Global Evidence Review of Sexual Exploitation and Abuse and Sexual Harassment (SEAH) in the Aid Sector

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Table of contents

Acknowledgements

Acronyms

AAP/PSEA	Task Team on Accountability to Affected Populations and Protection from Sexual Exploitation and Abuse
CSO	Civil Society Organisation
CHS	Core Humanitarian Standards
DFID	Department for International Development
FCDO	Foreign, Commonwealth and Development Office
GBV	Gender-Based Violence
GBV AoR	Gender Based Violence Area of Responsibility
HICs	High-Income Countries
HMG	Her Majesty's Government
IDP	Internally Displaced Peoples
IASC	Inter-Agency Standing Committee
KCS	Keeping Children Safe
LGBTQI+	Lesbian, Gay, Bisexual, Transgender, Queer and Intersex persons
LMICs	Low- and Middle-Income Countries
NGO	Non-Governmental Organisation
RSH	Resource and Support Hub
SEA	Sexual Exploitation and Abuse
SEAH	Sexual Exploitation, Abuse and Sexual Harassment
SVRI	Sexual Violence and Research Initiative
UN	United Nations

Executive summary

Purpose and scope of global evidence review

This report presents a review of what existing evidence tells us about sexual exploitation, abuse and sexual harassment (SEAH) in the aid sector and aims to provide a clearer and more nuanced understanding of the evidence gaps.

A review of global evidence related to SEAH in the aid sector was conducted under the Evidence Pillar of the Resource and Support Hub (RSH) programme. The review was divided into two distinct stages: stage one (January and February 2020) was an initial mapping of evidence to identify what material is available for the review. Stage two (March to June 2020) included an analysis of all the evidence identified through the initial mapping.

A set of research questions was developed to frame both stages of the evidence review. These relate to the scale of SEAH in the aid sector; factors which act to increase risk of SEAH in the aid sector; approaches which are effective to prevent and respond to SEAH in the aid sector; and the use of a survivor-centred approach. In attempting to answer the research questions, where possible the review has referenced specific evidence in relation to, for example, marginalised groups, specific contexts and sectors.

What evidence is available

Overall, **169 documents were identified that potentially met the inclusion criteria. This report drew on evidence from 99 of these**. The documents that were not cited in this report were either deemed to be out of scope (evidence from high-income countries, child protection focused etc), or drawing on the same primary evidence that had already included in the analysis. These documents were most commonly authored by academic institutions, think tanks or helpdesks (40%), with 22% from NGOs, 15% from UN organisations and 10% from donors. 42 documents contained primary data analysis, over half of these (23) were entirely qualitative, 7 were entirely quantitative, and 12 used a mixed methods approach. The majority (28) of these original studies were published recently (between 2017 and 2020), with only 5 published before 2010.

The majority of documents were focused on Africa, Asia and the Pacific. There was limited evidence available from Latin America and the Caribbean and Arab States, largely as a result of the searches only covering English language resources. The countries that appeared most frequently were associated with humanitarian emergencies or conflict, including Haiti, Kenya, and Liberia.

The programme identified eight research questions against which the evidence was reviewed. We present the evidence against the three research themes identified in our research questions:

- scale of SEAH in the aid sector
- factors which act to increase risk of SEAH in the aid sector
- approaches which are effective to prevent and respond to SEAH in the aid sector, including the use of a survivor-centred approach

The review has also identified key evidence gaps which will help inform our research and learning agenda for the programme moving forward.

Key Findings

Scale of SEAH in the aid sector

- **Across the evidence base, it was widely accepted that there was widespread underreporting of SEAH across the aid sector.** Whilst there is evidence that reporting of SEAH in organisations is increasing, this is still considered the 'tip of the iceberg' (DFID, 2019).

- **There is no attempt to estimate the scale of SEAH in the aid sector as a whole.** There are several main sources of data available on the issue, including SEAH complaint figures recorded by organisations working in the aid sector, collated reports from security organisations, and independent research, including focus group discussions and surveys, into SEAH in the aid sector.

- **A number of challenges are presented when estimating the scale of SEAH in the aid sector**, including underreporting more generally, challenges with access to and appropriateness of reporting mechanisms, and a lack of consistent definition of SEAH making comparison and collation difficult, and deterring reporting.

Image credit WFP/Rein Skullerud

Evidence of factors which increase risk

- Risks of SEAH are affected by a range of intersecting factors that relate to structural, community, organisational and individual factors.

    o **Structural factors: Issues of power, patriarchy and poverty have a fundamental impact on risk of SEAH.** Weak legal, welfare and protection systems and lack of basic services may limit people's confidence to report, thus contributing to a culture of impunity. Wealth disparities and poverty are also key contributing factors.

    o **Community factors: Where protective factors such as family and community structures are disrupted**, e.g. during disasters and emergencies, risks of SEAH increase significantly. Levels of sexual violence in the community, influx of temporary workers, migrant populations, physical environment, including lighting, location of water points and toilets are also factors which can increase risk of SEAH.

    o **Organisational factors: Social norms and culture within organisations, as well as working practices, can have a significant impact on the risks of SEAH.** Organisational culture that supports hypermasculinity, tolerance of harassment and 'joking' which leads to a culture of impunity, working practices, staff homogeneity, absence of safeguarding policies, weak management and control systems

    o **Individual factors: Aspects of identity combine to increase risks of SEAH for particular individuals and groups.** Individual factors related to age, gender, sexual orientation, disability, socio-economic status, migrant status, race and ethnicity, issues of isolation create greater risk especially for IDPs, and female headed households.

Effectiveness of approaches

- **There is a lack of standardisation of what constitutes an effective approach which limits any scope for comparisons across studies.** There is a sense from the literature, and the dearth of evaluations available, that the implementation of measures related to SEAH is seen as a marker of success in itself, rather than there needing to be evidence that those measures are achieving change.

- **Factors which may contribute to effective leadership and organisational culture** include managers' awareness of SEAH, a speak-up culture and diversity in the workforce.

- **Factors which may contribute to effective training and learning** include, going beyond 'giving information', using inclusive and participatory approaches, consistent communication of core messages, length of training, involving senior leadership, compulsory and requiring follow-up, communicates organisational commitment to culture change.

- **Factors which may contribute to an effective survivor-centred approach** include adhering to core principles, listening to survivors' voices, providing feedback on the process, face to face reporting.

- A number of challenges were identified for organisations seeking to adopt a survivor centred approach including issues around consultation becoming extractive and potentially re-traumatising, mandatory reporting, limited incentives for reporting, and the risks of adopting a 'one-size fits all approach'.

- Factors which may contribute to an effective community outreach and sensitisation approach include clear communication of messages, combining sensitisation with tangible support, addressing persistent norms, ensuring inter-agency responses.

Gaps in the evidence base

Overarching gaps in terms of the way evidence is collected

- There appears to be no standard way of collecting data on SEAH which would enable a consistent approach to measuring prevalence – or at least estimating the scale - of SEAH in the aid sector. Further, there is a lack of clarity in terms of what constitutes an 'effective approach' to prevention and response efforts in the aid sector. This hinders a consistent framing within research and evaluation and restricts scope for comparative analysis of approaches. For example, the review did not identify any standardised survey questions, core indicators or recommended measures which could be used to collect data across different locations/ over time in order to identify risks and compare or track trends.

- Preventing and responding to SEAH in the aid sector is an under-evaluated area. This is perhaps because approaches to address SEAH are rarely project-based but are more commonly part of longer-term processes of organisational change. Sensitivity of the data and reputational concerns may also deter organisations from making evidence publicly available.

- There is a lack of evidence which tracks changes over time in order to better understand the effectiveness of approaches to prevent and respond to SEAH in the aid sector. For example, the review identified no longitudinal studies which aimed to measure lasting change.

- All of the evidence reviewed for this report was in English. It is important to ensure that evidence and voices from the Global South are profiled and elevated more widely in this work. There is a need to prioritise locating, identifying and integrating these 'non-traditional' evidence sources. Supporting and highlighting more contextual evidence and indigenous knowledge and expertise.

Scale and risk

- While there have been quantitative surveys which have collected data on SEAH perpetrated by peacekeepers, **there is very little evidence on SEAH perpetrated against communities and beneficiaries by aid workers.** Much of the evidence that does exist is drawn from small-scale qualitative research.
- **There is very little evidence related to the scale and experience of SEAH among groups who may be particularly at-risk**, including:
    - People with disabilities
    - People who identify as LGBTQI
    - National staff

Image credit DFIDB Khodeja Sultana

Effectiveness of approaches

- Whilst evidence suggests that leadership and organisational culture play a key role in preventing and responding to SEAH effectively, it is less clear what changes are specifically required in order for this to happen. In particular, **there is a lack of evidence on the role boards can play in holding organisations to account for action on SEAH and what types of leadership enable organisational culture change** which addresses the root causes of SEAH and the extent to which diversity plays a role.

- There is growing evidence that power asymmetries within the aid sector are a risk factor for SEAH. However, there is very **little evidence on how the power imbalances within and between organisations and communities which perpetuate SEAH can be fundamentally addressed.**

Image credit DFID Russell Watkins

- Beyond information giving and awareness raising, there is a **lack of evidence of what approaches work to address the social norms which may fuel SEAH in the aid sector**. This includes a lack of evidence of the effectiveness of training and community outreach and sensitisation approaches which aim to shift social and gendered norms and a lack of explicit learning from approaches to address VAWG, GBV and child protection.

- **There is evidence to suggest that dissatisfaction with responses to reports of SEAH is widespread.** There is also evidence which shows how reporting mechanisms can be made more accessible and more likely to be used.

- However, there is very **little evidence which explains why the majority of those who report SEAH are not comfortable with how their report was handled and followed up**.
- Linked to this, there is a **lack of evidence of how aid organisations can navigate the complex challenges** of:
  - Taking action even in contexts where legal frameworks do not act as a deterrent and/or act to limit the action they can take (for example under national labour law)
  - Resource poor settings where referral pathways may be weak and where psycho-social, legal, medical and other support may not be accessible
  - Tensions around implementing a survivor-centred approach, in particular where following the wishes of a survivor could result in a lack of action and could put others in the organisation or community at risk of harm.
- There is a **lack of evidence of what works to address the needs and rights of people most at risk of SEAH in the aid sector including adolescent girls, people with disabilities, national staff, people identifying as LGBTQI and different ethnic or religious groups**. In particular, whilst some reports have discussed disability as a risk factor for SEAH, there is very little evidence provided about how organisations have been working to prevent and / or respond to SEAH among people and children with disabilities.

1. Introduction

The Resource and Support Hub (RSH) is a programme funded by the UK Foreign, Commonwealth and Development Office (FCDO) that aims to support organisations in the aid sector to strengthen their safeguarding policy and practice, particularly against sexual exploitation, abuse and sexual harassment (SEAH). The programme is delivered by a consortium, with Options as contractual lead, Social Development Direct (SDDirect) as technical and delivery lead, and GCPS Consulting, Terre des Hommes (Tdh), Sightsavers and Translators without Borders (TWB) as key delivery partners. The programme will have global reach through a publicly available Online Hub bringing together a range of resources and opportunities for learning. It will also deliver context specific interventions in National Hubs, initially in Ethiopia, Nigeria and South Sudan in Africa.

