the incident took place. Also ensure that they are aware of any cut-off dates to these support services.</li> <li>• Inform the survivor on how they can access psychological support directly as they may no longer work for the same organisation when they choose to seek psychological care.</li> <li>• Provide support to the survivor through the legal process. Legal procedures can take a long time and can be stressful for the survivor. Consider providing assistance and support throughout the process, until its conclusion, if possible.</li> </ul>	<ul style="list-style-type: none"> <li>• Ongoing psychological support and care allow survivors to be assessed and treated for potential post-traumatic symptoms and adjustment difficulties after a sexual violence incident.</li> <li>• Some survivors of sexual violence may develop post-traumatic stress disorder (PTSD) symptoms long after the incident occurred. These are very distressing and can lead to impairments in the ability of the person to function in their daily life and work.</li> </ul>
<p><b>Arrange aftercare</b></p>	<ul style="list-style-type: none"> <li>• Develop a survivor support plan with the survivor to clarify long-term needs and support provided by the organisation.</li> <li>• Offer and arrange long-term support (e.g. psychological care) for others involved in the incident, as appropriate, such as the survivor supporter, family members, the organisation's responders and the alleged perpetrator.</li> </ul> <p>▶ See Section 4.2. <i>Survivor support plan.</i></p>	<ul style="list-style-type: none"> <li>• Senior leadership teams will need to be clear with the survivor and others on the extent to which the organisation is able to provide aftercare.</li> </ul>

**Table 10: continued**

Action	Guidance	Keep in mind
Consider initiating an investigation	<ul style="list-style-type: none"> <li>Consider initiating an internal investigation and/or contributing to an external investigation.</li> </ul> <p>▶ See Section 4.3. <i>Conducting an investigation.</i></p>	<ul style="list-style-type: none"> <li>Internal investigations should only be carried out by independent and trained individuals.</li> </ul>
Conduct a post-incident review	<ul style="list-style-type: none"> <li>Conduct a post-incident review with those involved in the response to an incident, in accordance with the survivor's wishes around confidentiality.</li> <li>Learn about the impact the incident had on individuals, the local office and the local community.</li> <li>Explore factors that may reduce the likelihood of similar incidents occurring in the future.</li> <li>Assess what was done well and what can be improved in future responses.</li> <li>Translate lessons learned into concrete actions to inform and improve sexual violence prevention, preparedness and response activities.</li> <li>Assess the impact of the incident on future programming.</li> </ul> <p>▶ See Section 4.4. <i>Post-incident review.</i></p>	<ul style="list-style-type: none"> <li>Some incidents can have a significant impact on future programming.</li> </ul> <p> See Tool 1: <i>Scenarios for senior leadership.</i></p>

## 4.2. Survivor support plan

Following an incident of sexual violence, a long-term survivor support plan should be developed with the survivor and medical and psychological service providers. The level of aftercare required depends on the level of trauma faced by the individual. The support plan enables the survivor to have a level of understanding and control over future plans.

The support plan should cover:

- required assessments (psychological and physical);
- required physical, medical and psychological therapies and treatments;
- logistical processes needed to support aftercare;
- an evaluation of the survivor's work options (such as work in the same location or same programme, or work in a different location, programme, organisation, or profession);
- a work reintegration plan based on the survivor's future plans;
- the transition of long-term medical and psychological support services management to the survivor directly;
- an agreed communication and check-in schedule with the survivor (even if they have left the organisation); and

- established and agreed cut-off points for support and investment in future plans.

The support plan should be flexible enough to accommodate changes in the survivor's situation. Trauma triggers can occur many months or years after an incident, and it may not be possible to predict their manifestation or cause. For example, a survivor's anxiety about certain foods may be linked to memories of what they ate on the day of the incident.



**The rate of PTSD is much higher among rape survivors than among individuals who experienced other event-based trauma.**



*'Survivors may feel obligated to return to work or start a new job before they are ready to do so because, unfortunately, it is commonplace to end healthcare coverage on the day of the end of a contract. Forcing this return to work will end badly for the majority of survivors with ongoing needs.'*

Should the survivor be an international staff member or a relocated national staff member who decides to return home after the incident, refer the survivor to appropriate services in their home country, if possible. Stress the importance of early access to medical and other services following relocation or repatriation. If there are concerns regarding the survivor's safety, then the organisation should make contact with these service providers directly to ensure appropriate care is given.

Organisations should make sure that survivors are aware of how to access psychological resources and care even if they require this support many months after the incident took place or after their employment contract has ended. Ideally, it should be easy for them to reach out for psychological support without having to first obtain approval from their organisation.

The organisation's ability to intervene and support diminishes with time, and, therefore, the organisation's policies should be clear on how long the organisation will be able to provide support. This cut-off date must be clearly communicated to the survivor.

If a legal case was brought against the alleged perpetrator, the support plan must also reflect the support needed from a legal and psychological perspective. Legal proceedings can take a long time and can be extremely distressing to the survivor; this must be factored into the survivor support plan.



**In addition to helping survivors of sexual violence, organisations should consider providing ongoing support for other individuals who are affected by the incident, such as the survivor's friends, colleagues and supporter.**

### 4.3. Conducting an investigation

If an alleged perpetrator is a staff member, the organisation should set up an internal investigation to examine the facts and lessons learned and to help determine whether sanctions should be imposed on the individual. The organisation may also wish to conduct an internal investigation for incidents that are perpetrated by individuals who are not staff members but who have a strong connection with the organisation, such as beneficiaries, community leaders, partners or donors.

The following guidance is designed to assist organisations in conducting internal investigations and should be adapted to the incident at hand, the organisation, and the context.

There is a difference between a criminal investigation and an organisation's investigation. The level of proof needed to convict someone differs from that needed to dismiss someone. Internal investigations are expected to be rigorous, but they generally are not carried out to police standards.

An independent investigator may decide to take the matter forward to a disciplinary hearing if a 'balance of probabilities' test indicates that the allegations in the complaint are more likely to be accurate than not. This approach differs from an attempt to prove allegations 'beyond all reasonable doubt', which is only relevant for criminal cases.



**All internal investigations need to be carried out by an independent individual or committee trained on how to conduct an investigation.**



*'When the wrong person – that is, someone who is not independent or lacks appropriate training – carries out an investigation, the risk of re-traumatising the survivor rises significantly. Furthermore, alleged perpetrators can be placed at high risk of physical and psychological harm – from others as well as themselves.'*

In selecting investigators or investigation committee members, an organisation should ensure that the individuals:

- are trained in carrying out an investigation in response to an allegation of sexual violence;
- were not involved in the incident (such as staff members who may have supported the enabling environment or witnessed the incident);
- are not the same individuals who will conduct any necessary disciplinary hearings about breaches of the code of conduct or complaint hearings following the investigation.



**While an investigation is taking place, an alleged perpetrator who is a staff member is owed the same level of duty of care as any other employee.**

While investigators should have limited contact with individuals who were involved in the incident they are investigating, they are nevertheless required to keep individuals who are affected by the investigation informed of the process, the findings, the outcomes and the reasons for the outcomes. A system needs to be put in place to allow for this type of communication while maintaining a distance between the investigator(s) and the individuals they are informing.

The following are common complaints about investigations:

- The procedure has not been followed or is unfair.
- The investigation suffers from poor documentation.
- The person(s) carrying out the investigation displayed bias.
- The investigator(s) failed to assess all the evidence.
- The recommendations following the investigation were unrealistic.
- The investigation took too long to complete, and there was a lack of transparency on timelines.



### Tool 7

#### Conducting an investigation

A poor investigation can be extremely damaging to the survivor, the alleged perpetrator and others affected by the incident. A failure to act upon an allegation will have a similar effect. An organisation should deal with a grievance or complaint by investing the time and resources required for a comprehensive investigation.

#### 4.4. Post-incident review

Organisations should consider undertaking internal reviews of their response to incidents of sexual violence. These post-incident reviews need to follow the same confidentiality protocols that apply during the response to the incident.

A post-incident review is the best way to gauge whether an incident was brought about by a negative workplace culture that enabled the offender. Any suspicion that this may be the case should be addressed immediately to avoid further sexual violence incidents.

The process of review and reflection can help an organisation's leadership and those tasked with preventing, preparing for and responding to incidents of sexual violence:

- understand the impact of the incident on each person involved (such as the survivor, those who provided assistance, friends and colleagues) and on the organisational community as a whole;

- honestly and critically examine the handling of the incident and identify preventable risk factors;
- make an account of what was done well and what could be improved in the future;
- review policies and procedures for sexual violence response, including reporting and information management;
- review the efficacy and adequacy of existing prevention efforts;
- review the efficacy and adequacy of existing preparedness efforts, including induction and training;
- determine ongoing support needs for staff involved in the incident; and
- determine how to improve prevention, preparedness and response efforts.



**Organisations should establish feedback mechanisms to allow staff involved in an incident to assess and critique the institutional response, the investigation process and other relevant aspects. The lessons learned should be fed into prevention and preparedness efforts.**

It may be useful to conduct an organisational debrief with all those involved in the incident, including the survivor, if there is no risk of re-traumatising them.

If there is a call for an external review, possibly from the survivor or the alleged perpetrator, the appropriate focal points should follow up on the request as soon as possible. The survivor may have strong feelings about whether an external review should take place; their wishes in this regard should be respected to the greatest extent possible.

Recommendations based on an internal or external review should be considered in a timely fashion and changes made as appropriate and in a timely manner, in order to prevent and prepare for future incidents.



### Further resources

*'Guidelines for Investigations'* by the CHS Alliance

*Psychological support resources* by Thrive Worldwide  
(available on their website)

*'Tool 6: How to conduct a factual debrief'* in *'Security Incident Information Management Handbook'* by RedR UK, Insecurity Insight and EISF



# Tools

Available to download and  
edit from [www.eisf.eu](http://www.eisf.eu)



# Tools

This segment provides the following tools for use by organisations that seek to prevent, prepare for or respond to incidents of sexual violence:

**Tool 1: Scenarios for senior leadership**

**Tool 2: Bystander intervention**

**Tool 3: Legal environment questionnaire**

**Tool 4: Sexual violence response task list**

**Tool 5: Guidelines for a survivor supporter**

**Tool 6: Preserving physical evidence**

**Tool 7: Conducting an investigation**





# Tool 1

## Scenarios for senior leadership

**This tool presents four scenarios that an organisation's leadership team can use as exercises to guide a discussion to ask, 'what if?' and 'what would you do?' in relation to sexual violence incidents that affect staff.**

Having policies and processes in place may not be enough if an organisation's leadership is not in full agreement on what actions should be taken in response to serious incidents, especially if these actions are in conflict with the goals of senior leadership. Organisation-wide awareness that management fully supports established policies can help to drive the response process and enhance confidence that the leadership will take the appropriate moral stance in difficult situations. It is also beneficial if managers understand that incidents are not always straightforward.

### Scenario 1

You have been informed that a new, inexperienced, junior member of staff working on a flagship project with significant institutional funding has been raped by one of the town elders during a collaboration meeting that the two attended alone. The town elders show no remorse and accuse the staff member of being a prostitute.

Key points to remember in this scenario:

- The country of operation is a core part of the organisation's strategic geographical vision for the region.
- The work with the town elders is a core part of the project, and without their buy-in, the whole project will fall apart.
- Project failure or shutdown would mean that funds would have to be returned to donors, but money has already been spent on the start-up (such that repayment would represent a substantial cost to the organisation).

*continued*

*continued*

- Repayment would potentially set the organisation back by years in terms of its long-term strategy.
- The location and the elders have had interest from donors and other organisations to do similar work.
- The survivor expects the leadership of the organisation to do something.
- The country director has stated that the junior staff member acted foolishly and put herself in a situation that put her at risk.
- It has also come to light that this kind of incident has happened in the past with the same elders, but no action was taken by the previously affected organisation, and it has not deterred donors from working with the elders.
- The state of the judicial and law enforcement system in the country means that nothing can be done to bring the elders to justice.
- The country director has also stated that speaking to donors or organisations to try to deter the elders would put local staff at risk of reprisals.

### **Core questions:**

- What actions should the leadership team take?
- Is the leadership team prepared to exit the programme or location?
- What will the leadership team do to support the survivor of the incident?
- What actions should be taken in terms of communications?

## Scenario 2

Your organisation has multiple projects totalling £15 million in funding across five different locations in the country. You have been informed that a senior government minister raped one of your international volunteers during a networking event. The volunteer is severely traumatised by what has happened.

Key points to remember in the scenario:

- The minister has a strong level of government and public support and protects his reputation fiercely.
- Due to his position, he could shut down much of the organisation's access and raise its operating costs.
- The minister's level of power makes it nearly impossible to take criminal or legal action against him.
- The country director is concerned that confronting or trying to take action against the minister will lead staff to be expelled from the country or arrested and detained under dubious charges.
- A partner has said that many people will not believe the story as the minister has power and is seen as 'desirable', so there would be no need for him to force himself on someone.
- Donors have good relationships with the minister and have undertaken publicity activities with him. These accusations could be embarrassing for them.
- The funding from the project in this country is a substantial part of the organisation's income; losing this funding would require downsizing international and headquarters teams.
- The volunteer has lost all confidence in the country director and is expecting action from the organisation's leadership team. The volunteer's family are considering taking the incident and the organisation's response public.

### Core questions:

- What actions should the leadership team take?
- Is the leadership team prepared to exit the programme and location?
- What will the leadership team do to support the survivor of the incident?
- What actions should be taken in terms of communications?

## Scenario 3

You are informed that a member of staff has seriously sexually assaulted another member of staff. The survivor wishes to go to the police and press charges. The country director has informed you that there is a high risk that the alleged perpetrator will be attacked, become a survivor of sexual violence, or be killed while in custody, as suspected sex offenders are known to be assaulted by police and other inmates.

Key points to remember in the scenario:

- The organisation has the same duty of care for the alleged perpetrator as for the survivor.
- The alleged perpetrator is an international member of staff and wants to leave the country before an arrest can take place.
- The country director is concerned that if the individual leaves the country, other staff members may be arrested for aiding an alleged sex offender to flee the country.
- The survivor knows what the potential outcomes are if the alleged perpetrator is arrested but insists on involving the local police.

### Core questions:

- What actions should the leadership team take?
- Is the leadership team prepared to follow the survivor's wishes even if the other staff member will be placed at an extremely high risk of harm?
- What will the leadership team do to support the survivor and the alleged perpetrator of the incident?
- What actions should be taken in terms of internal and external communications?

## Scenario 4

A staff member in a country programme has reported that they have experienced inappropriate sexual advances from a high-profile senior staff member who is often seen as the public face of the organisation. An informal investigation into the situation has raised concerns about this same staff member's relationship with a number of beneficiaries. The primary beneficiaries of the organisation's projects in the country are teenage girls. The senior member of staff in question has regular contact with these beneficiaries. The parents of several teenage girls involved in the organisation's projects have reported that their daughters have displayed symptoms of psychological trauma after spending time with the senior staff member in question.

Key points to remember in the scenario:

- While there are safeguards in place within the organisation to prevent staff members from being alone with children and vulnerable adults, it appears that the senior staff member was giving private support to the girls in his own time.
- One of the teenagers has told her parents that the staff member forced himself on her and told her to comply if she wanted help.
- The family want compensation and action taken against the alleged perpetrator.
- The family have very little influence and do not know what channels to use to report the incident.
- The organisation's image could suffer greatly if such a high-profile staff member were accused of sexual violence.
- The staff member who made the initial harassment complaint no longer wishes to be involved in the response.
- It has also come to light that similar harassment complaints were raised over the past three years during the staff member's other placements.

### Core questions

- What actions should the leadership team take?
- Is the leadership team prepared to publicly condemn the actions of the high-profile staff member?
- What will the leadership team do to support the survivors in the current location and those who have reported similar complaints over the past three years?
- What actions should be taken in terms of internal and external communications?



# Tool 2

## Bystander intervention

**Improving bystander response can reduce sexual violence incidents in an organisation.**

Bystanders are unlikely to be present when the most egregious offences happen. By intervening in response to inappropriate comments or touching, however, bystanders decrease the likelihood of more serious incidents of sexual violence occurring.

The following five-step response can serve as a basic guide for bystander intervention:

- 1. noticing the event;**
- 2. interpreting whether the situation is appropriate for intervention;**
- 3. taking responsibility;**
- 4. deciding how to help; and**
- 5. intervening.**

Bystander intervention training helps individuals to understand the five steps. Table 11 lists key aspects of each step.

**Table 11: The five steps of bystander intervention**

Step	Keep in mind
<b>1</b> Notice the event	Bystanders need to understand what risk factors to look out for. These include individual, organisational and external risk factors for aggression. It is unlikely that someone who is the target of sexual violence will ask anyone for help, but bystanders may be able to identify if a conversation is making that individual uncomfortable. Bystanders need to pay attention to these indicators.
<b>2</b> Interpret whether the situation is appropriate for intervention	Consider the risk factors for aggression and decide whether it is a situation that requires intervention. If an event is occurring that warrants intervention, assess the situation by asking yourself the following questions: <ul style="list-style-type: none"><li>• Are you yourself at risk of experiencing sexual or other forms of violence if you intervene?</li></ul>

**Table 11: *continued***

Step	Keep in mind
<p><b>2</b> <i>continued</i></p>	<ul style="list-style-type: none"> <li>• Will intervention cause the survivor to experience more violence?</li> <li>• Is support available for an intervention from anyone nearby?</li> <li>• Is it more effective to flee and report the incident than to confront the offender immediately?</li> </ul> <p>Each situation is unique. It may be important to intervene if a colleague or friend is vulnerable or unable to make clear decisions (such as under the influence of alcohol or drugs). It is important to intervene whenever there is a high risk of serious sexual violence, if possible.</p>
<p><b>3</b> Take responsibility</p>	<p>Once an incident is identified as appropriate for intervention, the bystander must take responsibility to help in some way.</p> <p>Bystanders are more likely to intervene when they are the only witnesses to an incident. They are less likely to act if they feel that there are others present who could intervene instead. The risk that no one takes responsibility is, therefore, higher when there are multiple witnesses and so it is important that bystanders take responsibility even when there are others present who could intervene as well. Training sessions on bystander intervention will aim to empower potential bystanders to feel that they can take the decision to intervene.</p>
<p><b>4</b> Decide how to help</p>	<p>The level of intervention from a bystander will vary considerably from person to person, depending on the situation; the capability, power and strength of the bystander; and how the offender is likely to respond.</p> <p>Bystanders can help directly and indirectly, in the moment and at a later date. For example, they can:</p> <ul style="list-style-type: none"> <li>• speak to the offender in the moment, so as to discourage further harassment or other activity, or to distract the offender;</li> <li>• speak to the target of sexual violence in the moment, to ascertain their well-being and possibly to encourage them to leave the location with someone they trust;</li> <li>• report the incident immediately to someone with authority, such as a security person or police officer;</li> <li>• speak to the survivor at a later date and encourage them to report the incident to a focal point;</li> <li>• report the incident directly at a later date, such as to the security focal point or safeguarding focal point; or</li> <li>• speak to the offender at a later date and start a discussion around the incident and why the individual should try to avoid initiating a similar incident in the future.</li> </ul> <p>Bystanders should take this step only if they perceive the incident as minor and feel safe approaching the offender directly, for example, if they are friends of the offender.</p>
<p><b>5</b> Intervene</p>	<p>When intervening, it is important to:</p> <ul style="list-style-type: none"> <li>• do so in the safest manner for you and others;</li> <li>• seek help if possible, such as by intervening jointly or finding someone better able to intervene; and</li> <li>• aim to defuse rather than escalate the situation.</li> </ul>



See *'What Is Bystander Intervention'* by Lehigh University.



## Tool 3

# Legal environment questionnaire

**To support sexual violence preparedness efforts, this tool provides a list of key questions an organisation should endeavour to answer about the legal environments in its countries of operation.**

The following questions should be adapted to reflect the possible legal settings where a proceeding could take place. A survivor may bring legal proceedings in the country where the incident took place, their home country, the country of the alleged perpetrator, or the country in which the organisation has its headquarters. The following questions are meant as guidance and are not an exhaustive list.

### General

- What are the legal definitions and understandings of sexual assault/rape in the country of prosecution?
- What is the rape/sexual assault prosecution process from beginning to end?
- How does the survivor file a complaint?
- Where is the complaint made?
- Should the complaint be written or verbal?
- To whom is a complaint made?
- How quickly must the report be made after the incident?
- Is there any statute of limitations on the prosecution of rape/sexual assault?
- Does the government take responsibility for the prosecution?
- What role does the survivor play in pressing for prosecution?
- At what point will the report and/or proceedings become a matter of public record?
- Does the law protect the identity of the survivor?