The programme has the following four outputs:

Output 1: New spaces for open conversation and knowledge sharing on SEAH are created through an online hub and in person events, initiatives and communities of practice are supported and profiled.

Output 2: Less resourced CSOs have increased access to SEAH-related quality assured service providers, training, resources, support and a wide variety of good practices.

Output 3: Key insights, lessons and evidence gaps are identified and shared with organisations across the aid sector and used to identify priorities for RSH commissioned research.

Output 4: Latest evidence on the root causes of SEAH and what works to address it is continuously collated, reviewed and communicated.

In order to ensure that the RSH programme is underpinned by the latest research and evidence we have undertaken **a review of global evidence related to SEAH in the aid sector**. The review is based on available literature related to SEAH in the aid sector, additionally some sources have been included which are beyond what may be strictly defined as the 'aid sector'. For example, evidence of approaches to address SEAH in manufacturing, particularly within garment factories, in low- and middle-income countries have been included to expand the evidence base available with sources deemed to have relevance to this review.

The programme identified eight research questions against which the evidence was reviewed. We present the evidence against the three research themes identified in our research questions:

- scale of SEAH in the aid sector
- factors which act to increase or decrease risk of SEAH in the aid sector
- approaches which are effective to prevent and respond to SEAH in the aid sector

Survivor-centred approaches was identified as a particular area of focus for the evidence review and guided our analysis. The discussion around the evidence for survivor-centred approaches has been included in the 'Effectiveness of Approaches' section to reflect its centrality as a core component of any organisational approach to address the prevention and response of SEAH.

The review has also identified key evidence gaps which will help inform our research and learning agenda for the programme moving forward.

Key audiences

Two key audiences have been identified for the global evidence review:

- **The global SEAH community**, including:
  - o Foreign, Commonwealth and Development Office (FCDO) and other HMG departments
  - o Safeguarding experts, organisations and networks
  - o INGOs and international private sector companies, in particular those who receive UK aid funding
- **Regional and country-practitioners**, including:
  - o frontline staff and senior leadership of local CSOs, NGOs and faith-based organisations
  - o national and local government officials
  - o national and local private sector companies.

Additional tailored outputs will also be developed to ensure our findings are more widely accessible to a range of audiences, for example simplified and easy-to-read one-page evidence summaries, and thematic briefs that address particular findings, specific groups of people or settings.

2. Methodology for the evidence mapping

The RSH team has collectively identified the following research questions to frame both stages of the evidence review:

Scale
Q1.   What evidence is there of the **scale of SEAH in the aid sector**?

Q2.   What are the **challenges in estimating the scale** of SEAH in the aid sector? (e.g. consistent definitions, safety and ethical issues, and under reporting)

Risk factors
Q3.   What is the **evidence on factors which act to increase or decrease risk** of SEAH in the aid sector? (including individual factors (such as sexuality, nationality), country contexts (e.g. high levels of gender inequality and weak legal frameworks) and programming contexts (e.g. projects delivered by hierarchical organisations and those working with more marginalised groups)

Effectiveness
Q4.   What **approaches** have been used by organisations in the aid sector to prevent and respond to SEAH?

Q5.   What evidence is there of the **effectiveness of approaches** by organisations in the aid sector to prevent and respond to SEAH? (and how is effectiveness being defined?)

Q6.   What **factors limit the effectiveness of approaches** by organisations in the aid sector to prevent and respond to SEAH? (i.e. what barriers remain despite good initiatives by organisations e.g. poor quality or capacity of government services to which they can refer.)

Survivor-centred
Q7.   What evidence is there of effective approaches by organisations in the aid sector to ensuring a **survivor-centred approach** to prevention and response of SEAH?

Q8.   What evidence exists on the **challenges** organisations in the aid sector can face in **adopting a survivor-centred approach**? (e.g. pressure for upwards accountability and evidence of immediate action, lack of services to refer to).

In attempting to answer each of the research questions, the review focused on both broad evidence as well as looked for specific evidence in relation to each of the following:

- **people**: people with disabilities; children and adolescents; refugees and internally displaced peoples, LGBTQI+ people
- **contexts**: humanitarian, development, fragile and conflict-affected, religious settings
- **sectors**: education, health, infrastructure and agriculture.[1]

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1 These cross-cutting groups, contexts and settings were prioritised for the stage one mapping in consultation with the RSH team, based on the team's knowledge and experience of groups at particular risk, settings where there may be relevant evidence and learning, and priority sectors for DFID.

By including these cross-cutting groups in the stage one mapping, we were able to assess where the current evidence base is concentrated, while highlighting potential gaps.

2.1. Search strategy

Relevant material was identified through a variety of search strategies:

- **recommendations from RSH team members and networks**, including global experts in safeguarding and SEAH
- **Google and relevant electronic database searches**, including PubMed, Science Direct, and Google Scholar, using a selection of key search terms[2]
- **review of key safeguarding initiatives and websites**, including Alliance for Child Protection in Humanitarian Action, Core Humanitarian Standards (CHS) Alliance, DisasterReady, End Violence against Children, GBV Area of Responsibility (GBV AoR), Humanitarian Response, Inter-Agency Standing Committee (IASC) Task Team on Accountability to Affected Populations and Protection from Sexual Exploitation and Abuse (AAP/PSEA), Keeping Children Safe (KCS), and PSEA Taskforce
- **review of key international development portals and resource centres**, including Bond and the Sexual Violence and Research Initiative (SVRI).
- **GBV and child protection-focused journals**, such as Violence against Women, Journal of GBV, Child Abuse Review, International Social Work.

2.2. Criteria for inclusion

The following criteria were used to determine which documents were included:

- **date**: published between 2000 and 2020
- **geographic focus**: low- and middle-income countries (LMICs) and Europe, Australia and North America
- **availability**: publicly available, or unpublished material sourced through networks
- **thematic focus**: related to SEAH and related to the aid sector (see box one on page 9 for definitions); material beyond the aid sector but still in LMICs, and sectors such as extractive industries and manufacturing
- **language**: available in English
- **content**: related to at least one of the research questions.
- **additional search terms** covered EAH more broadly, covering IPV/domestic violence, in particular as it affects employees

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2 Search terms included: safeguarding, SEAH, sexual exploitation, sexual abuse, sexual harassment, child safeguarding, transactional sex, prostitution, rape, attack AND aid sector, development sector, humanitarian, conflict, NGO, civil society, Africa, Asia, low income country, middle income country, LMIC AND prevention, response, tackling, address, action interventions, initiative, programme, evaluation, review, research, study, evidence, learning AND/OR education, infrastructure, construction, agriculture AND/OR disability, disabilities, disabled, child, adolescent, girl, boy, IDP, refugee, migrant, LGBTQI+, faith, religion.

The mapping included both qualitative and quantitative evidence. In line with the principles of the RSH, **quality of evidence was intentionally <u>not</u> included in the inclusion criteria** for the global evidence review in order to ensure that as much evidence as possible was considered and potential emerging findings or promising practices were captured. We took the view that even findings from poorer quality research may be valuable in identifying potential research or evaluation questions for future work.

In order to expand the evidence available for this review, some sources have been included which are beyond what may be strictly defined as the 'aid sector'. In particular evidence of approaches to address SEAH in manufacturing, particularly within garment factories, in low- and middle-income countries has been included.

Box 1: Defining SEAH in the aid sector

In this evidence review, we adopted the following definitions and understanding of SEAH in the aid sector:

- **Sexual Exploitation:** Any actual or attempted abuse of a position of vulnerability, differential power, or trust for sexual purposes - includes profiting monetarily, socially, or politically from sexual exploitation of another. Under UN regulations it includes transactional sex, solicitation of transactional sex and exploitative relationship (UN, 2017)

- **Sexual Abuse:** The actual or threatened physical intrusion of a sexual nature, whether by force or under unequal or coercive conditions. It should cover sexual assault (attempted rape, kissing / touching, forcing someone to perform oral sex / touching) as well as rape. Under UN regulations, all sexual activity with someone under the age of 18 is considered to be sexual abuse (ibid.)

- **Sexual Harassment:** A continuum of unacceptable and unwelcome behaviours and practices of a sexual nature that may include, but are not limited to, sexual suggestions or demands, requests for sexual favours and sexual, verbal or physical conduct or gestures, that are or might reasonably be perceived as offensive or humiliating (UN, 2018).

- In defining the aid sector, this includes SEAH perpetrated against '**anyone involved in the delivery or receipt of humanitarian aid and development assistance**' (RSH working definition of safeguarding) and **includes forms of SEAH perpetrated against both children and adults**. This includes all forms of SEAH perpetrated by or against staff or associates involved in the delivery of humanitarian aid and development assistance, as well as communities.

- *A note on transactional sex. We have included evidence related to transactional sex, in line with the UN definition, and where the evidence points to this in relation to an imbalance and / or abuse of power based on socio-economic status or age. Many of these 'relationships' are driven by economic necessity which can lead to adolescent girls and young women, in particular being take advantage of and exploited.*

2.3. Limitations and exclusions

The mapping is not a systematic review of literature on SEAH in the aid sector but is intended to give a comprehensive overview of the global evidence base within the scope of available resources for the review.

It should be noted that there may be other bodies of evidence and promising interventions, which have not been well documented online and so have not been covered in this review. This includes internal surveys and programme evaluations. Additional evidence was found on approaches related to addressing SEAH in high income countries, in particular North America and Europe, and strengthening child protection (rather than child safeguarding), however, this fell outside the scope of the report.

Our searches only included documents published in English so we expect that there may be some evidence on organisation approaches that we may have missed as a result of this. In particular, gaps in evidence were found in Latin America and the Arab States, which may be somewhat explained by the focus on English language documents.

Among the sources reviewed there are only a very limited number of evaluations. There is a sense from the literature that implementing measures related to SEAH is a marker of success in itself, with less emphasis placed on evidence documenting that those measures are achieving change.

In addition, it is possible that some evaluation and research which feature evidence on effectiveness of approaches, did not appear in our searches due to the following reasons:

- efforts to address SEAH tend not to be project-based but more ongoing processes. This may mean it is less common for set outcomes to be defined – and evaluated.

- due to the sensitive nature of the topic, reputational concerns and little incentive to publicise, evaluations may be conducted but the findings may not be made public. In this case, they would not have been picked up in this review. Similarly, it is likely that some evidence may be located in unpublished staff surveys and organisational reviews.

- donors may not have typically funded monitoring and evaluation of different approaches used by organisations in the aid sector to prevent and respond to SEAH.

- smaller organisations or those with less experience of M&E may have particular challenges in accessing donor funding to help them monitor SEAH and track impact of safeguarding approaches.

In order to define a manageable scope, and to remain in-line with the focus of the broader RSH programme, the mapping deliberately excluded non-sexual forms of exclusion, abuse and harassment as well as wider forms of gender-based violence (GBV) for example intimate partner violence. Much of this literature has already been well synthesised through DFID's What Works to Prevent VAWG programme and other initiatives.

The mapping also excluded material on SEAH perpetrated within the wider community that is not related or linked to the delivery or receipt of humanitarian aid and development assistance. Exceptions were made for sectors closely relating to the aid sector including garment factory manufacturing and agriculture.