## Forensic evidence

- What forensic evidence is required for a successful prosecution?
- What is the local capacity to gather evidence and analyse it?
- What requirements does the law impose with respect to the collection of that evidence?
- Must the evidence be collected by a particular individual (such as a state-certified gynaecologist) or collected in the presence of a particular individual?
- How must the evidence be handled and accounted for after it is collected? Must it be secured? How is lab work done? Who maintains the 'chain of custody'?

## Arrest and court proceedings

If the alleged perpetrator is a member of staff, the following questions should also be considered from their point of view. It should be noted that the organisation has a duty of care towards both the survivor and the alleged perpetrator in these circumstances.

- If an arrest is made, can the accused be released on bail after being charged?
- What charges may be brought against the alleged perpetrator?
- Do the police have a specific unit or department for dealing with sexually violent crimes?
- Does the survivor have to identify the alleged perpetrator before the individual is charged with a crime?
- What is involved in the identification? Is it a line-up? Is the identity of the survivor protected?
- May the survivor always be accompanied by an attorney or another representative?
- What kind of court process is used for the trial? (Jury trial? Bench trial? Other proceedings?)
- Does the survivor have to testify in court and/or in the presence of the defendant (that is, the alleged perpetrator)?
- Does the defendant have the right to cross-examine the survivor?
- Are there any subjects about which the defendant may not inquire with respect to the survivor?

- What are the risks the defendant faces if arrested (such as assault while in prison)?
- What are the penalties should the defendant be convicted?
- Can the prosecution proceed if the survivor no longer resides in the country? If the survivor becomes unwilling to proceed, can legal action be taken against them?
- What is the recent history of successful prosecutions of this nature?
- What are the chances of conviction in this particular case?
- Will the government be supportive of such a prosecution?
- How traumatic can the legal process be in this jurisdiction for both the survivor and the alleged perpetrator?
- What are the cultural implications of this case? (For example, if a man makes an accusation? If a woman accuses a man? If a visitor to the country accuses someone who is a national of that country?)
- What are the cultural and legal implications of accusations of same-sex sexual violence cases?
- Are there potential security implications for the survivor who chooses to prosecute?
- Will the decision to prosecute put other staff at risk?
- What is the potential impact should the survivor choose not to prosecute?
- What is the typical relationship between the survivor, counsel to the survivor and the prosecution?
- What are the legal implications of moving an alleged perpetrator who is a member of staff out of the country where the incident took place for security/duty of care reasons?



## Tool 4

# Sexual violence response checklist

The following table summarises the guidance provided in Parts 3 and 4 of this guide. Organisations are advised to consult the table during the four overarching stages following an incident of sexual violence – immediately after the incident, within the first 24 hours, within 24–72 hours, post-incident and during the aftercare phase. It should be noted that this tool is not exhaustive and that the steps may need to be taken by different focal points, possibly in another order.

All response tasks should be undertaken with the informed consent of the survivor. Exceptions to this may be where organisational policy makes it necessary to report the incident to particular individuals within the organisation or outside medical and psychological services in order to ensure the safety and security of the survivor and others.

**Table 12: Sexual violence response checklist**

Task timeframe	Tasks	✓
Immediate	Confirm the survivor's location and situation and ascertain their safety and security. Provide them with options and advice on how they can access a safe and secure location/situation if danger is imminent or if they wish to move. Offer transport to a safe location.	
	Find out if they are injured and in need of emergency medical care.	
	Inform the survivor about available medical facilities, stress the importance of receiving prompt emergency care, and offer to arrange this emergency medical care with the survivor's consent.	
	Determine whether others are at risk from the current threat (staff as well as external individuals). If so, take immediate action to ensure their safety and security while respecting the confidentiality of the survivor and others affected.	
	Ensure the survivor knows that the organisation believes their account of what happened and that it is open and willing to support them. Assure the survivor that their needs will be met to the greatest extent possible.	
	Offer to put the survivor in touch with friends and family, if desired.	

**Table 12: continued**

Task timeframe	Tasks	✓
<b>Immediate</b> <i>continued</i>	Find out from the survivor who they would like their supporter to be. Offer a trained survivor 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. Explain to the survivor the evidence gathering process, that it requires prompt action and how it is essential for prosecution (immediately or at a possible later date). Describe the steps of the evidence-gathering examination process but emphasise it is the survivor's decision whether evidence should be collected.	
	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 sharing on a need to know basis. Inform the survivor of this reporting protocol and discuss concerns before sharing any information.	
	Start to keep a confidential log of all communications and decisions for the response process with the survivor's consent.	
<b>First 24 hours</b>	Ensure the survivor has the option to receive a medical and psychological assessment and care as soon as possible (ideally, within a few hours and certainly within 24 hours) by competent and sympathetic practitioners. This step should include PEP, which needs to be administered within 72 hours after the incident.	
	With the survivor's consent, reach out to medical and psychological practitioners who have been previously identified and with whom the organisation has agreements in place.	
	Organise transportation for the survivor if there is a need to travel for medical assessment and care.	
	Help survivors to make informed decisions about which medical treatment they wish to receive and which clinic they wish to receive it from.	
	With the survivor's consent, arrange for the survivor supporter to remain in contact with the treating doctor and mental health service provider to ensure adequate and appropriate care is provided and the next steps are clear.	
	Inform survivors of the local legal environment and discuss the legal requirements for possible prosecution.	
	Accompany the survivor and provide them with support if they choose to report the incident to the police.	
	Use pre-obtained information on the local legal environment to guide the survivor and the organisation's interaction with the police.	
	For medical examinations, use known and trusted private clinics to avoid evidence gathering or automatic reporting to the authorities if the survivor chooses not to report.	
If a police interview is required, ensure that the survivor has excellent support.		

**Table 12: continued**

Task timeframe	Tasks	✓
<b>First 24 hours</b> <i>continued</i>	If at all possible, delay any interviews until the survivor is ready and willing to make a report and be interviewed.	
	Ensure the survivor is housed in a secure, safe and comfortable accommodation. Such accommodation should be superior to that which is usually considered appropriate for organisation staff and must include a private room with a private bathroom. The survivor may wish to stay at a hotel.	
	Offer the option of a shared room with the survivor supporter or separate neighbouring rooms.	
	Ensure adequate security, such as by keeping the location confidential to protect the survivor from further harm.	
	House the survivor in a location close to people who can provide support, including ongoing health care service providers and legal counsel.	
	If the survivor does not feel safe, arrange a move without debate.	
	Initiate discussions with the survivor, when they are ready, on whether they wish to remain in the location, be relocated or evacuated (for international staff), and whether they wish to take medical leave.	
	Remind the survivor and the supporter about preserving evidence.	
	Agree with the survivor on what information can be passed to selected managers and other focal points to access extra support services.	
	With the survivor’s consent, complete an incident report in accordance with the organisation’s sexual violence incident reporting process, which should feature more confidentiality safeguards than the standard incident reporting process.	
	Listen to the survivor’s account of the incident if they are willing to share information. It may be inappropriate to take notes during this initial disclosure, but with the survivor’s consent a written account should be drafted at an appropriate moment and shared with the survivor to check for accuracy.	
	Try to establish whether the survivor knew the attacker and whether that person is a staff member or otherwise affiliated with the organisation.	
	If the alleged perpetrator is from a partner organisation or another aid agency, take appropriate steps to inform the alleged perpetrator’s senior management and take precautions to protect staff and others from harm.	
	If the alleged perpetrator is a staff member, make arrangements to remove the alleged perpetrator from any environment where they could pose a risk to the survivor or anyone else (e.g. ensure they are housed in separate accommodation and accompanied at all times).	
	If the alleged perpetrator is a staff member, suspend all their work activities/targets if the allegations are severe.	

**Table 12: continued**

Task timeframe	Tasks	✓
<b>First 24 hours</b> <i>continued</i>	Ensure that the alleged perpetrator is treated in a neutral manner and, if they are a staff member, arrange for an independent trained focal point to ask them about the incident. Take notes on their account and ask the alleged perpetrator to check the write-up for accuracy.	
	If the alleged perpetrator is a staff member and requires legal support, make arrangements to provide it.	
	Review possible consequences for the alleged perpetrator, including the outcome and sentence of a legal process and the risk of violence, including sexual violence, they may face if imprisoned. The organisation may choose to review these consequences even if the alleged perpetrator is not a member of staff.	
<b>24–72 hours</b>	Follow organisational response protocol, which may include establishing an incident management team (IMT) depending on the severity of the incident.	
	Through the IMT, establish a family support mechanism alongside the survivor. Allocate a family support officer to be the point of contact for the survivor’s family and partner. Provide support and logistics as needed.	
	Through the IMT, establish a communications response to the incident, including a prepared response to any media queries.	
	Monitor social media and other communications channels to ensure confidentiality around the incident and to address any information breaches.	
	Discuss the legal process with the survivor to support them in making an informed decision on their involvement in any legal proceedings.	
	Provide ongoing support with any legal or justice processes, in line with the survivor’s wishes and relevant legal frameworks (local or international).	
	Ensure the survivor has quality legal representation if needed for prosecution, and assist them in navigating local laws, customs and procedures.	
	Consider securing legal representation for the alleged perpetrator if they fall under the organisation’s duty of care.	
	Provide the survivor with both practical (for example, logistical) and emotional support with ongoing medical and psychological care.	
	Offer the survivor psychological counselling in the country where they are located, if quality care is available. Such care may be provided by local professionals, through an embassy (depending on the nationality of the survivor) or via other support networks.	
	If quality psychological care – appropriate to the survivor’s culture – is not available in the country where the survivor is located, offer remote counselling.	
	Assess the support needs of other staff and offer support (such as general support, training, supervision by managers or professional support).	

**Table 12: continued**

Task timeframe	Tasks	✓
<b>24–72 hours</b> <i>continued</i>	Provide regular supervision for the survivor supporter and offer them optional, confidential psychological support services.	
	Offer the survivor supporter training on how to be a survivor supporter and in psychological first aid, if feasible.	
	Offer psychological support to the survivor’s family and partner if deemed appropriate.	
	Consider the needs and offer support, including psychological care, to the alleged perpetrator if the individual falls under the organisation’s duty of care.	
	Offer staff affected by or involved in the incident response access to psychological support services.	
	If staff members are widely aware that a sexual violence incident took place, consider providing support and limited information in group sessions, in consultation with the survivor.	
	Arrange per diems for the survivor and their supporter, as well as possible activities as distractions, to reduce stress levels.	
	Arrange logistics – such as private transport – for the survivor, their supporter and other staff responding to the incident to facilitate the response process.	
	Suspend all work activities/targets set for the survivor, their supporter and other individuals involved in the response as appropriate.	
	Agree with the survivor on the reason colleagues will be given regarding their absence from work and on the form of communication to be used for this.	
	Put in place a regular check-in schedule with the survivor and/or survivor supporter in order to discuss needs, concerns and other information.	
If required and with the survivor’s consent, inform insurance providers that an incident has occurred to enable the survivor to access appropriate medical and psychological support.		
<b>Post-incident actions and aftercare</b>	Meet with the survivor to determine a plan for their return to work, relocation, evacuation or medical leave.	
	Ensure that the survivor knows they may be relocated or evacuated immediately for care, depending on their medical, psychological, security and personal needs.	
	Ensure that survivors who are not immediately evacuated or relocated are able to access a high standard of medical care locally until the initial stages of assessment, testing and treatment are complete.	
	Establish a reintegration plan if the survivor wishes to return to work and the medical service provider and organisational focal point agree with the survivor that this is appropriate.	

**Table 12: continued**

Task timeframe	Tasks	✓
<b>Post-incident actions and aftercare</b> <i>continued</i>	If the survivor has returned to work, establish flexible arrangements, e.g. private transportation, alternative workspace, and shorter work days if required.	
	Stay in regular contact with the survivor if they choose to return home and ensure they have access to appropriate local services.	
	Explain to the survivor that continuing physical medical care can take anywhere from 3 weeks to a year, depending on the severity of the assault and whether PEP has been administered.	
	Arrange for the survivor to access ongoing medical care as appropriate.	
	Ensure access to psychological support for the survivor for at least a year after the sexual violence incident.	
	Make sure that survivors know they can seek support many months after the incident took place. Also, ensure that they are aware of any cut-off dates to these support services.	
	Inform the survivor on how they can access psychological support directly as they may no longer work for the same organisation when they choose to seek psychological care.	
	Provide support to the survivor through the legal process. Legal procedures can take a long time and can be stressful for the survivor. Consider providing assistance and support throughout the process, until its conclusion, if possible.	
	Consider initiating an internal investigation and/or contributing to an external investigation.	
	Develop a survivor support plan with the survivor to clarify long-term needs and support provided by the organisation.	
	Offer and arrange long-term support (e.g. psychological care) for others involved in the incident, such as the survivor supporter, family members, the organisation’s responders and the alleged perpetrator.	
	Conduct a post-incident review with those involved in the response to an incident, in accordance with the survivor’s wishes around confidentiality.	
	Learn about the impact the incident had on individuals, the local office and the local community.	
	Explore factors that may reduce the likelihood of similar incidents occurring in the future.	
	Assess what was done well and what can be improved in future responses.	
	Translate lessons learned into concrete actions to inform and improve sexual violence prevention, preparedness and response activities.	
Assess the impact of the incident on future programming.		





## Tool 5

# Guidelines for a survivor supporter

This tool provides guidance for survivor supporters. This resource can accompany – but should not replace – a structured training and support programme. This tool can temporarily support a survivor supporter who has been chosen by a survivor (rather than assigned by an organisation) while the organisation arranges appropriate training for the individual if possible.

Organisations are advised to appoint someone to meet with the survivor supporter to go through the detailed steps outlined in the guidance in this section. The appointed person should fill in the missing names and contact details in this guidance before the meeting and should provide the survivor supporter with a printed and electronic copy of the guidance at the end of the meeting.

The guidance comprises an introduction and seven main sections. The introduction offers a statement of thanks from the organisation, brief comments on the provision of training and key points regarding what is expected of the survivor supporter. More detailed advice is provided in the seven main sections:

- I. Key points to remember**
- II. Follow policy and procedures and guide the survivor through their next steps**
- III. Take care of yourself**
- IV. Understand the reactions to sexual violence**
- V. Know what to do and what not to do**
- VI. Remember that you are not alone**
- VII. Contact details**

## Guidance for survivor supporters

Thank you for agreeing to support our colleague at this very distressing time. We are asking you to help us by listening to them and being there as a supporter over the next few hours, days, weeks and months. We believe that one of the most important first steps in recovery from an event like this is to feel comfortable with a companion. Because the survivor may be feeling vulnerable, alone, confused, distressed or angry, a safe environment and supportive companion is important at this stage. If a survivor has chosen to confide in you or asked you to support them, please remember that this is a big step for them, and a large amount of trust has been placed in you to support them and keep information confidential.

If you have received training on how to be a survivor supporter, then please rely on your training. If you have not received training on how to be a survivor supporter, then the organisation will aim to provide you with training as soon as possible to help guide you in this role over the next days, weeks and months.

We ask you to be with, listen to and help the survivor as much as you can, without judgement. You may also need to accompany them to see the police or undergo a forensic examination. It is important that they feel safe and supported and are able to feel more in control and make choices. If supporting them causes you problems (with your work or life) please let

*[enter the organisational focal point for this type of incident]*

.....

know immediately and the organisation will support you.

### I. Key points to remember

- Your main responsibility is to support the survivor.
- Your main contact point within the organisation is the

*[enter the organisational focal point for this type of incident (such as the safeguarding focal point)]*

.....

- You should be with, listen to and help the survivor as much as you can and without judgement.
- Your role is to guide the survivor through the different response steps and to provide all the support and information they will need to make informed decisions on their own.
- You should not try to influence the survivor's decisions or make any decisions on their behalf.

- The organisation will try to provide you with training on how to be a survivor supporter and in psychological first aid (PFA) as soon as possible if you have not yet been trained.

## II. Follow policy and procedures and guide the survivor through their next steps

**Policy and procedures.** Follow organisational policy and procedures on sexual violence. If you cannot remember what these are, please ask for and re-familiarise yourself with them. If there is anything you are unclear on, please ask.

**Training.** If you have not received psychological first aid training, you will be briefed and trained on what you should be looking for in terms of trauma and other symptoms in the survivor and in yourself.

**Confidentiality.** You may hear details about the sexual violence incident from the survivor during the time you support them. There is no need to tell management private details of the survivor's story that you have been told in confidence. If, however, you think that what you have been told might be important to the survivor's safety and well-being or the safety of others (for example, if the survivor is expressing suicidal thoughts or if you hear something that suggests other people may be in danger), please let

*[enter the organisational focal point for this type of incident]*

.....

know confidentially.

**Medical and psychological treatment.** Please support the survivor as they seek necessary medical treatment, as recommended by the medical service provider. If you have doubts or questions about the treatment, share those with the

*[enter the organisational focal point for this type of incident]*

.....

but please do not confuse the survivor with your own opinions. It can be difficult to take post-exposure prophylaxis (PEP), a drug that reduces a survivor's chance of contracting HIV. The medicine can make individuals feel very unwell. Possible side effects include fatigue, headaches, nausea, diarrhoea and vomiting. People who take PEP should be regularly monitored by a health professional.

*[enter organisation name]*

.....

does not insist that the survivor receive counselling or any other form of professional psychological support unless they want it, in which case we will be very happy to set it up.

**Preservation of evidence.** You may need to provide support as the survivor decides whether to preserve evidence for possible future legal proceedings. This may include a medical examination. Ask

*[enter the organisational focal point for this type of incident]*

---

for information and support to help the survivor make the decision.

**Your priorities.** During this period, if you are a staff member of the organisation, your workstreams and targets will be suspended, so you do not need to worry about your work or deadlines. Our primary focus at this point in time is the recovery of the survivor, and your role is an important part of this. As an organisation, we will provide the survivor with structured options and decisions to take. Your role is not to make these decisions for the survivor, but rather to create a supportive environment for them to make their own decisions.

### III. Take care of yourself

**Your own mental and physical health.** You are helping someone cope with the trauma of a recent experience, and you are very important to them. It is vital that you take care of yourself and your own needs. The survivor will need time to recover, so you need to pace yourself in terms of how much time and energy you can realistically offer the person you are supporting. Feel free to talk to

*[enter the organisational focal point for this type of incident]*

---

about how you are feeling and whether you need help.

**Secondary trauma.** Some supporters may be affected by the trauma about which they are hearing and may start to have some of the same symptoms as the survivor. You may be experiencing secondary trauma if you:

- have nightmares about the survivor's trauma;
- imagine in graphic detail the survivor's pain, fear and the trauma itself;
- are more on guard or anxious in situations that do not usually make you feel this way;
- develop strong attitudes or feelings towards people who are similar to the perpetrator;
- lie awake at night thinking of the survivor and their experiences;
- suffer from increased anxiety;
- experience strong feelings of helplessness;
- feel increased pressure to solve or fix the problem for the survivor; or
- feel overly responsible for the survivor's recovery or feel a strong need to intervene in the investigative or organisational process.

These signs may indicate you need a break or some space from the survivor's account. You will be offered trauma consultations or other services that are designed to support you at this stressful time. We strongly recommend you have one of these sessions to see whether you find them helpful. If you would like to discuss this directly with the

*[enter your mental health service provider]*

.....

please contact them in confidence (see contact details below).

#### IV. Understand the reactions to sexual violence

**Common reactions to sexual violence.** Remember that no two people are the same and reactions to sexual violence can vary considerably. The most significant effect is usually the psychological impact. Survivors react differently but, whatever their experience, all of them most probably feared for their life at some point. In response to incidents of sexual violence, survivors commonly:

- feel numb, 'cut off' or in shock after the attack;
- appear perfectly calm and unaffected;
- fear they are 'going mad';
- have the sensation that the trauma is happening again;
- experience periods of high anxiety (heart palpitations, dizziness, trouble breathing, nausea, feeling as if one is dying);
- have intrusive memories (unexpected memories of the trauma);
- feel irritable or angry;
- suffer from low self-esteem;
- blame themselves;
- engage in uncharacteristic behaviour;
- alter their eating habits;
- feel the need to wash repeatedly;
- vomit or have other physical symptoms; or
- experience a range of different and changing emotions (such as anxiety, denial, self-blame, fear of not being believed or repercussions, feeling dirty, ashamed, guilty or withdrawn).