As mentioned above, the quality of evidence was not formally assessed, and all evidence mapped was reviewed against our research questions. Therefore, findings are caveated where needed as some caution is required where findings may have been drawn from less reliable evidence.

3. Key findings: what evidence is available?

3.1. Summary of the evidence base

Overall, **169 documents were identified** that potentially met the inclusion criteria. This report drew directly on evidence from 99 of these. The documents that were not cited in this report were either deemed to be out of scope (evidence from HIC, child protection focused etc), or drawing on the same primary evidence that had already included in the analysis. These documents were most commonly authored by academic institutions, think tanks or helpdesks (40%), with 22% from NGOs, 15% from UN organisations and 10% from donors. 42 documents contained primary data analysis, over half of these (23) were entirely qualitative, 7 were entirely quantitative, and 12 used a mixed methods approach. The majority (28) of these original studies were published recently (between 2017 and 2020), with only 5 published before 2010.

Sources of information

Figure 1. Sources of information
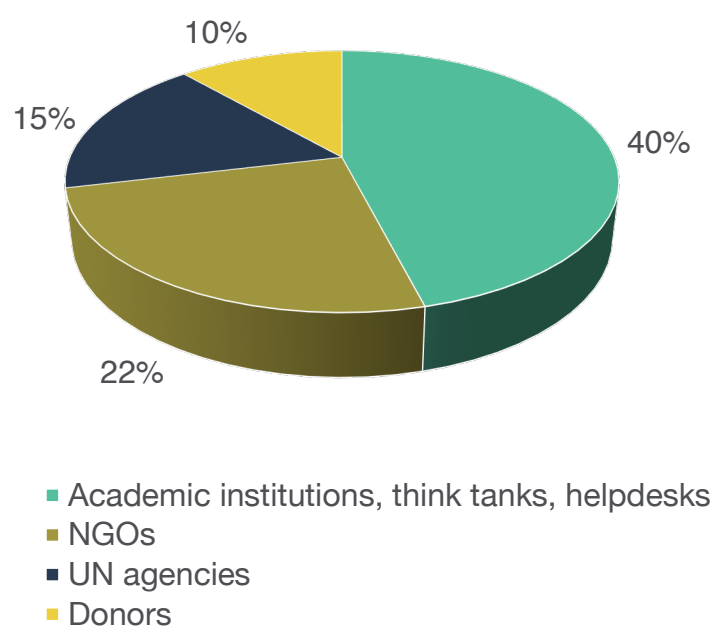
The majority of documents were focused on Africa, Asia and the Pacific. There was limited evidence available from Latin America and the Caribbean and Arab States, this is in part as a result of the searches being conducted in English language. The countries that appeared most frequently were associated with humanitarian emergencies or conflict, including Haiti, Kenya, and Liberia.

Cross-cutting groups, sectors and settings

Documents contributing evidence to the review were heavily concentrated in **humanitarian (29) and fragile or conflict-affected (38) settings**, including some limited evidence from specific country contexts such as Syria, Haiti and Somalia. Beyond this, there was a distinct **lack of sector-specific evidence**, including from key focus sectors for RSH, for example health (1) and education (4). Other than fragile, humanitarian and/conflict-affected settings, the mapping included just five documents which were sector-specific: two related to agriculture, four related to infrastructure and construction, four related to manufacturing, one related to religious or faith communities and none relating to sport.

The global review intentionally looked for evidence in relation to specific vulnerable groups, sectors and contexts. Evidence from LMICs more widely was considered, as well as evidence directly relating to the aid sector. Of the 99 documents included in the report, **31 provided evidence on children and adolescents, 16 on people with disabilities, 12 on LGBTQI+ people and 11 on refugees and IDPs.**

Coverage of the research questions

The graph below demonstrates the scale of evidence reviewed by research theme. There was less evidence available for questions related to survivor-centred approaches, with only 17 documents contributing evidence to this section, although aspects of this were covered in discussion around specific approaches to prevention and response to SEAH, including issues of reporting. Comparatively more documents were available for the scale, risk and effectiveness sections. However, for each question, a large proportion of the evidence available was from 'other' sources, including guidance notes, reviews and standards, rather than primary or secondary evidence.

The number of sources providing evidence for each section
*some sources provide evidence for more than one section

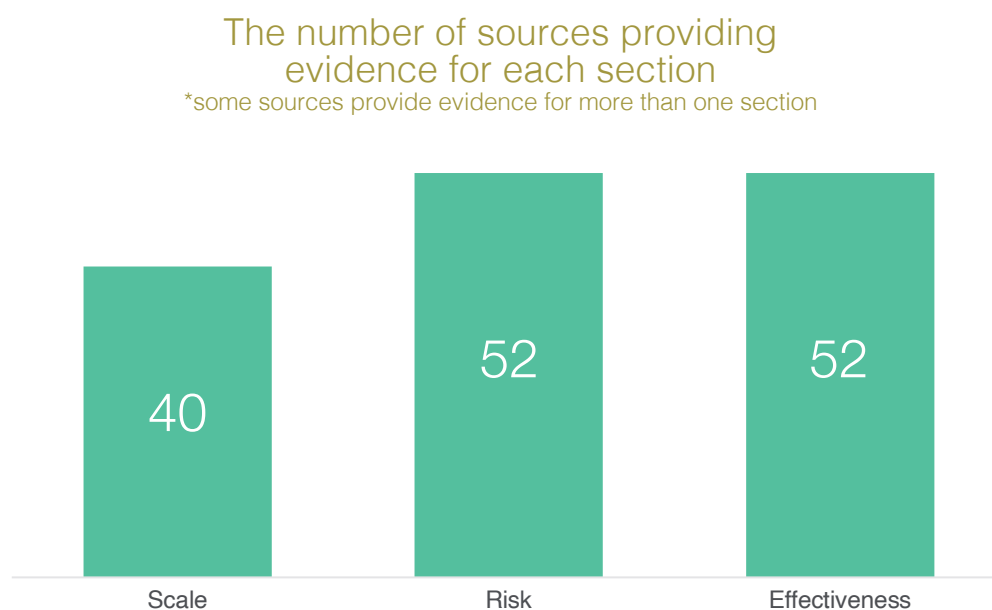| Scale	Risk	Effectiveness
40	52	52

Figure 2. Sources of evidence against research areas

3.1.1. Strength of evidence

Whilst we have not formally assessed the quality of evidence reviewed, we have attempted to demonstrate the overall strength of the body of evidence found in relation to each of the research themes explored.

DFID's standard approach was used to evaluate the strength of evidence[3] as below:

- **Very Strong**: High quality body of evidence, large in size, consistent, and contextually relevant.

- **Strong**: High quality body of evidence, large or medium in size, highly or moderately consistent, and contextually relevant.

- **Medium**: Moderate quality studies, medium size evidence body, moderate level of consistency. Studies may or may not be contextually relevant.

- **Limited**: Moderate-to-low quality studies, medium size evidence body, low levels of consistency. Studies may or may not be contextually relevant.

- **No evidence**: No / few studies exist.

Given the very limited number of evaluations in this area, especially those which use experimental or quasi-experimental designs, we have found medium strength evidence for scale and risk. However, in relation to the categories of approaches we have identified, we found 'limited' or 'no' evidence in relation to these areas.

	Rating	Explanation
Scale	Medium	Whilst there are some studies that confirm SEAH in the aid sector is widespread and a problem, we did not find the types of large quantitative studies we were hoping for. Many of them were small scale, qualitative studies.
Risk	Medium	There appears to be reasonably consistent evidence around the root causes and risks factors of SEAH in the aid sector
Effectiveness of approaches	Limited	The overall body of evidence around effectiveness of approaches is limited, as we found no evidence of effectiveness for many of the approaches deemed to be required for a holistic and comprehensive prevention and response approach
• Leadership and organisational culture	No evidence	Very few studies demonstrated the effectiveness of this approach, despite widespread recognition of its importance in addressing SEAH. This is likely to be due to the difficulty in evaluating this and the 'internal' nature of any reviews into this area of work.
• Training and learning	Limited	Whilst widely considered to be an essential component of an effective SEAH prevention and response approach, we found a very limited number of evaluations which set out to examine the effectiveness of the training provided. This is in part due

		to the limitations of monitoring, whereby few initiatives monitored the longer-term impact of the training delivered.
• Reporting mechanisms	Limited	There is some evidence emerging about essential components of accessible and appropriate reporting mechanisms, but the challenges of under-reporting may be hindering more comprehensive evaluations into what works to make them more effective.
• Survivor centred approaches	Limited	The importance of adopting a survivor-centred approach, and the challenges therein, are well documented, although we found scant robust evidence of their effectiveness.
• Community outreach, sensitisation and support	No Evidence	Whilst many projects and programmes employ community outreach and sensitisation approaches to raise awareness of SEAH, both to shift norms, empower communities to recognise signs of SEAH, and to know where to report and seek help, again, we found very few studies which provided evidence of effectiveness.

Table 1: Evidence ratings for each of the research areas identified through the global evidence review

3.2. Scale

This evidence review found no attempts to estimate the scale of SEAH in the aid sector as a whole. There are several main sources of data available on the issue, including SEAH complaint figures recorded by organisations working in the aid sector, collated reports from security organisations, and independent research, including focus group discussions and surveys, into SEAH in the aid sector.

A pattern emerges for SEAH in the aid sector, whether perpetrated by aid workers against aid workers or community members, of low numbers of official reports presented by organisations, compared with high prevalence indicated by focus group discussions and surveys. Demographic data on survivors and perpetrators is variable and often limited. However, men in positions of responsibility emerged as the most common perpetrators, with survivors tending to be women and girls. Whilst limited, there is evidence that marginalised groups including people with disabilities, LGBTQI+, refugees and IDPs are disproportionately affected.

3.2.1. Challenges in estimating the scale of SEAH in the aid sector

Evidence of underreporting

There are significant disparities between the SEAH data reported by organisations and the evidence provided by focus group discussions, and survey data on SEAH perpetrated by aid workers and peacekeepers against communities and aid workers. For example, whilst 58,000 women are estimated to have engaged in transactional sex with peacekeepers in Liberia in the period up to 2012, the UN's official reports include 1,367 cases of sexual exploitation and abuse involving peacekeepers globally between 2003-2012 (Beber et al., 2017; Grady, 2016).

Similar disparities have been found in official reports on internal SEAH, with the World Food Programme revealing that it had handled 11 substantiated cases of sexual assault since 1995, while 28 individuals indicated that they had experienced rape, attempted rape or other sexual assault whilst working at the World Food Programme in a 2019 staff survey, which had a response rate of 46% (Parker, 2019).

Multiple surveys of aid workers have found evidence of underreporting, with 47% to 88% of survivors of SEAH revealing that they did not report the incident (Norbert, 2016, Faus, 2018). Furthermore, security experts agree on the strong possibility that more sexual assaults are unreported than reported (Stoddard et al., 2019).

Similarly, there is evidence of underreporting of abuse experienced by community members. Despite focus group discussions revealing high prevalence of abuse, the majority of people interviewed by Save the Children and the Humanitarian Accountability Partnership stated that they would not report an incident themselves (Csaky, 2008; Lattu et al., 2008). One interviewer working in Haiti noted that of 42 people he had interviewed who were survivors of abuse, only 4 had reported the abuse to the authorities (Ferstman, 2017). Marginalised groups, including children, LGBTQI+ people and people with disabilities, are likely to face additional complex barriers to reporting, which will be discussed further in section 3.4 (DFID Safeguarding Unit, 2018; Ellery et al., 2011).