It is normal for people who have been sexually assaulted to go through these reactions. With time, care and support – including the support you provide – most survivors of sexual violence will recover.

**When to seek additional support.** Under certain circumstances, you may feel that the survivor needs additional support or more assistance than you are able to give. If you are worried about the survivor, let them know you want to get them more support and will need to alert the appropriate focal point. You may wish to do so if you observe signs that the survivor is not coping well, for example if they are:

- very distressed, irritable or angry;
- crying all the time for more than a week;
- numb or not talking to anyone;
- unable to sleep and/or having repeated nightmares;
- not eating;
- not getting out of bed;
- overly anxious, fearful and jumpy;
- experiencing extremely low moods or inappropriate moods (that are incongruent with the circumstances);
- exhibiting behaviours that are incongruent with what has happened;
- having out-of-body experiences or hallucinations;
- suffering from multiple physical illnesses;
- increasing their alcohol or drug consumption;
- having thoughts of self-harm or suicide; or
- having homicidal thoughts or plans to harm the perpetrator or someone else.

**Please speak to**

***[enter the organisational focal point for this type of incident]***

**if you notice any of the above symptoms or have other concerns while you are acting as a supporter.**

If you are very concerned about the survivor's well-being – for example, you fear they may be at serious risk of further harm – you may still confidentially speak to

*[enter the organisational focal point for this type of incident]*

even if the survivor has refused external support.

The focal point will give you advice. The contact details are at the end of this document. Trauma assessment or debriefs can be helpful for the survivor and for you as a main supporter. The organisation can arrange these locally by phone or Internet calls.

## V. Know what to do and what not to do

Survivors can recover faster if they regain a sense of control over their lives and are able to make decisions. As a supporter, it is important that you not take over, but instead consult with the person about what they need. You can help them to explore options that are available to them.

Be aware that people can freeze when confronted with a terrifying situation. They are often afraid of how other people will react to what has happened to them. They may fear not being believed, being rejected and having their experiences minimised or trivialised. They may feel embarrassment or shame. They often fear well-meaning, but ignorant questions.

You may not understand why the survivor reacted in the way they did during the incident, or how they are currently feeling, but try to be patient and understanding. Bear in mind that the survivor may have their own questions about what has happened and may want to explore these with you. It is very important that they make up their own mind, find their own understanding of what has happened to them and make their own decisions moving forward.

You can best help by listening and asking what they want. Rather than telling them what you believe they ought to do, explore options with them, show respect and refrain from judgement. The following pointers are designed to help you find the most helpful approach.

### Show you are an active listener by:

- mirroring back to the survivor what they tell you, such as by saying, 'It sounds like you are saying ...';
- clarifying what they are telling you by repeating it to make sure you have understood;
- validating how they feel, such as by saying, 'It is expected that you would feel that way' or 'I can understand that you would feel that way';
- empathising with them, such as by saying, 'I'm sorry this happened to you. It is not okay that this has happened to you.';
- reinforcing the message that they do not need to feel ashamed or embarrassed;
- inviting them to say more if they want to; or
- summarising what they have said.

**Show engagement and provide support, such as by:**

- helping the survivor meet their immediate needs and focusing on something practical to better manage the situation;
- being prepared to spend long periods of time with the survivor and possibly sharing accommodation with them, if appropriate;
- giving them choices so that they can take back control;
- making sure they can contact you easily and being there for them to talk to if they would like to;
- managing administrative matters and logistics for them and liaising with designated staff members to coordinate;
- speaking to them calmly and with compassion, using positive language such as, 'I agree';
- assuming that they are competent and will recover;
- recognising their strengths and providing positive reinforcements;
- if appropriate, referring them to other support or people they might like to speak to;
- suggesting or engaging in positive distracting activities, such as sports, reading or hobbies;
- suggesting the survivor gets adequate rest and eats healthy meals; and
- helping to promote a supportive and positive environment for the survivor.

**Do NOT:**

- blame the survivor for what happened;
- overwhelm them with questions;
- make judgements about what they did or did not do or how they are feeling;
- tell them what to do or assume you know what they need; and
- pressure them into doing anything or talking about things they are not ready to face.

**Do NOT make inappropriate comments, such as:**

- 'I know how you feel.'
- 'Something similar happened to me.'
- 'I think you need to ...'



- ‘You’re lucky it wasn’t worse.’
- ‘It was [the organisation’s or person XYZ’s] fault.’
- ‘Good can come out of this.’
- ‘It’s not that bad.’

**Do NOT offer false reassurances, such as:**

- ‘It’s going to be ok.’
- ‘You will definitely return to your job.’
- ‘They will catch the perpetrator.’
- ‘Justice will be done.’

**Do NOT ask inappropriate questions, such as:**

- ‘Why didn’t you fight back?’
- ‘Why didn’t you tell me before now?’
- ‘Why didn’t you scream?’
- ‘Why didn’t you tell someone?’
- ‘Why don’t you report it to the police?’
- ‘Why did you encourage [the perpetrator]?’
- ‘Why did you wear that?’
- ‘Why were you walking that route?’

**VI. Remember that you are not alone**

This is a challenging role to take on, but an important one. Thank you for the support you are giving. Please make sure you look after yourself and follow the advice shared in this guidance and by the organisation. Please do not hesitate to contact the

*[enter the organisational focal point for this type of incident]*

.....

if there are things you would like to discuss confidentially or if you need to access further support. The survivor may be relying on you but remember that you can rely on the organisation to help you and the survivor through this.

## VII. Contact details

Add contact details for:

- organisational focal point for these types of situations (such as a safeguarding focal point)
- medical service provider
- mental health service provider
- a senior member of staff who is aware of the incident



## Tool 6

# Preserving physical evidence

**If the survivor reports the incident to someone immediately or soon after the incident, then they are in a position to make a decision regarding preserving physical evidence to support a potential legal case against the perpetrator.**

Survivors must be counselled on their legal options as prescribed under local law as soon as possible so that they may make informed decisions. A survivor's nationality and identity characteristics may feed into the decision-making process.

The organisation should assist survivors who are deciding whether to initiate a legal process by ensuring that they:

- know that the decision is theirs and theirs alone;
- have considered all the options available to them;
- understand what evidence can be gathered considering the timeframes; and
- are fully aware of the legal ramifications of their decision.

The survivor's physical and mental health should be the organisation's primary concern, and evidence should be collected only with the survivor's consent.

Even if the survivor is not sure whether to file a report with law enforcement (be it local or international), actions can be taken early on that may preserve the option to file a report at a later date. For instance, survivors may agree to undergo a sexual assault or rape examination without formally committing to taking legal action; evidence collected during such procedures can be used in a court of law should the survivor decide to press charges. It is important to ensure that evidence is collected, stored and analysed according to applicable law (such as local criminal law, home country criminal law and duty of care law).

In some cases, the best option for the survivor is to collect evidence and file a report. In other cases, however, it may be psychologically harmful to the survivor to do so.

Sometimes helpers to the survivor can unconsciously or inadvertently ‘urge’ the survivor to report or collect forensic evidence when they may not wish to. Survivor supporters should be mindful of their social influence and not let their personal opinions, however well-meaning they may be, to interfere with the survivor’s decision-making.

Supporters should lay out the options for the survivor without emotion and aim to validate the survivor’s sense of self-determination in this process.

Survivors should understand the procedures which they will need to go through if they choose to file a police report. These procedures should be outlined by the country office or headquarters in advance and be understood by those supporting the survivor. Relevant staff members should provide information and support the survivor before, during and after the reporting process. The organisation needs to be prepared to support the survivor regardless of their choice.

### Preserving evidence

Survivors should not:

- drink or eat anything, including any non-essential medication they might be taking;
- shower or brush their teeth;
- comb or brush their hair;
- smoke;
- go to the toilet (if waiting is not an option, survivors should use a glass or jar and store it safely);
- discard any tampons or sanitary towels; or
- wash any clothing or bed sheets that were used at the time of the incident; it is important that these are kept dry and stored in paper bags (as opposed to plastic bags) to avoid contamination or loss, if possible.

Survivors should be advised to identify and preserve all other evidence that may be useful, which can support a legal case if the survivor does not report the incident immediately or did not preserve medical forensic evidence. This type of evidence may include:

- mobile phone evidence, such as call lists, texts and voicemails;
- photos;
- emails; and
- messages on social media, such as Facebook and Twitter.

The place where sexual violence took place is a crime scene. If possible, avoid disturbing, moving, washing or destroying anything that might be a useful source of evidence. This may include clothing, bedding, any glass or cup that the perpetrator drank from, discarded cigarette stubs, condoms or any other object the perpetrator touched.

Following traumatic incidents, survivors may feel compelled to act in ways that could destroy evidence, such as taking a shower or throwing away clothes. It is important for survivors to feel supported and, therefore, they should not feel that they are being judged for inadvertently disposing of or destroying evidence.

At no point should the survivor be forced to go through the evidence-gathering process or be made to feel guilty for not reporting sooner.



# Tool 7

## Conducting an investigation

**The guidance in this section is designed as a refresher for individuals who have already received formal training on how to conduct an internal investigation. This guidance is not exhaustive or comprehensive enough to be used as a standalone resource and should be used in conjunction with formal training and organisational procedures.**

Internal investigations are usually carried out if the alleged perpetrator is a member of staff. An organisation may also decide to carry out an investigation if an alleged perpetrator has strong links to the organisation, such as a partner, community leader or donor. Investigation procedures need to be adapted to the particular circumstances of each case.

### I. Who should carry out the investigation?

Trained investigators or investigation committees should carry out an internal investigation with support from relevant departments, including HR, security and senior management, in line with confidentiality requirements and protocols.

Investigations require a proper skill set and mindset. They should not be treated like add-ons to job descriptions, nor should they be delegated to departments that lack staff members trained in carrying out this type of work. Assigning untrained staff to carry out an investigation increases the risk of inadvertently re-traumatising the survivor and causing harm to the alleged perpetrator. The consequences of poorly conducted investigations can be severe and even fatal.

Properly trained investigators do not get caught up in trying to prove guilt; instead, they concentrate on gathering the facts surrounding an allegation in order to piece together what happened.