A lack of awareness of reporting mechanisms has also been documented, which further indicates the likelihood of underreporting. Interviews conducted by the UN Office of Internal Oversight Services (2015) with 231 individuals in Haiti who had transactional sexual relationships with peacekeepers revealed that only 7 individuals knew about the policy prohibiting SEA, and none knew about the reporting mechanism or hotline.

Condom distribution and HIV testing in peacekeeping missions also suggests underreporting and routine SEA between peacekeepers and the local population, though this evidence is not conclusive (OIOS, 2015). The number of personnel using voluntary counselling and confidential testing for HIV was 30,625 in Liberia (2008-2013) and 37,310 in South Sudan (2008-2013). More than 1,690,000 condoms were distributed to peacekeepers in DRC between 2012 and 2013, and over 1,980,000 condoms were distributed in Haiti (2008-2013) whilst a survey indicated that peacekeeping personnel in Haiti preferred not use condoms and women felt uncomfortable asking them to (ibid).

Whilst SEAH is acknowledged to be under-reported throughout the world, there are a number of factors that mean underreporting in the aid sector is likely to be more significant. This includes the often weak and corrupt state of justice, particularly in conflict contexts, the remoteness of communities, and the power dynamics between aid workers and communities (Mazurana and Van Leuven, 2016). There is also evidence that certain groups are underrepresented in SEAH data, due to increased barriers to reporting, including children, LGBTQI+ people, national staff, and people with disabilities. This will be considered further in section 3.3.

Inconsistent ways of collecting and presenting data

A lack of consistency in the ways that data on SEAH is collected and reported, using different categories and metrics, makes comparison and collation of the data difficult and prevents a clear understanding of the scale of SEAH (Flint, 2018). For example, the UN Secretary General reports on the number of 'allegations', which can include multiple survivors and perpetrators, whilst other organisations report on the number of substantiated cases or numbers of survivors. The UN has also changed the categories of SEAH that it uses, in some cases annually, making analysis of trends almost impossible (Grady, 2016).

Organisations also provide different details about the incidents, which Birchall (2020) found when analysing the publicly available data from 15 international organisations. Whilst all reported the number of allegations, there were differences in the other details provided, such as the type of allegation (5), whether the survivor or perpetrator is a staff member, partner or volunteer (6), and none reported the sex of survivor or perpetrator or the region in which the incident occurred. These differences in the data presented make it difficult to analyse prevalence by SEAH type, geography, and affected groups of people. Furthermore, without knowing the number of people who could have potentially experienced SEAH, whether aid workers or community members, it is impossible to calculate the prevalence of SEAH. This data is typically not presented alongside reporting figures (Moller and Manning, 2018).

Perceptions that SEAH affects only certain types of women and girls can deter reporting by men and boys, people with disabilities and national staff (Ausubel, 2019; Freccero et al., 2017; UNHCR and Save the Children, 2002). The All Survivors Project (2018) found that due to perceptions that SEAH did not affect men and boys, they were not asked screening questions that would have collected evidence of scale, and signposted survivors towards support services.

Similarly, community members' understanding of what constitutes SEAH might prevent reporting, either through reporting mechanisms or in research contexts. Focus group discussions and interviews found that diverse groups, including factory workers and refugees, may not have a clear understanding of what constitutes abuse and harassment, or the terminology used by aid workers to describe it (Fair Wear Foundation, 2018; Whole of Syria GBV AoR, 2017). People may feel they should only report cases of rape rather than "less severe" forms of violence and harassment. Furthermore, an ILO report found that agricultural workers were likely to consider sexual harassment as normal, on a continuum with what they experience at home and in public spaces, making them less inclined to report the behaviour (Henry and Adams, 2018). Cultural context, particularly shame and stigma regarding SEAH, is also likely to lead to underreporting as some communities are unwilling to discuss SEAH in surveys or interviews (ILO, 2019).

There is also evidence that organisations have difficulties collating data on SEAH due to their large geographical footprints and the multiple routes that complaints can take through large organisations (Charity Commission, 2019). For example, a 2013 panel investigation found that not all cases that are brought to the attention of UN officials are collated in the Misconduct Tracking System (Grady, 2016).

Across the evidence base, it was widely accepted that there was widespread underreporting of SEAH across the aid sector. Whilst there is evidence that reporting of SEAH in organisations is increasing – a 2019 BOND survey found safeguarding reports had increased in 50% of organisations – this is still considered the 'tip of the iceberg' (DFID, 2019b).

3.2.2. Evidence of the scale of SEAH in the aid sector

SEAH perpetrated against Aid Workers

Statistics provided by organisations on reported SEAH cases provide an insight into the scale of SEAH in the aid sector, however, this is considered to be an underestimate. Between 2019-2020, DFID stated that 26 internal SEAH cases had been reported, an increase on the 5 cases reported 2018-2019 (DFID, 2020). Reuters reported that 124 aid workers from 17 global charities were fired or lost jobs over sexual misconduct in 2017 (Bacchi, 2018).

During an independent review into the practice and response of Australian Council for International Development (ACFID) members in the prevention of sexual misconduct, 76 alleged incidents of sexual misconduct between 2015 and 2017 were reported by 20 organisations (Moller and Manning, 2018). The majority of organisations (66) reported no incidents and a further 33 did not respond. Sexual harassment was the most commonly reported incident between aid workers, reported by 90% of the 31 survivors.

Security organisations collate information from different organisations working in humanitarian and conflict zones in particular, and therefore might be well placed to provide an overview of scale in the sector. However, the Aid Worker Security Database had only recorded 21 incidents of sexual violence, affecting 29 female survivors, between 1997 and 2019, with no incidents recorded prior to 2004 (Stoddard et al., 2019). Insecurity Insight (2018) stated that 74 aid workers in 30 countries were reported to be survivors of sexual violence or abuse between 2015-2017, highlighting that underreporting was likely to be a significant issue.

A number of aid organisations have included questions on SEAH in their workplace surveys or conducted specific SEAH surveys. This information is not usually made publicly available. However, this review has included data that has been leaked either in the form of final reports that were meant to be confidential or media coverage of these internal reports as sources that provide an important indication of scale. It is expected that the numbers revealed in surveys may be higher, as there is a difference between reporting sexual harassment in an anonymised survey and reporting into a formal mechanism where action is expected as a result.

A 2018 survey of UN personnel on sexual harassment in the workplace found that one in three respondents had experienced at least one instance of sexual harassment in the last two years (Deloitte, 2019). Overall, 39% of respondents experienced sexual harassment whilst working at the UN, with 51% of those reporting that their harasser was a colleague. The highest prevalence rates among those who reported experiencing sexual harassment were reported by respondents who identified as female (41%), transgender (52%), gender non-conforming (51%), lesbian (53%), gay (48%), queer (48%) and aged between 25 and

34 (44%). 30,363 staff across 31 UN entities responded to the survey, representing a 17% response rate.

In a 2018 World Bank survey on sexual harassment, 25% of women responding to the survey and 4% of men reported that they had experienced sexual harassment (Faus, 2018). Less than a quarter of the approximately 24,000 people who work at the World Bank Group on temporary or permanent contracts responded to the survey. Of those who responded, 57% were women, 40% were men and 3% declined to specify their gender. In both of these surveys, the figures could be higher than expected as the surveys explicitly focus on sexual harassment, which may encourage self-selected sample of people who have experienced abuse. In comparison the UNAIDS 2018 Staff Survey, which had a more general focus found that 4% of the 465 respondents (representing 60% of staff) reported having experienced some form of sexual harassment in the previous 12 months (UNAIDS, 2018). The 2019 DFID staff survey, which included questions on sexual harassment, found 22 staff members (less than 1% of the 2,745 survey respondents) had been sexually harassed (DFID, 2019a).

Concerns over underreporting led the Humanitarian Women's Network (HWN) and Report the Abuse (Norbert, 2017) to conduct surveys to better understand the experiences of aid workers and SEAH in the sector. The surveys found a high prevalence of SEAH. Of the 1,005 respondents to the HWN 2016 survey, 48% experienced being touched in an unwanted way by a male colleague, 55% were subjected to persistent romantic or sexual advances from a male colleague, and 4% reported having been forced to have sexual relations by a male colleague. 24% of respondents reported having been sexually assaulted whilst on mission, with 35% of those reporting they had more than one experience of such.

Of the over 1,000 respondents to the Report the Abuse survey, which was active 2015-2017, 72% were survivors of sexual violence, with 35% experiencing more than one incident of sexual violence during their humanitarian career (Norbert, 2017). The sexual violence experienced included unwanted sexual comments (21%), unwanted sexual touching (21%), attempted sexual assault (15%), sexual assault (5%) and rape (13%). The survey found that the majority of survivors were female (89%), the majority of perpetrators were male (92%), and that 80% of survivors identified as heterosexual. Giving further insight into the prevalence of SEAH within the sector, 87% reported that they knew a colleague who had experienced sexual violence in the course of their humanitarian work and 41% had witnessed a sexual violence incident against a colleague.

Both the HWN and Report the Abuse caution that their surveys do not present a complete picture of the current situation, as key groups were underrepresented, including national staff who represented only 17% and 4% of respondents respectively, and men who were not included in the HWN survey. In both cases, the survey design may have led to higher number of reports than expected due to this being a non-representative sample that relied on self-selected data. However, the widespread nature of SEAH is supported by qualitative data, including Spencer's (2018) interviews with 29 aid workers, which revealed over 50 incidents of SEA, with many informants indicating they witnessed more incidents. Details on the aid workers surveyed are not included as anonymity was a condition of the use of information, so it is hard to determine if the sense of scale is skewed.

SEA perpetrated by aid workers against beneficiaries and community members

This report found no evidence of large quantitative studies that sought to understand how widespread SEA perpetrated by aid workers against community members is. Instead, this section relies on data from formal reporting mechanisms and qualitative data, particularly focus group discussions (FGD), which may not be the best way to collect such sensitive data.

Reports collated by the UN, donors and international bodies represents one form of evidence for the scale of SEA perpetrated by aid workers. 260 safeguarding concerns were reported to DFID for the period 2018-2019, an increase on 73 in 2017-2018. Of these concerns, 28% related to sexual exploitation and abuse of adults, 27% related to 'other safeguarding concerns' and 23% related to sexual harassment (DFID, 2019b). Allegations received by UN entities (other than peacekeeping operations) also increased from 50 in 2017 to 94 in 2018, with allegations involving non-UN personnel working for UN implementing partners also increasing from 25 in 2017 to 109 in 2018 (ibid).

In the ACFID independent review mentioned earlier sexual abuse/assault was the incident type most commonly reported by communities, reported by 31% of the 26 survivors (Moller and Manning, 2018).