If a case is referred to the police, an organisation's investigation could become the subject of legal proceedings. Therefore, individuals in charge of internal investigations should have appropriate training and competencies.

## II. Six steps to conducting an investigation

### Step 1: Assessment

After an incident is reported, the organisational focal point – such as the safeguarding focal point or an informed senior manager – should document the reasons why a decision is taken to carry out an investigation or not to do so. Any of the following issues could lead to an investigation:

- an allegation of sexual violence (such as harassment, rape or other form of sexual assault);
- a possibility that the alleged offence may be criminal in nature or damage the reputation of the organisation; and
- a grievance or complaint from a staff member.

### Step 2: Investigation plan

Before starting an investigation, the independent investigators should prepare an investigation plan in consultation with a staff member with HR expertise. As part of this plan, they should consider and document:

- the allegation;
- relevant sections of the code of conduct, disciplinary policy and any related requirements;
- which other bodies or authorities are notified, as appropriate;
- witnesses who can support, corroborate or refute the allegation;
- what evidence is needed and how to collect evidence;
- timeframes (the scope and extent of an investigation will depend on the nature and seriousness of the allegation and will vary from case to case);
- the availability of witnesses;
- confidentiality (who should know what when);
- the range of possible outcomes; and
- a review of investigation procedures.

If the independent investigators need assistance in drawing up a plan, they should seek help from qualified professionals, whether in-house or externally.

### Step 3: Investigation process

The organisation should send prompt, written notifications to the survivor and the alleged perpetrator, if the latter is also a staff member, to let them know:

- the grounds on which a complaint or allegation has been made;

- that an investigation is taking place;
- who will be conducting the investigation; and
- the likely timeframe of the investigation.

**Suspension from work.** If the alleged perpetrator is a staff member, suspension or administrative leave might be necessary pending the outcome of the investigation if:

- the alleged perpetrator has been accused of serious misconduct, which, if proven, would result in summary dismissal;
- there are grounds to believe that the alleged perpetrator might pose a threat in the workplace;
- the alleged perpetrator's continued presence at work might prejudice the investigation in some way, for example, if there is a risk that they might intimidate witnesses;
- the alleged perpetrator has acted in a violent manner or has threatened violence;
- the alleged perpetrator has been accused of serious bullying or harassment; or
- the matter under review is of a highly sensitive nature, such as an incident of sexual assault.

A suspension is not a declaration of guilt. In case an alleged perpetrator is suspended, the organisation should communicate this message clearly to the individual as well as other staff members who are aware of the suspension.

**Gathering evidence.** Investigators gather facts related to an allegation. Collating and reviewing documentation typically makes up the bulk of their work. They may need to gather information or documents, such as:

- documentation of misconduct, such as letters of complaint, previous warnings on file and police reports;
- CCTV, computer and telephone records, which should be collected in accordance with applicable IT policy and laws on data protection (whether within local or international legal frameworks) that require staff members to be informed of the reasons for monitoring;
- statements from the survivor, alleged perpetrator, witnesses and others; and
- physical evidence, if possible.

**Refusal to disclose evidence.** In some cases, a staff member may refuse to disclose evidence such as documents, letters or emails. Investigators should not compel individuals to disclose personal documents or data, such



as text messages on their personal mobile phone. However, investigators can request the disclosure of work-related emails and letters belonging to the employer. This includes work files whether on paper or held on the organisation's computer systems or work mobile phones. Staff members may face disciplinary action for refusing to follow a reasonable request and retaining the organisation's property.

**The rules of evidence.** Investigators should focus on asking people to convey what they know, as opposed to what they have heard from someone else. They should seek to verify any hearsay by contacting the primary source – that is, the person who was directly involved – and should take comprehensive notes of both first-hand and second-hand accounts.

**Maintaining confidentiality.** Investigators must ensure that the investigation is conducted in a confidential manner. Confidentiality protects the survivor, the alleged perpetrator and witnesses. It also encourages others to come forward and answer questions honestly.

To maintain confidentiality, investigators should:

- talk privately and in confidence to any staff members who may have evidence relating to an alleged perpetrator's misconduct or who may have been a witness to any relevant incident;
- produce accurate written summaries of such evidence;
- ask interviewed staff members for their consent to use such summaries (in the form of a signed, written statement); and
- warn witnesses that they are not to discuss the issue outside of the interview.

Investigators should NOT:

- share one witness statement with another witness;
- tell one witness what another has said; or
- share findings or opinions with anyone outside of the investigation committee.

Individuals who are involved in an investigation must understand that confidentiality may be breached if a serious safeguarding issue is discussed. They should be informed that the organisation may take action in such cases. Senior management should discuss what constitutes a serious safeguarding issue as part of the organisation's preparatory work.

**Procedural fairness.** Investigators are responsible for ensuring that an investigation is objectively fair and perceived as fair. They should document all statements, any actions and reasons for any decisions taken during the course of the investigation. They are advised to check facts with people they interviewed so as to ensure rigour in the investigative process. Conflicting views will help to expose any potential weaknesses in the investigation or identify other major issues.

To be procedurally fair, investigators should:

- inform individuals if a grievance or complaint has been filed against them, specifying on what grounds;
- provide people with a reasonable opportunity to make their case, whether in writing or during an interview as part of the investigation;
- listen to all parties;
- carry out a reasonable inquiry or investigation before making a decision;
- ensure no parties with direct interest in the case influence the investigative process or make a decision on the outcome;
- act without bias; and
- conduct the investigation without undue delay.

Investigations at the country level are likely to involve language issues. Careful consideration should be given to the selection of a translator, if required. Cultural differences and perceptions – particularly around sexual harassment, rape and other forms of sexual assault – can affect how questions and answers are translated.

**Information management.** Investigators should maintain an investigation file. Such files contain a complete record of the investigation, with documentation of every step, all major discussions, relevant telephone calls, interviews, decisions and conclusions. They should be stored in a secure place for as long as is appropriate and in accordance with applicable legislation. Organisational policy should inform investigators on what type of information they should pass on to HR to be included in a staff member's HR file.

#### Step 4: Interviews and witness statements

**Preparation and planning.** Investigators should prepare for each interview and have a clear sense of what they wish to achieve. In planning for interviews, they are advised to:

- draft a list of key open-ended and closed questions;
- remain flexible enough to ask additional questions or amend prepared questions as new information comes to light; and
- be familiar with the main points of the case and the sequence of events.

The first people to be interviewed are the person who filed a grievance or complaint and the alleged perpetrator. These interviews help to establish key facts and indicate what other evidence should be gathered; they also serve to identify or confirm what other persons may have witnessed the incident and might thus be able to provide information relating to the case.

Before conducting interviews, investigators should contact the selected people to inform them that they are to be interviewed and to specify the nature, time, date and place of the interview, as well as who will be conducting it.

Interviewed staff members should be made aware that the issues discussed during interviews are confidential and that they must not discuss the subject matter with anyone else. Exceptions to this may be made for the survivor supporter.

**Conducting the interview.** During interviews, investigators should try to ensure that interviewees, including the alleged perpetrator, feel calm and relaxed. They should encourage interviewees to speak freely and convey their own version of events. However, the investigators should employ a series of open-ended and closed questions to direct an interviewee to focus on the issue at hand.

In cases of misconduct, investigators should be very careful to ensure that interviews do not turn into disciplinary hearings. An investigation interview is not the same as a disciplinary interview. The purpose of an investigation interview is to establish what happened, while the purpose of a disciplinary interview is to decide what to do about it.

### Guidance for investigators

Investigators should:

- allow interviewees to refer to documents to refresh their memory;
- pause the meeting if an interviewee needs a break or adjourn it if the interviewee is very upset;
- record all the pertinent facts, such as dates and times, names, and the context of behaviour, or request that a separate note-taker attend the interview;
- keep calm and focused;
- remind the interviewee to keep the matter confidential and that the organisation will do the same;
- be sensitive and seek advice as needed.

Investigators should NOT:

- engage in victim blaming;
- encourage the interviewee to offer their opinion;
- offer their own opinion, be judgmental or speculate on the outcome of the investigation;
- draw hasty conclusions;
- disclose any confidential information; or
- continue the interview regardless of the response of the interviewee.

On completion of an interview, investigators should produce a written statement summarising the information provided by the interviewee and ask the interviewee to read and confirm the accuracy of the facts by signing the statement.

Interviewees do not normally have the right to bring anyone to an investigation interview; however, if this rule conflicts with local legal requirements, investigators should defer to the law of the land. It may be advisable to allow a companion to be present if that person can help the interviewee to overcome a difficulty caused by a disability, or any difficulty in understanding the working language of the context.

Special arrangements should be made for the survivor, including with respect to the profile of the individual carrying out the interview. A survivor should be offered the chance to bring their supporter to the interview.



See *Tool 6: How to conduct a factual debrief* in the RedR UK, *Insecurity Insight*, EISF *'Security Incident Information Management Handbook'*.

**Confidentiality issues.** Witnesses occasionally ask to remain anonymous and this is their right. However, alleged offenders may argue that they have a right to know the identity of the witnesses, saying that individuals have complex motivations for their accounts. Investigators should aim to not disclose the identity of the witness to an alleged offender, in accordance with applicable legal requirements.

Alleged offenders should be given access to any witness statements, so long as they have been anonymised (meaning that all names and identifying information have been removed). If the statements cannot be disclosed for a particular reason, the organisation must, at a minimum, make the accused aware of the contents of the statements.

If the alleged offender demands to know the identity of an anonymous witness, the organisation should:

- obtain a detailed written statement from the anonymous witness;
- investigate further and seek to corroborate what is in the statement;
- make tactful enquiries into the background of the informant;
- decide, having carried out the steps above, whether to proceed on the basis of the evidence provided by the informant;
- ask the manager who is responsible for the hearing to interview the informant separately, should the case proceed; and
- keep full notes of the proceedings.

While each case has to be considered on its own merits, it would be difficult to prove allegations of misconduct in circumstances where the only evidence was uncorroborated testimony from a witness who may not be willing to be identified.

### **Step 5: The investigative report**

**The report format.** Once investigators have gathered all the information and completed all the interviews, they consider all the documentation and findings and prepare a report for the appropriate organisational focal point.