FGDs and interviews with community members also provide insight into the scale of SEA. In 2002, UNHCR and Save the Children documented allegations against 42 agencies and 67 individuals in Liberia, Sierra Leone and Guinea. Most of the children who took part in the study knew another child involved in a sexual exploitative relationship, perpetrators included aid workers, peacekeepers, armed forces, police, miners and teachers. A 2008 report for Save the Children identified reports associated with 23 humanitarian peacekeeping and support agencies through 38 focus group discussions with 341 people (including 129 girls and 121 boys) living in emergency contexts in Southern Sudan, Côte d'Ivoire and Haiti (Csaky, 2008). Only in four of these focus group discussions were individuals unable to recall any incidents of abuse perpetrated by aid workers. Nearly two-thirds of participants recalled incidents of verbal sexual abuse (18% recalling ten or more incidents), and more than half identified incidents of sexual touching and coerced sex (23% recalling ten or more incidents).

Another source of similar information is the World Bank funded Uganda Transport Sector Development Project, which was cancelled in 2015 following serious allegations related to sexual abuse of girls by the workers employed by the road project (World Bank, 2017). The World Bank confirmed that road workers had abused a number of young girls, including 13 girls in the Bigodi community, 7 of whom became pregnant and 2 were found to be HIV positive. There were similarities documented in each study; perpetrators were typically male aid workers or contractors and senior community leaders associated with them. There were reports of transactional sex, opportunistic attacks, and sexual exploitation when accessing aid.

A 2017 study by the Whole of Syria AOR estimated that 40% of women and girls had experienced sexual violence when accessing services and aid. Quantitative and qualitative data was collected in multiple assessments, including key informant interviews, community direct observations and a literature review, across 4,185 communities. Focus group

discussions revealed that aid distribution sites are perceived as male dominated, and unsafe and violent for women and girls as aid workers made sexual advances or asked for sexual favours in exchange for aid. In focus group discussions, women stated that some would avoid accessing services for fear of sexual exploitation. Others reported that women and girls resorted to survival sex or marrying officials for short periods of time to obtain meals. This issue is discussed further below under risk factors.

In a 2006 study by Save the Children in Liberia all respondents clearly stated that transactional sex affected over half of the girls, some as young as eight, in their locations. In some cases, boys as young as 14 were identified as being involved, though taboos around homosexuality were thought to have led to underreporting. In all locations, NGO workers were identified as perpetrators. Peacekeepers were identified as being involved in the sexual exploitation of girls in all locations where there was or had been a peacekeeping presence (see below). Humanitarian Accountability Partnership consultations with beneficiaries in Kenya found that the majority of beneficiaries considered sexual exploitation and abuse an ongoing concern (Lattu et al., 2008).

"As for the NGOs, they are carry[ing] out awareness on sexual exploitation, HIV and AIDS and STIs, but during the night hours they are the same people running after these 12 years girls." FGD/KIII Save the Children UK, 2006, p.16.

SEA perpetrated by peacekeepers against community members

In 2013, a UN investigation declared SEA *'the most significant risk to UN peacekeeping missions, above and beyond other key risks including protection of civilians'* (Awori et al., in Westendorf, 2016). Allegations of sexual exploitation and abuse made against peacekeeping personnel are reported annually to the General Assembly. Allegations have increased from 56 in 2018 to 80 in 2019, though this represents a decrease from 104 allegations in 2016 (UN, 2019). This included 24 allegations of sexual abuse and 56 allegations of sexual exploitation. 37 allegations were associated with paternity claims. Half (41) of the cases pertained to MINUSCA, in the Central African Republic.

Despite the low number of allegations recorded, there is a long history of allegations of widespread SEA. Westendorf and Searle (2017) have categorised the range of SEA perpetrated by peacekeepers as including opportunist sexual abuse, transactional sex, networked sexual exploitation and planned, sadistic attacks.

During the 1992-1993 UN Mission in Cambodia, the number of sex workers increased more than fourfold from 6,000 to 25,000, including an increased number of children (MacKay, 2001, and Lynch, 2005, in Martin, 2005). An estimated 24,500 "peacekeeper babies" were born by the end of the mission (Grady, 2016). A 2017 study estimated, by extrapolating data from an independent survey of a random sample of 475 women to the wider population, that approximately 58,000 women in Liberia aged 18-30 engaged in transactional sex with peacekeepers, 64% on a daily or weekly basis (Beber et al., 2017). It found that women began engaging in transactional sex at a young age; 72% at eighteen or younger. In the Democratic Republic of the Congo (DRC), the UN was told of "rape disguised as prostitution", where women and young girls were given money or food after being raped to give the impression of a consensual transaction (UN General Assembly, 2005).

In 2016, Mazurana and Van Leuven analysed 280 documents relating to sexual and gender-based violence reported in armed conflict and crises where 23 select peace missions in Africa were present between 2000 and 2015. They found variation in the prevalence of different forms of sexual violence, whether the violence was systematic, opportunistic or a practice, and whether it was carried out by individuals or groups. Sexual violence and rape of women and girls was reported in all but two peace missions. The following types of sexual violence were also reported; rape of men and boys (in 14 missions), sexual humiliation (19), sexual slavery (19), forced marriage (at least 16), forced pregnancy (5) and forced sterilisation (8) were also reported. Other studies have found that the arrival of peacekeeping troops was associated with a rapid rise in child prostitution (Machel, 1996 in Grady, 2016).

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Summary of evidence related to the scale of SEAH in the aid sector

- Across the evidence base, it is widely accepted that there is widespread underreporting of SEAH across the aid sector. Whilst there is evidence that reporting of SEAH in organisations is increasing, this is still considered the 'tip of the iceberg' (DFID, 2019).

- There is no attempt to estimate the scale of SEAH in the aid sector as a whole. There are several main sources of data available on the issue, including SEAH complaint figures recorded by organisations working in the aid sector, collated reports from security organisations, and independent research, including focus group discussions and surveys, into SEAH in the aid sector.

- A number of challenges are presented when estimating the scale of SEAH in the aid sector, including: underreporting, challenges with reporting mechanisms, and a lack of consistent definition of SEAH making comparison and collation difficult.

- Numerous reports of sexual exploitation and abuse by aid workers, and UN Peacekeepers against beneficiaries and community members are documented throughout the literature. Perpetrators were typically male aid workers, or contractors, and senior community leaders associated with them. Reports of transactional sex, opportunistic attacks and sexual exploitation while accessing aid were commonly cited.

3.3. Risk factors

This section presents the evidence around factors which act to increase risk of SEAH in the aid sector. As with other sections in the report, the analysis draws on both primary and secondary data sources, from within the aid sector but also considers evidence from other sectors where parallels may be drawn, for example in the garment industry, education settings and agriculture.

The literature reviewed addresses SEAH which takes place in a variety of contexts as we have seen in the previous section. Many of the factors which increase the risk of SEAH are common across these contexts. Regardless of whether the evidence is focused on sexual violence against aid workers, perpetrated by aid workers or peacekeepers, against refugees, IDPs, beneficiaries or community members, or sexual harassment in the workplace, the risks mainly fall into four categories: structural / systemic, organisational, community and individual characteristics. These categories follow an adapted version of the WHO ecological framework for interpersonal violence which identifies risk factors at different levels. The diagram below highlights some of the risk factors that emerged in the evidence review. It is worth noting that it is not always clear how to differentiate the risk factors between these categories as many of them are underpinned by prevailing social norms that condone or at least do not challenge such behaviour.
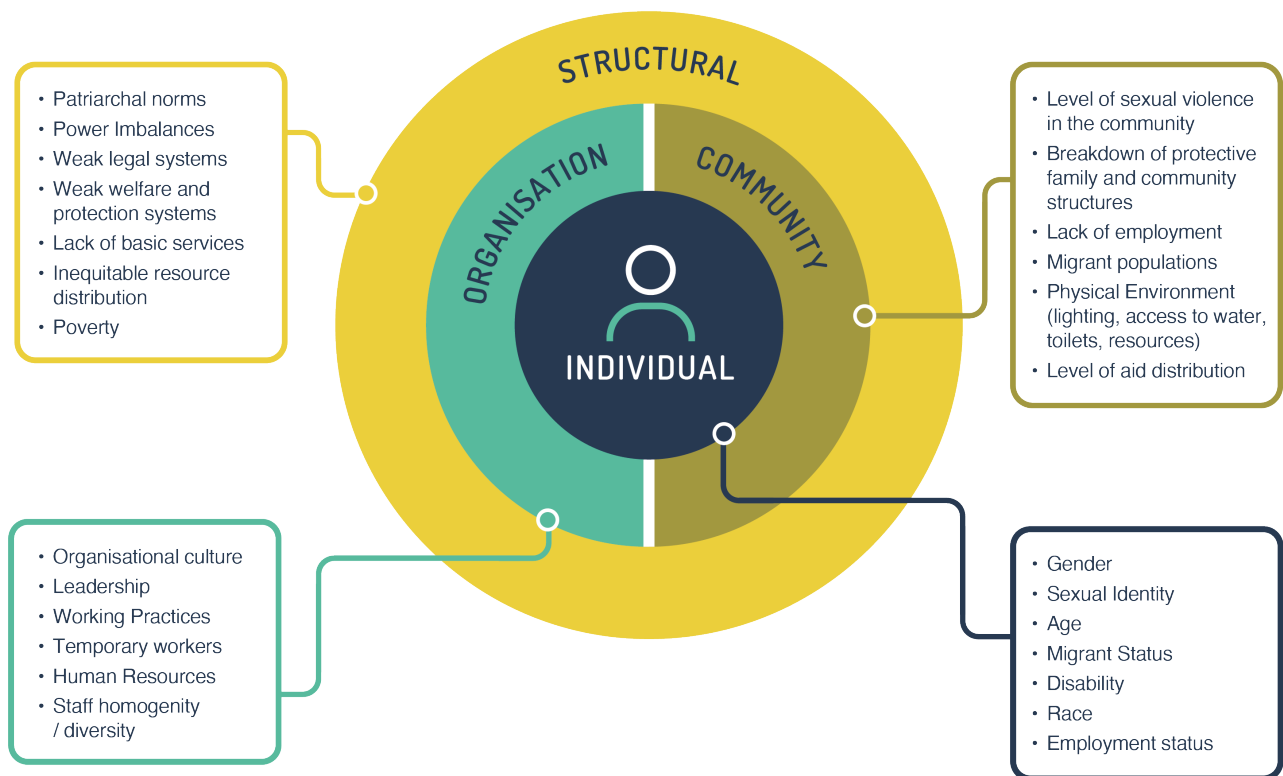
Fig. 2 Risk factors identified in the literature review

3.3.1. Structural factors

Power and patriarchal norms

> "*We surmise that the more patriarchal the social norms, the more common SEA may be in a society. As such, on average, individuals from more patriarchal societies measured in terms of gender equality within the state may be more likely to hold patriarchal values and thus more prone to commit SEA or at least less willing to denounce it*." (Karim and Beardsley, 2016, p10)

A prevalent narrative emerging from the literature supports the understanding that SEAH stems from **pervasive gender inequality, power disparities and harmful patriarchal norms** which shape how women and girls, as well as other intersecting identities, are perceived and treated (Anene and Osayamwen, 2019; DFAT, 2019; Ferstman, 2017; Fluri, 2012). A number of studies exploring the reasons for the high levels of sexual violence perpetrated by peacekeepers and aid workers, find this to be in part a result of 'unacceptable power balances' between local populations and peacekeepers (Harrington, 2010 cited in Neudorfer, 2014). The abuse of power by aid workers in controlling the distribution and allocation of resources in exchange for sexual services from girls and young women has been widely reported in a number of countries, including Afghanistan (Fluri, 2012), Guinea, Liberia, and Sierra Leone (UNHCR and Save the Children, 2002).