The report should be prepared using a report template and constructed in such a way that a person who is not involved in the process can understand it. The report should include the following elements:

- the complaint;
- background;
- the investigation plan;
- interviewees and signed statements;
- any other documentary evidence (such as organisational procedures);
- assessment of the evidence;
- findings; and
- recommendations.

**Access to the information.** Subject to applicable laws, careful consideration must be given to what information to provide to the accused. That determination depends largely on investigators' recommendations and is essentially a matter of judgement.

In arriving at a decision, an organisation is advised to consider the following competing interests:

- the right of the accused to know the case against them;
- the wishes of third parties to have their identity kept confidential;
- the right of the accused to access anonymised witness statements or summaries thereof if disciplinary proceedings are instigated following an investigation; and
- the organisation's right to conceal the identity of any or all of the parties involved if there is a legitimate reason to do so, such as where there may be a risk to the safety and security of others if the identity of witnesses is disclosed. In such circumstances, the organisation should provide a summary of the information to the accused staff member.

## Step 6: Completing the investigation

**Concluding the investigation.** Investigators should meet with the appropriate organisational focal point and an HR professional to answer further questions, clarify points and establish whether there are any gaps in the information.

In cases of misconduct, investigators should present all the evidence to the focal points who are in charge of conducting formal disciplinary hearings. They should submit a recommendation to the focal points, who then decide whether disciplinary action is appropriate.

**Investigation outcomes.** An investigation will yield one of the following outcomes:

- a recommendation for disciplinary action, if the facts are substantiated;
- dismissal of the claim, if the facts are not substantiated; or
- dismissal of the claim and filing of a record of the allegation, to be kept in accordance with legal requirements, if there is insufficient information to substantiate allegations.

If disciplinary action is to be taken, the organisational focal point should supply copies of the evidence (including all witness statements, bearing in mind any promises to maintain anonymity) to the perpetrator, and ask them to attend a formal disciplinary hearing.

Alternatively, if the person to whom the evidence has been presented concludes that disciplinary action is inappropriate, they should inform the accused staff member in writing. If the staff member was suspended or placed on administrative leave, they should be allowed to return to work.

If the investigation was the result of a concern raised informally, the organisational focal point should meet with the staff member who raised the concern and discuss the outcome.

If an allegation of sexual violence is not substantiated, a plan must be put in place to support the survivor before a decision is communicated to those involved.

The investigator may face security threats if an investigation leads to disciplinary action. This risk should be factored into the planning for disciplinary procedures.

Regardless of the outcome, a 'debrief' to capture learning is always useful.

**External authorities.** If the allegations are of a serious nature and the facts are substantiated by an internal investigation, the organisation's leadership should meet to decide whether to involve appropriate local or international authorities to address future safeguarding concerns. This referral to external authorities should be done in consultation with the survivor, where possible.

However, where there is a serious risk of harm to others, the organisation may need to involve external authorities even if this would go against the survivor's wishes.

**Records.** The HR team should keep confidential records of the investigation for the duration of any disciplinary proceedings, in accordance with the organisation's disciplinary policy.

If no disciplinary action is taken because it is determined that the allegations are unsubstantiated, then the records should be destroyed. If, however, no disciplinary action is taken due to a lack of evidence rather than a clear decision on guilt, then the incident file may need to be kept in case of future allegations of misconduct. Any such decision must be taken in accordance with the organisation's disciplinary policy and legal obligations on data retention.



# References and bibliography

Banyard, V. L., Plante, E. G., & Moynihan, M. M. (2004). Bystander Education: bringing a broader community perspective to sexual violence prevention. *Journal of Community Psychology*. 32, 61–79. Available from: <https://onlinelibrary.wiley.com/doi/abs/10.1002/jcop.10078>

Buth, P. (2010). *Crisis Management of Critical Incidents*. EISF. Available from: <https://www.eisf.eu/library/crisis-management-of-critical-incidents/>

CARE (2009). *Critical Incident Protocol*. Available from: [https://cdn.ymaws.com/carealumninow.site-ym.com/resource/dynamic/blogs/20100623\\_151536\\_30176.pdf](https://cdn.ymaws.com/carealumninow.site-ym.com/resource/dynamic/blogs/20100623_151536_30176.pdf)

CARE International (2019). CARE International: sexual harassment, exploitation and abuse transparency report. Available from: <https://reliefweb.int/report/world/care-international-sexual-harassment-exploitation-and-abuse-transparency-report>

CCASA (n.d.). The Violence Pyramid. Available from: [http://ccasayourworld.com/get\\_the\\_facts/violence\\_pyramid/](http://ccasayourworld.com/get_the_facts/violence_pyramid/)

*Consent vs Rape*, 2016, online video, <https://www.youtube.com/watch?v=yuRPCc-C-uo>

Cybulska, B. et al. (2011). *UK National Guidelines on the Management of Adult and Adolescent Complainants of Sexual Assault 2011*. British Association of Sexual Health and HIV. Available from: <https://www.bashh.org/documents/4450.pdf>

Davidson, S. (2013). *Managing the Message: Communication and media management in a security crisis*. EISF. Available from: <https://www.eisf.eu/library/managing-the-message-communication-and-media-management-in-a-security-crisis/>

Davis, J., Sheppey, A. & Linderman, G. (2017). *ACT Gender Security Guidelines: threats to men, women and LGBTI staff*. ACT Alliance. Available from: <https://www.christianaid.org.uk/resources/about-us/act-gender-security-guidelines-threats-men-women-and-lgbti-staff>

EISF (2018). *Managing the Security of Aid Workers with Diverse Profiles*. EISF. Available from: <https://www.eisf.eu/wp-content/uploads/2018/09/2285-EISF-2018-Managing-the-Security-of-Aid-Workers-with-Diverse-Profiles.pdf>



EISF (n.d.). Managing Sexual Violence against Aid Workers. Available from: <https://www.eisf.eu/theme/managing-sexual-violence/>

Fairbanks, A. (2018). How Identity Affects the Internal Threats Aid Workers Face. *ICRC Humanitarian Law and Policy blog*. Available from: <https://blogs.icrc.org/law-and-policy/2018/10/18/how-identity-affects-internal-threats-aid-workers-face/>

Francis, D. (2013). *PSEA Basics Training Guide*. InterAction. Available from: <https://www.interaction.org/document/interaction-psea-basics-training-guide>

Greathouse, S. M., Saunders, J., Matthews, M., Keller, K. M & Miller, L. L. (2015). *A Review of the Literature on Sexual Assault Perpetrator Characteristics and Behaviors*. Rand Corporation. Available from: [https://www.rand.org/content/dam/rand/pubs/research\\_reports/RR1000/RR1082/RAND\\_RR1082.pdf](https://www.rand.org/content/dam/rand/pubs/research_reports/RR1000/RR1082/RAND_RR1082.pdf)

Gynopedia (n.d.). Welcome to Gynopedia. Available from: [https://gynopedia.org/Welcome\\_to\\_Gynopedia](https://gynopedia.org/Welcome_to_Gynopedia)

Headington Institute (2018). Sexual Harassment in the Humanitarian Context. DisasterReady. Available from: [https://ready.csod.com/LMS/LoDetails/DetailsLo.aspx?loid=637c5d73-ff7d-403d-88a7-cf7089a14117&utm\\_source=DisasterReady%20Subscriber%20List&utm\\_campaign=d912ab6992-EMAIL\\_CAMPAIGN\\_2018\\_08\\_13\\_06\\_20\\_COPY\\_01&utm\\_medium=email&utm\\_term=0\\_78ae7a6641-d912ab6992-173381173#t=1](https://ready.csod.com/LMS/LoDetails/DetailsLo.aspx?loid=637c5d73-ff7d-403d-88a7-cf7089a14117&utm_source=DisasterReady%20Subscriber%20List&utm_campaign=d912ab6992-EMAIL_CAMPAIGN_2018_08_13_06_20_COPY_01&utm_medium=email&utm_term=0_78ae7a6641-d912ab6992-173381173#t=1)

Headington Institute (n.d.b). Trauma & Critical Incidents. Available from: <https://headington-institute.org/topic-areas/125/trauma/245/trauma-and-critical-incidents>

Headington Institute (n.d.c). Online Training Overview. Available from: <https://www.headington-institute.org/overview>

*How easy it is to slip a date rape drug into a drink*, 2016, online video, <https://www.youtube.com/watch?v=EaVmBFjSf3s&t=3s>

Humanitrain (2017). Algorithm for Post-assault Management in the Field. *GIZ*. Available from: <https://www.eisf.eu/library/algorithm-for-post-assault-management-in-the-field/>

IASC (2005). *Guidelines for Gender-based Violence Interventions in Humanitarian Settings: focusing on prevention of and response to sexual violence in emergencies*. IASC. Available from: <https://interagencystandingcommittee.org/gender-and-humanitarian-action-0/documents-public/iasc-guidelines-gender-based-violence-5>

IASC PSEA Task Force (n.d.). Protection from Sexual Exploitation and Abuse by Our Own Staff. Available from: <http://www.pseataaskforce.org/>

Insecurity Insight (n.d.). Aid in Danger. Available from: <http://www.insecurityinsight.org/aidindanger/>

Lehigh University (n.d.). What Is Bystander Intervention. Available from: <https://studentaffairs.lehigh.edu/content/what-bystander-intervention>

Lisak, D. & Miller, P. M. (2002). Repeat Rape and Multiple Offending among Undetected Rapists. *Violence and Victims*. 17(1), 73–84. Available from: <https://www.davidlisak.com/wp-content/uploads/pdf/RepeatRapeinUndetectedRapists.pdf>

Mazurana, D. & Donnelly, P. (2017). *STOP the Sexual Assault against Humanitarian and Development Aid Workers*. Feinstein International Center. Available from: <http://fic.tufts.edu/publication-item/stop-sexual-assault-against-aid-workers/>

McMahon, S. & Banyard, V. L. (2012) When Can I Help? A conceptual framework for the prevention of sexual violence through bystander intervention. *Trauma, Violence, & Abuse*. 13(1), 3–14. Available from: <https://journals.sagepub.com/doi/abs/10.1177/1524838011426015#articleCitationDownloadContainer>

Miller, C.C. (2017). Sexual Harassment Training Doesn't Work. But Some Things Do. *The New York Times*. Available from: <https://www.nytimes.com/2017/12/11/upshot/sexual-harassment-workplace-prevention-effective.html>