Norms that support the 'patriarchal entitlement to sexual favours' within aid contexts was noted by Ligiero et al. (2019). A study of higher education in Tanzania and Ghana (Morley, 2017), which interviewed academic staff and took 200 life histories of students, found some male academics considered it a right to demand sex in return for grades from their female students. Similar findings were noted in a number of studies related to the garment and infrastructure sectors, all of which suggested that unequal power dynamics was one of the most significant reasons underpinning female workers' experience of sexual abuse and harassment (Care International, 2017; Fair Wear Foundation, 2017; ILO, 2019; Puri and Cleland 2007).

Mazurana and Donnelly (2017) noted issues of power imbalances between national and international staff, people in different ranks or positions within the institutions/organisations, and gender differences. In a UNAIDS (2018) report on workplace bullying, staff mentioned imbalances of power and control, especially of male bosses over female staff, as a driver of staff harassment and discrimination.

Where transactional sexual relations are seen to be exploitative, these generally involve an abuse of power where women and girls experience heightened vulnerability due to an economic need (Beber et al., 2017; Kolbe, 2015). High wages paid to aid workers and peacekeepers have also been seen to play into these dynamics and power disparities.

Whilst it is clear there are a number of social norms that perpetuate SEAH and undermine efforts to address this in different contexts, the evidence is not clear on what these norms are and how best to address them in different contexts. This is a critical area that needs to be better understood to enable more effective prevention and response to SEAH in different contexts.

Poverty

Issues of poverty play into the power dynamics spoken about above and are a significant risk factor in SEAH. Poverty is a factor in women and girls entering exploitative, transactional sexual relationships, child and early marriage, and exchange of sex for food or other resources. Three studies in Kenya, Liberia and Haiti which interviewed girls and women, some of whom had engaged in transactional sexual relationships with peacekeepers and aid workers, found that they entered these 'relationships' with older men often in exchange for small luxuries and material things (Kolbe, 2015; Lattu et al., 2008; Save the Children, 2006). Women and girls feel pressure to dress well and 'keep up appearances'. In other circumstances, these 'relationships' were borne out of lack of access to basic needs where payment was made for subsistence including ration cards, food and /or medication. These types of exploitative relationships are not uncommon in many crisis settings and have been well documented particularly in the GBV literature.

In a secondary review, Gilliard (2012) highlights women in the DRC as being particularly vulnerable to SEA due to their low socio-economic status, this coupled with the fact that peacekeepers were receiving "thousands of dollars" a month versus local women who live off "tens of dollars" exacerbated the risks for these women. The paper quotes a peacekeeper who said, "*If a dollar can buy me a blow job imagine what ten could do*" (p. 29). In their systematic analysis of data from 36 international peacekeeping missions active

1999-2000, Nordas and Rustad (2013) found that there is a higher likelihood of SEA perpetrated by peacekeepers being reported in less developed host countries than more developed ones, which they suggest might be due to there being more options for economic survival available to local populations in more developed countries reducing the necessity for transactional sex.

High levels of sexual violence in host countries and weak legal systems

Evidence presented by Neudorfer (2015) from three case studies in DRC, Liberia and Golan Heights found that high levels of sexual violence within a host country strongly correlates with high numbers of SEA allegations against peacekeepers. Another study suggests that in contexts where conflict or disaster may have weakened legal systems and traditional structures it may be more difficult for people to report incidences of SEA, and if/when they do, investigations are likely to be challenging to conduct (Hilhorst et al., 2018). Where host countries are unable to maintain or enforce rule of law, local populations are more vulnerable to abuse and exploitation as a result of the impunity that follows (Fluri, 2012). The British Red Cross (2018) also notes that a generalised rise in violence that occurs in conflict settings can contribute to increased risks for communities. Similarly, aid workers are more vulnerable to being sexually harassed or assaulted, in situations of on-going conflict, where rape is used as a weapon of war and where there is a break-down of law and order and impunity for crimes committed. (Neudorfer, 2015; Stoddard et al., 2019).

A crisis of accountability is described by Freedman (2018) in peacekeeping settings where weak laws and different legal frameworks are at play which lead to different laws being applied and complex systems which weaken accountability and compliance.

3.3.2. Community factors

A number of issues emerged in the literature related to community level factors that increase the risk of SEA. One of these is the onset of a disaster or an emergency which creates significant disruption for local populations and may lead to a break down in social and legal services which might normally act as a deterrent to this behaviour (Spangaro et al., 2013).

Disasters and emergencies

Migrant and refugee populations are at increased risk of SEA due to disruption of their livelihoods and potential breakdown of family protection and community support systems (Mazurana and Van Leuven, 2016). People, in particular women and girls, may become more reliant on aid which may lead them to adopt negative coping strategies such as entering into exploitative transactional relationships. Risks are also likely to increase for people with disabilities who can be more reliant on family and community support systems.

These contexts may also bring an influx of temporary workers which may increase risks of both GBV and SEA against community members (IFC, 2019; World Bank, 2018), and increase the numbers of women and girls engaging in transactional sex work.

Image credit DFID Cate Turton

Physical environmental

A number of factors linked to the physical environment, including poor lighting in camps near the toilets or other shared services, are cited as risk factors for SEAH in a number of studies in camp or refugee settings (Bramucci et al., 2015; Davey et al, 2010; World Bank, 2017). The location of distribution points also presents risks for women and girls if they have to travel to these locations alone or in the dark. There is often very little privacy, and no locks on the doors which further exacerbate risks to girls and women (Beber et al., 2017).

Projects may also inadvertently create risks for women and girls in relation to SEA through their activities, in particular where women and girls may need to travel to participate in project inputs, be that for work opportunities, school, or to access resources or aid. Women and girls having to travel long distances, using public transport or travelling alone either early or late in the day can exacerbate the risks of SEA (World Bank, 2018).

3.3.3. Organisational factors

Organisational culture

Organisational culture emerges as a critical factor in whether or not allegations, or incidents, of SEA or workplace harassment and abuse take place (Norbert, 2017). A number of studies highlight aspects and characteristics of organisational culture and leadership which can increase the risk of SEAH, including organisations with high levels of fraud and / or corruption, or where there is no culture of accountability or transparency (Kangas, 2018).

For example, in military contexts where a pervasive and aggressive form of heterosexual masculinity exists, where jokes about sex and sexuality are normalised, women are objectified and more junior colleagues disrespected, or where risk-taking behaviours are promoted there is likely to be greater SEAH both against aid workers and by aid workers (Neudorfer, 2014; Norbert, 2017).

> *"interviewees for this report attested to seeing definite links between work environments that tolerated sexual misconduct/ harassment and the risk of more serious incidences of sexual violence to staff, as well as risks of exploitation of aid recipients and local community members"* (Stoddard, 2019, p 17)

An attitude and culture of 'boys will be boys' is endemic in many institutions, and indeed has been cited by a high-profile Special Representative and Ambassador in the past as an attempt to explain accusations of sexual abuse of local people by peacekeepers (Mazurana and Donnelly, 2017; Neudorfer, 2015).

In organisations where there are top-down management structures and where men dominate decision making space, women and girls tend to be at greater risk of SH, largely due to power imbalances and the abuse of power driven by a hierarchical organisational culture. This has been documented in the aid industry (Mazurana and Donnelly, 2017), as well as in industries and companies (Puri and Cleland, 2007; Waugh, 2010)

A lack of gender and racial balance has also been cited as a potential risk factor for SH in the workplace, as well as in humanitarian settings where men are in more senior positions and may be more inclined to 'look the other way' when abuses take place (British Red Cross, 2018; Kangas, 2018; Norbert, 2016; Williness, 2007 in Fraser and Muller, 2018). A number of studies discuss a culture of 'rape myth' in organisations where there are strong male hierarchies, feeding into a culture that normalises, condones or jokes about these issues (Norbert, 2016).

Other issues that emerged around organisational culture and context include fragmented leadership, weak policies and procedures, unclear reporting processes and mechanisms, poor implementation or compliance, lack of transparency and action by managers, poor follow up of allegations, lack of training and awareness raising of staff (European Interagency Security Forum, 2019). The UNAIDS report (2018) noted a culture that lacked diversity and one, where senior colleagues were 'protected' and favoured, giving the impression there was a kind of 'immunity' from failing to comply with codes of conduct. Many of these issues are further picked up in section 3.4 on effective approaches.

Working practices

Issues of short-term contracts and lack of job security are also highlighted by Parker (2019) as contributing to a workplace culture where harassment and bullying prevail. National staff experience this more acutely than international staff as contracts are generally less secure and they may be less willing to report abusive behaviour for fear of retaliation or losing their job.

There are many risks associated with large scale infrastructure projects, primarily associated with an influx of workers to a community and changing power dynamics (DFID, 2019c; World

Bank, 2018). Workers are predominantly male, often employed informally, meaning there are no background checks, and are often employed from outside the project area so are only present in the community for a short time. There are opportunities for women to earn an income through support for construction, maintenance or catering, however, this is often temporary and insecure work, which also presents risks.

A number of studies from the garment industry discussed organisational factors linked to wage structures, bonuses and overtime as exposing women to greater risk of sexual exploitation and abuse (Fair Wear Foundation, 2018; ILO, 2019; Puri and Cleland, 2007). Where bonuses were linked to production outputs, then payment could be withheld in exchange for sexual favours. Requiring women to work longer hours exposed them to increase abuse and harassment. A similar story emerges in a recent UN Women review that found that low grade, temporary workers are more vulnerable to sexual harassment and a 'quid pro quo' exchange for a job or promotion (Sen, 2019).

Lack of safer recruitment practices and screening candidates may also add to increased risk for community members, beneficiaries and staff (UNSG, 2017). This, along with a high turnover of international staff, may make it harder to identify people with previous misconduct or allegations against them.

3.3.4. Individual factors

There are a number of groups that emerge in the literature as being more vulnerable to SEAH including **girls and women generally** - younger women and adolescent girls, female headed households, single women, migrant women, women of colour, women and girls with disabilities, men and boys in conflict areas, people identifying as LGBTQI, ethnic minorities, and people in insecure employment, low paid and early career positions (Aziz et al., 2018; Mazurana and Donnelly 2017; Puri and Cleland, 2007). The UNAIDS (2018) report on workplace bullying identified a number of factors which appear to increase the incidents of harassment and discrimination including sex, sexual orientation, disability, race, ethnicity, and age. These are all groups where the imbalances of power tend to play out more and where the opportunities for abuses of power become more extreme.

Poly-victimisation

Many of the reports reviewed list a number of individual factors which contribute to an increased risk of SEAH across all contexts, including at work, in the community and at home. Many of these 'characteristics' are risk factors regardless of the context – for example age, sex, and socio-economic status are factors cited in much of the literature as increasing the risk of SEAH by aid workers and peacekeepers, of aid workers, community members. factory workers or farm hands, and of school or university students (Care International, 2017; European Interagency Security Forum, 2019; Meinck et al, 2016; Save the Children, 2006). Issues of race, ethnicity and caste are particularly prominent in the evidence related to factory and workplace settings (Aziz, 2018; Fair Wear Foundation, 2017).