Nobert, M. (2016). *Prevention, Policy and Procedure Checklist*. Report the Abuse. Available from: <https://www.eisf.eu/wp-content/uploads/2016/09/2097-Report-the-Abuse-2016-Prevention-Policy-and-Procedure-Checklist-Responding-to-Sexual-Violence-in-Humanitarian-and-Development-Settings.pdf>

Nobert, M. (2017). *Humanitarian Experiences with Sexual Violence: Compilation of Two Years of Report the Abuse Data Collection*. Report the Abuse. EISF. Available from: <https://www.eisf.eu/wp-content/uploads/2017/08/2191-Report-the-Abuse-2017-Humanitarian-Experiences-with-Sexual-Violence-Compilation-of-Two-Years-of-Report-the-Abuse-Data-Collection.pdf>

O'Reilly, H. (2018). Treating Males who Disclose Sexual Assault: A Primer for Providers. *Psychological Health Center of Excellence*. Available from: <https://www.pdhealth.mil/news/blog/treating-males-who-disclose-sexual-assault-primer-providers>

Peace Corps (n.d.). Peace Corps Manual. Available from: <https://www.peacecorps.gov/about/open-government/peace-corps-manual/>

Peace Corps (n.d.). Resources: Kate Puzey Volunteer Protection Act of 2011. Available from: <https://www.peacecorps.gov/about/inspector-general/kate-puzey-act-resources/>

Persaud, C. (2012). *Gender and Security: guidelines for mainstreaming gender and security risk management*. EISF. Available from: <https://www.eisf.eu/library/gender-and-security-guidelines-for-mainstreaming-gender-in-security-risk-management/>

Protect (n.d.). Our Story Timeline. Available from: <https://www.pcaw.org.uk/our-story/>

RAINN (n.d.). About RAINN. Available from: <https://www.rainn.org/about-rainn>

Rape Crisis Counseling Platform (n.d.). About the App. Available from: <https://www.rapecrisiscounseling.org/about-the-app/>

RedR UK, Insecurity Insight & EISF (2017). *Security Incident Information Management Handbook*. Available from: <https://www.eisf.eu/library/security-incident-information-management-handbook/>

Samara-Wickrama, K., Heemskerk, C. & Ivory, R. (2015). *Guidelines for Investigations: a guide for humanitarian organisations on receiving and investigating allegations of abuse, exploitation, fraud or corruption by their own staff*. CHS Alliance. Available from: [https://www.chsalliance.org/files/files/Investigation-Guidelines-2015\\_English.pdf](https://www.chsalliance.org/files/files/Investigation-Guidelines-2015_English.pdf)

Skehan, C. & Hughston, L. (2018). *Eight Principles for Building Trust through Feedback*. Bond. Available from: [https://www.bond.org.uk/sites/default/files/resource-documents/eight\\_principles\\_for\\_building\\_trust\\_through\\_feedback.pdf](https://www.bond.org.uk/sites/default/files/resource-documents/eight_principles_for_building_trust_through_feedback.pdf)

*Tea and Consent*, 2015, online video, <https://www.youtube.com/watch?v=pZwrxVavnQ&t=20s>

*The Basics of Sexual Consent*, 2016, online video, <https://www.youtube.com/watch?v=V5DecVLCJwY&t=3s>

Thompson, M. (2014). 'Military's War on Sexual Assault Proves slow Going', *Time*. Available from: <http://time.com/3618348/pentagon-sexual-assault-military/>

Thrive Worldwide (n.d.). Resources. Available from: <https://www.thrive-worldwide.org/resources>

UK Foreign and Commonwealth Office (2018). Rape and Sexual Assault Abroad: returning to the UK. Available from: <https://www.gov.uk/government/publications/rape-and-sexual-assault-abroad-returning-to-the-uk>

UNFPA (2012). *Managing Gender-based Violence Programmes in Emergencies: e-learning companion guide*. Available from: <https://www.unfpa.org/publications/managing-gender-based-violence-programmes-emergencies>

United Nations (2007). *Glossary on Sexual Exploitation and Abuse*. Available from: [https://hr.un.org/sites/hr.un.org/files/SEA%20Glossary%20%20%5BSecond%20Edition%20-%202017%5D%20-%20English\\_0.pdf](https://hr.un.org/sites/hr.un.org/files/SEA%20Glossary%20%20%5BSecond%20Edition%20-%202017%5D%20-%20English_0.pdf)

[unpublished] VSO (2016). *Responding to Sexual Violence: A Toolkit for VSO Country Offices*. VSO.

[unpublished] VSO (2017). *Toolkit: Responding to sexual violence: Part A: Preparation Resource for ICS Agencies; Part B: A Practical guide to incident response*. VSO.

WHO (2003). *Guidelines for Medico-legal Care for Victims of Sexual Violence*. Available from: [https://www.who.int/violence\\_injury\\_prevention/publications/violence/med\\_leg\\_guidelines/en/](https://www.who.int/violence_injury_prevention/publications/violence/med_leg_guidelines/en/)

WHO (2013). *Responding to Intimate Partner Violence and Sexual Violence against Women: WHO Clinical and Policy Guidelines*. Available from: <https://www.who.int/reproductivehealth/publications/violence/9789241548595/en/>

WHO, War Trauma Foundation & World Vision International (2011). *Psychological First Aid: guide for field workers*. Available from: [https://www.who.int/mental\\_health/publications/guide\\_field\\_workers/en/](https://www.who.int/mental_health/publications/guide_field_workers/en/)

XYZ (n.d.). Online Harassment of Politically-Active Women: an overview. Available from: <https://xyz.informationactivism.org/en/online-harassment-of-politically-active-women-overview>

**Note: all references accessed 23 January 2019.**



# Other EISF publications

If you are interested in contributing to upcoming research projects or want to suggest topics for future research, please contact [eisf-research@eisf.eu](mailto:eisf-research@eisf.eu).

## Briefing papers and reports

### **Duty of Care under Swiss law: how to improve your safety and security risk management processes**

October 2018  
Fairbanks, A.  
cinfo and EISF

### **Managing the Security of Aid Workers with Diverse Profiles**

September 2018  
Jones, E. *et al.*

### **Communications Technology and Humanitarian Delivery: Challenges and Opportunities for Security Risk Management – 2nd edition**

December 2016  
Vazquez Llorente, R. and Wall, I. (eds.)

### **Security Risk Management and Religion: Faith and Secularism in Humanitarian Assistance**

August 2014  
Hodgson, L. *et al.* Edited by Vazquez, R.

### **The Future of Humanitarian Security in Fragile Contexts**

March 2014  
Armstrong, J. Supported by the EISF Secretariat

### **The Cost of Security Risk Management for NGOs**

February 2013  
Finucane, C. Edited by Zumkehr, H. J. – EISF Secretariat

### **Security Management and Capacity Development: International Agencies Working with Local Partners**

December 2012  
Singh, I. and EISF Secretariat

### **Gender and Security: Guidelines for Mainstreaming Gender in Security Risk Management**

September 2012 – *Sp. and Fr. versions available*  
Persaud, C. Edited by Zumkehr, H. J. – EISF Secretariat

### **Engaging Private Security Providers: A Guideline for Non-Governmental Organisations**

December 2011 – *Fr. version available*  
Glaser, M. Supported by the EISF Secretariat (eds.)

### **Risk Thresholds in Humanitarian Assistance**

October 2010  
Kingston, M. and Behn O.

### **Abduction Management**

May 2010  
Buth, P. Supported by the EISF Secretariat (eds.)

### **Crisis Management of Critical Incidents**

April 2010  
Buth, P. Supported by the EISF Secretariat (eds.)

### **The Information Management Challenge**

March 2010  
Ayre, R. Supported by the EISF Secretariat (eds.)

### **Joint NGO Safety and Security Training**

January 2010  
Kingston, M. Supported by the EISF Training Working Group

### **Humanitarian Risk Initiatives: 2009 Index Report**

December 2009  
Finucane, C. Edited by Kingston, M.

## Articles

### **Managing security-related information: a closer look at incident reporting systems and software**

December 2018  
de Palacios, G.

### **Digital Security for LGBTQI Aid Workers: Awareness and Response**

December 2017  
Kumar, M.

### **Demystifying Security Risk Management**

February 2017, (in *PEAR Insights Magazine*)  
Fairbanks, A.

### **Duty of Care: A Review of the Dennis v Norwegian Refugee Council Ruling and its Implications**

September 2016  
Kemp, E. and Merkelbach, M. Edited by Fairbanks, A.

### **Organisational Risk Management in High-risk Programmes: The Non-medical Response to the Ebola Outbreak**

July 2015, (in *Humanitarian Exchange*, Issue 64)  
Reilly, L. and Vazquez Llorente, R.

### **Incident Statistics in Aid Worker Safety and Security Management: Using and Producing Them**

March 2012  
Van Brabant, K.

### **Managing Aid Agency Security in an Evolving World: The Larger Challenge**

December 2010  
Van Brabant, K.

### **Whose Risk Is it Anyway? Linking Operational Risk Thresholds and Organisational Risk Management**

June 2010, (in *Humanitarian Exchange*, Issue 47)  
Behn, O. and Kingston, M.

### **Risk Transfer through Hardening Mentalities?**

November 2009  
Behn, O. and Kingston, M.

## Guides

### **Abduction and Kidnap Risk Management**

November 2017  
EISF

### **Security Incident Information Management Handbook**

September 2017  
Insecurity Insight, Redr UK, EISF

### **Security Risk Management: a basic guide for smaller NGOs**

June 2017  
Bickley, S.

### **Security to go: a risk management toolkit for humanitarian aid agencies – 2nd edition**

March 2017 – *Fr. and Sp. versions available*  
Davis, J. *et al.*

### **Office Opening**

March 2015 – *Fr. version available*  
Source8

### **Security Audits**

September 2013 – *Sp. and Fr. versions available*  
Finucane C. Edited by French, E. and Vazquez Llorente, R. (Sp. and Fr.) – EISF Secretariat

### **Managing the Message: Communication and Media Management in a Crisis**

September 2013 – *Fr. version available*  
Davidson, S. Edited by French, E. – EISF Secretariat

### **Family First: Liaison and Support During a Crisis**

February 2013 – *Fr. version available*  
Davidson, S. Edited by French, E. – EISF Secretariat

### **Office Closure**

February 2013  
Safer Edge. Edited by French, E. and Reilly, L. – EISF Secretariat