Isolation

Isolation was cited as a risk factor for women working as farm labourers in Mexico (Waugh, 2010), as well as for IDPs and female headed households. A study by the Women's Refugee commission (2008 in Fraser et al., 2019) noted that increased isolation makes both older people and people with disabilities more vulnerable to sexual exploitation and abuse.

Men and boys

Much of the literature reviewed focused on SEAH perpetrated against women and girls. However, a couple of reports also discussed sexual abuse and exploitation against men and boys. For example, the All Survivors Project (2018) interviewed key informants, survivors and witnesses of violence and conducted Focus Group Discussions in the Central African Republic (CAR), and found that whilst the majority of cases of sexual abuse involved women and girls, men and boys were also the victims. Incidents reported in 2014 in CAR involved the exploitation and abuse of boys in exchange for food and money. Much of this abuse against boys and men remains unreported, which can lead to lack of awareness and limited support services for survivors, potentially increasing impunity.

Sexual identity

Sexual identity harassment has also been noted in the aid sector by Mazurana and Donnelly (2017) and Nobert (2017) where homophobic attitudes may be left unchecked, jokes about sex and sexuality are accepted and normalised. This risk is also heightened in contexts where LGBTQI aid workers may be working in countries where homosexuality is illegal or highly stigmatised.

Age

Being younger was found to be a risk factor in all contexts playing into power dynamics and hierarchy. Younger women are more at risk of SEAH, whether they were working in a factory (Care International, 2017) or recipient of aid (Lattu et al., 2008), living in a refugee or IDP camp (Save the Children, 2006; Beber et al., 2017) or working in an aid agency or public sector worker in Tanzania (Vuckovic, 2017). Orphans and children separated from their families were considered particularly vulnerable, whether living with extended family or in an institution, due to a lack of support mechanisms (Csaky, 2008; Davey et al, 2010).

Migrant status

The research from the garment sector highlighted the particular vulnerability of migrant women to sexual harassment at work. Whilst it is not completely clear why this might be the case, there is some suggestion they are perceived as more vulnerable and isolated with fewer support networks, and therefore easier to victimise (Care International, 2017; ILO, 2019; Fair Wear Foundation, 2018).

Disability

Whilst there is not a lot of evidence on SEAH specifically related to people with disabilities, an annual report of the Special Rapporteur on the rights of persons with disabilities (2017 in Fraser et al, 2019) notes that girls and young women with disability are at increased risk of

SEA compared to those without disabilities, and with boys and young men with disabilities (ibid). Three studies did recognise the heightened risk that children with disabilities face with regards to sexual exploitation and abuse, across all contexts. Ellery et al. (2011) conducted primary research in four countries (Burundi, Madagascar, Mozambique and Tanzania) for Save the Children and Handicap International. A key factor that underlies this risk relates to people's attitudes towards and social norms that surround disability. Children with disabilities are often not seen to be worthy or respect and dignity (Deries et al., 2014). If they are not able to defend themselves, or recognise or report the abuse, then people can act with impunity in the belief that they will not get found out (Kucuka et al., 2017).

Barriers to reporting also increase for women and girls with disabilities. A number of studies noted that women with disabilities have difficulty accessing services, including reporting mechanisms, due to inaccessibility, stigma and discrimination, negative attitudes, difficulties with communication, (Fraser et al., 2019; Dunkle et al., 2018)

In a study by the Women's Refugee Commission (2008 in Fraser et al., 2019) it found that women with disabilities are at higher risk of sexual violence and abuse. Displaced women and children with disabilities are more likely to experience physical or sexual abuse while fleeing as they are the least able to escape or defend themselves. The report also notes the 'triple marginalisation' faced by displaced women with physical and mental disabilities due to their status, disability and gender. A study by Handicap International (2015) found that vulnerability to abuse in a crisis increased for people with communication difficulties, including those with memory or concentration difficulties, as well as with hearing or sight impairments. Whilst this case study extends beyond SEAH in the aid sector the findings have implications for the greater understanding of risk and vulnerability.

Available studies rarely disaggregate data by specific impairment types or whether impacts relate to people with or without disabilities (Fraser et al., 2019). Whilst recognising that this type of disaggregation may lead to quite small numbers and be statistically insignificant it remains important to better understand the different experiences of people with different impairment types. An evidence brief from DFID's What Works to Prevent Violence Against Women and Girls programme which looked at the links between violence and disability found that women with more severe disabilities were more likely to experience both intimate partner violence (IPV), and non-partner sexual violence (Dunkle et al., 2018).

Summary of evidence related to factors which increase the risk of SEAH in the aid sector

- Risks of SEAH are affected by a range of intersecting factors that relate to structural, community, organisational and individual factors
- Issues of power, patriarchy and poverty have a fundamental impact on risk of SEAH
- Where protective factors such as family and community structures are disrupted, e.g. during disasters and emergencies, risks of SEAH increase significantly
- Social norms and culture within organisations, as well as working practices, can have a significant impact on the risks of SEAH
- Aspects of identity combine to increase risks of SEAH for particular individuals and groups

3.4. Effectiveness of approaches to prevent and respond to SEAH

This section presents evidence related to the effectiveness of approaches which have been used in the aid sector to prevent and respond to SEAH. The Safeguarding Resource and Support Hub's four stage 'safeguarding journey' provides a guide on how to prevent and respond to SEAH in the aid sector. These four stages are not linear and do not suggest a blueprint for an effective prevention and response to SEAH, but rather provide a framework for organisations to deepen their understanding of SEAH in the aid sector and to identify good practice in how to prevent and respond appropriately.

The safeguarding journey highlights the importance of a comprehensive, holistic and agency wide approach to both preventing and responding to SEAH in the aid sector.

The third stage of the journey, *What is needed for Safeguarding,* highlights the following areas as critical to consider when developing an effective approach to SEAH prevention and response, as outlined in the table below.

Prevention	Organisational standards policies and procedures
	Leadership and organisational culture
	Governance and accountability
Response	Speak up / whistleblowing
	(Community driven) Reporting mechanisms
	Survivor centred responses
	Case management
	Investigations
Cross cutting	**Training and learning**
	Community outreach, sensitisation and support

Table 2. Approaches (in bold) where some evidence of effectiveness has emerged from the literature mapped against RSH's safeguarding journey

It is important to note that this evidence review has not sought to map all of the approaches to address SEAH which are being used across the aid sector. Instead, the review has focused on the approaches where there has been at least some effort to generate evidence about whether they are effective and/or to understand the factors which may act to enhance – or limit – their effectiveness. The approaches where evidence has emerged are highlighted in bold in the table above.

While policies and codes of conduct are a basic starting point for work to prevent and respond to SEAH, no matter how strong they are, it is widely acknowledged that simply having them will do little on their own to address SEAH. Evidence also suggests that there is often a gap between what aid organisations have written down and what happens in practice (Aziz et al., 2018). This evidence review therefore focuses on evidence where organisations have attempted to actively put their commitments into practice. In additional to the prevention and response elements, we have also included a discussion on two areas that cut across both prevention and response: training and learning and community outreach, sensitisation and support as these have emerged as key approaches that organisations have adopted to address a holistic multi component approach.

Given the lack of evaluations which include a counterfactual, in part likely to be due to the methodological or ethical challenges in undertaking a study of this kind, identifying evidence of effectiveness related to specific approaches is challenging. On the whole, organisations have not tended to use one approach, but in line with guidance across the aid sector, may have introduced a number of approaches at once.

In the sections below, evidence has been presented according to the most prominent aspect of an organisation's approach, namely those which focus on:

1. leadership and organisational culture
2. training and learning
3. reporting mechanisms
4. survivor centred responses
5. community outreach, sensitisation and support

3.4.1. How effectiveness has been defined and measured

Across the sources which have been included in this review, it is evident that 'effectiveness' has been loosely discussed – and in some cases specifically defined - in a range of ways. This lack of standardisation limits any scope for comparisons across studies.

The differing ways in which 'effectiveness' has been considered across the sources, represent a broad range of ambition, with attention often focused on activity or output level rather than at outcome level change. Examples of the range of ways organisations have sought to measure the effectiveness of approaches to address SEAH include those which relate to:

- Improved knowledge and understanding of SEAH. For example:
  - Numbers of staff who have completed SEAH-related training
  - Levels of knowledge, awareness or understanding of SEAH
  - People's ability to identify behaviours which constitute harassment

- Changes in behaviours by survivors or witnesses. For example:
  - Levels of confidence in relation to seeking help, reporting and feeling able to say 'no'
  - Numbers of people taking action to intervene in incidents of SEAH
  - Numbers of reports of SEAH

- Organisational responses to reports of SEAH. For example:
  - Action taken to follow up on reports of SEAH, including through investigations
  - Levels of satisfaction with organisations' responses to reports of SEAH, including survivors' perspectives of whether they have been treated with respect
  - Levels of confidence in reporting mechanisms

- Reductions in SEAH and improved outcomes for survivors. For example:
  - Levels of concern about SEAH and perceptions of safety
  - Perceptions of whether SEAH is becoming more or less prevalent
  - Survivors' psychological wellbeing

As well as a lack of consistent definition of effectiveness, the literature also suggests that effectiveness tends to be considered in quite narrow ways. Often, just one or two measures of effectiveness are used at any one time. This makes it difficult to gain a clear picture of how effective approaches are at achieving shifts in factors fundamental in addressing SEAH, including lasting organisational culture change and behaviour change among those most likely to perpetrate SEAH.

> **Box 2: The difficulty of interpreting reporting data**
>
> It is important to note that where sources have presented data on levels of reporting on SEAH it can be challenging to interpret what this means. For example, organisations can often expect to see an initial increase in reports following efforts to provide information and encourage action. An increase in reported incidents can potentially be interpreted as a positive sign of improved awareness and trust in reporting mechanisms. Over time, if prevention efforts are successful, a decrease in reports may be expected as actual levels of violence and harassment reduce.
>
> However, in order to understand and interpret reporting, it is important to collect data over time, with multiple data collection points so that trends can be detected. In contrast, most of the sources identified for this review have collected data at just one or two points, meaning trends and more accurate interpretation of reporting data is not possible.
>
> Even with data which are capable of showing trends, differing interpretations of the data are still possible. For example, the UN has faced the challenge of interpreting reductions in reported incidents, as noted in 2009, the Secretary General reported that a decrease in reported allegations of SEA was proof that the UN's 'zero tolerance' policy was effective (Grady, 2016). However, others, including the UN's Office of Internal Oversight Services, have explained that the decrease in reports could instead be due to the 'zero-tolerance' approach driving SEA reporting underground (ibid, p.21).

3.4.2. Leadership and organisational culture

Existing guidance tends to position leadership as central to effective approaches to address SEAH. Heavy emphasis is also placed on creating organisational cultures which do not tolerate SEAH and which promote an environment where people feel safe and supported to report and respond. This section summarises evidence related to the effectiveness of efforts to strengthen leadership and organisational culture to address SEAH.

Strong leadership can support investments and action

A rapid review of organisational approaches to safeguarding against SEAH by DFID's VAWG Helpdesk identified that visible leadership by senior management was found in several studies as being an essential aspect of effective approaches to safeguarding (Fraser, 2018).

Research conducted in Liberia in 2017, which focused on child safeguarding and included observational research and interviews with senior staff within UN agencies, NGOs and child safeguarding mechanisms, found that leadership was believed to be crucial in terms of enabling efforts to address SEA. Although the research did not seek to gather evidence of actual reductions in exploitation and abuse – or any other defined outcomes – the research

did highlight evidence of investments in prevention efforts, which were considered to be a result of strong leadership in this area. This included investments in training and community awareness raising as well as reporting mechanisms and actions to respond to reports. One of the interviewees cited in the research described commitment by senior leadership as the main factor which had enabled action on SEA compared to other UN missions (Blakemore et al., 2019).

The importance of leadership was also emphasised in a 2010 review by the Inter-Agency Standing Committee of 14 UN agencies and NGOs, including country studies in DRC, Nepal and Liberia, which found that the most important gap within organisations was visible senior leadership on preventing sexual exploitation and abuse which would ensure managers were held to account for implementing policy commitments (IASC, 2010 in Fraser, 2018).

Little evidence was found related to the effectiveness of approaches which address leadership at a governance level. However, an independent review of Oxfam GB's safeguarding approach in 2018 identified a lack of accountability at Board level as being an issue, with trustees unable to interpret the information they were being given on SEAH because of a lack of expertise in that area (iNEQE Group Ltd, 2018).

Image credit DFID Lindsay Mgbor

Managers' awareness of how to prevent and respond to SEAH may be important

Qualitative multi-country research in Sierra Leone, Liberia and Haiti by Refugees International captured evidence of changes in knowledge and attitude among senior managers, although the research did not seek to capture outcomes achieved as a result of this (Martin, 2005). In Haiti, the research, which collected data through interviews with local communities, government officials and UN staff, found that every senior manager spoke positively about efforts to address sexual exploitation and abuse and could explain what the consequences would be if they were accused of perpetration (ibid).

The importance of awareness among managers of the problem of sexual harassment, and of workplace dynamics, was picked up in an independent impact assessment of Better Work's sexual harassment prevention programme, which used anonymous self-interview surveys to gather data from factory workers (ILO, 2019). The assessment found evidence that the programme had been effective in terms of reducing levels of concern among workers about sexual harassment and increasing their confidence to seek help if they did experience it. Furthermore, the impact assessment found evidence of a possible link between these outcomes and levels of awareness of sexual harassment among managers (ibid). For example, although only a small number of factories were evaluated in Nicaragua as part of the impact assessment, data from those factories indicated that when managers were aware of the problem of sexual harassment, concerns about sexual harassment among workers were 29 percent lower (ibid).

In recognition of the potentially important role of organisational leadership, there is evidence that some organisations routinely monitor the performance of their managers and senior managers in addressing SEAH. For example, a report from 2018 which summarises actions undertaken by IASC organisations noted that the Office of the United National High Commissioner for Refugees (OHCHR) regularly assesses the performance of managers in "fostering a respectful and harassment-free working environment" through 360 evaluations (IASC, 2018, p.4). However, data collated from individual performance assessments tends not to be made publicly available and has therefore not been identified through this review. It is also worth noting that assessing the impact of leadership is made more difficult by the lack of baseline data and that the majority of assessments of this nature are done based on recall.

A 'speak up' culture may enable reporting

Evidence also underlines the importance of an organisational culture which supports efforts to 'speak up' about SEAH without fear of retaliation. Although largely drawing on findings from high-income countries, a rapid review of the effectiveness of whistleblowing approaches, which was conducted by Fraser and Naidu (2018) found that a 'speak-up' culture within organisations was closely linked to the effectiveness of whistleblowing mechanisms. Research from 2017 on the United Nations Mission in Liberia highlighted that efforts had focused not only on implementing laws and policies but also on changing attitudes and organisational culture. The report noted that shifts in organisational culture had been marked with a widespread recognition that everyone has a role in safeguarding children (Blakemore et al., 2019).

A 2018 review of the leadership and culture of UNAIDS, which included an anonymous online survey and a series of interviews with staff, consultants and interns found weaknesses in terms of translating efforts to address sexual harassment into changes in organisational culture (UNAIDS, 2018). 44 percent of those who participated in the survey believed the UNAIDS culture was not effective in preventing harassment and abuse, which the report from the research explained as "suggesting that norms are not operating within the workplace to regulate unwelcome and unlawful behaviours" (ibid, p.12).

Little evidence was found on the effectiveness of approaches to achieve organisational culture change to address SEAH. However, an independent review of Oxfam GB's safeguarding approach in 2018 pointed to the importance of framing safeguarding as a core part of organisational purpose. The report from the review explained, "not everyone in Oxfam GB had fully understood the inherent relationship between safeguarding and the 'environment' in which the charity operates... this misunderstanding fails to recognise that all of Oxfam GB's business involves safeguarding people. If the charity's purpose is to be achieved it should adopt a 'safeguarding first' approach in all of its activities. This ethos needs to be reflected from the top down" (iNEQE Group Ltd, 2018, p.22).

Box 3: The challenge of organisation-wide change

Qualitative research, which included interviews with women in Liberia, found that efforts to increase knowledge and raise awareness among senior leadership in the UN had led to widespread norm change among high-level UN officials against transactional sex involving peacekeepers. In order to spread this change down to peacekeepers on the ground, the Security Council issued a series of directives on expected behaviours by peacekeepers in terms of their interactions with host-country women. Alongside these directives a series of education campaigns had been launched.

Despite these efforts, the researchers found strong evidence that front-line peacekeepers flouted the directives and engaged in transactional sex with members of host communities. The researchers concluded that "[n]orm diffusion among decision makers, expressed in norm-consistent policies and rules, has in this case not been enough to affect desired behaviours among front-line personnel". They go on to explain that "[t]he gulf between the rules that govern UN personnel's interaction with local populations and our findings of actual conduct raises a general question of whether social sanctions are sufficient to enforce international norms or whether material incentives and punishments are necessary to produce compliance".

Source: Beber et al., 2017

Diversity may play a key role

The evidence suggests that workplace homogeneity may be a factor contributing to an increase in SEAH, therefore greater diversity in the workplace could work as a protective factor to increase accountability and challenge impunity. A number of sources highlight promoting diversity among leadership as an effective approach to addressing SEAH. The evidence identified placed a particular emphasis on the importance of gender and racial balance among senior leadership. A rapid review conducted by DFID's VAWG Helpdesk found some evidence that organisations which have greater balance in terms of gender and racial composition have lower levels of workplace sexual harassment (Fraser and Muller, 2018). Similarly, a DFID Listening exercise from 2018, which included qualitative research with a range of stakeholders in the aid sector, including survivors of SEAH, noted that "wider evidence…suggests that women in operational and management positions can contribute to a more inclusive, less discriminatory and more effective workplace culture" (DFID Safeguarding Unit, 2018, p.20).

One of the main sources used in the VAWG Helpdesk review was a study by the International Centre for Research on Women (ICRW) conducted in 2018, which found that organisations with the greatest gender and racial balances had the lowest prevalence of sexual harassment and that in contrast, sexual harassment was most common where men dominated the organisational structure (ICRW, 2018 in Fraser and Muller, 2018). In their report, ICRW explained that organisational approaches which focus on reducing power imbalances to promote a workplace culture which does not favour men over women or other marginalised gender identities, or white people over people of colour can reduce the incidence of sex-based and other harassment (ibid).

Although beyond the scope of this review, broader evidence from high-income countries also appears to suggest that approaches to strengthening diversity within organisations can play an effective role in preventing sexual harassment (Willness et al., 2007 in Fraser and Muller, 2018).

Box 4: Supporting women's leadership

Qualitative research conducted by Manchester Metropolitan University and Women Working Worldwide (WWW) in 2015 looked at various aspects of WWW's work in Ethiopia, Kenya, Tanzania and Uganda, including their efforts to support the formation of Women Worker Committees within and alongside trade unions (Henry and Adams, 2018). The research identified that the committees had sometimes been able to strengthen women's role within trade unions and to address sexual harassment through collective bargaining agreements (CBAs), although the research also noted that this had not been without issue as women are not always welcomed by union leaders (ibid).

The research outlined broader challenges with the assumption that women in leadership will improve the situation – women can also harass people and women leaders may want to be accepted by the wider union; whilst women managers may conform to the managerial imperatives and be under pressure not to report other managers as harassers.

However, despite this, the research concluded that moving women into leadership and other roles does have some benefits. Other staffing related actions have involved hiring more women HR managers, with some farms having one woman and one man working as manager of recruitment at the farm gate, lessening quid-pro-quo harassment[4]. Similarly having male supervisors less involved in monitoring worker attendance levels has meant there are fewer complaints of practices of unfairly marking women as absent, or unfairly cancelling workdays.

Source: Henry and Adams, 2018

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4 Where pay or other benefits or opportunities are implicitly or explicitly offered on condition of sexual favours

Image credit ©Shutterstock

Evidence on the importance of diversity in addressing SEAH is, to some degree, supported by research on the role of female peacekeepers in preventing SEA. For example, there is some suggestion that if more women were present in peacekeeping missions, reporting of these incidents might increase as female peacekeepers are perceived as more approachable by local populations, particularly women (Mazurana and Van Leuven, 2016). A 2016 report by Karim and Beardsley found similar evidence that some UN officials believed that efforts to increase the number of female peacekeepers may be effective in reducing sexual exploitation and abuse, and challenging the culture of impunity, as when reporting increases there is some indication that over time incidents may decrease. The authors of the report noted that while the presence of more women in peacekeeping missions may have helped decrease the number of allegations, the data which indicated this was based on a very small sample and was therefore not statistically significant. The small number of women in missions overall made it difficult to assess the impact of their presence in a meaningful way (Karim and Beardsley, 2016). Also important to note here is the suggestion that gender and social norms, both at societal or organisation level, play a significant role in both the behaviour of men and women in leadership.

Nevertheless, the report explores possible explanations for the relationship between increased numbers of women in missions and lower levels of SEA, including the simple explanation that having more women means there will be fewer men, who are the most likely to perpetrate SEA. The report also argues that the presence of greater numbers of women may deter perpetrators who feel female witnesses may report their actions. Finally, the authors suggest that increased numbers of women may have a more fundamental impact on the culture within missions, which reduced the prevalence of SEA. The wider evidence base from the aid sector – and from LMICs more broadly – does not shed further light on the potential relationship between diversity and organisational culture change – and ultimately the prevention of SEAH.

3.4.3. Training and learning

Training and other activities to communicate information on SEAH across organisations is widely considered to be an essential approach to enable effective prevention and response. This section summarises evidence related to training and learning approaches designed to address SEAH.

Most training and learning activities only monitor attendance/completion rates, rather than impact

Some organisations routinely collect data to track attendance at/completion of SEAH-related training sessions, but this data tends not to be made publicly available or compared across organisation types or sectors. However, a report from 2018 which summarises actions undertaken by IASC organizations to prevent, investigate, and respond to SEAH did present information on training completion rates. The report noted that most organisations included in the review were actively monitoring completion of SEAH-related training and some were also including targets in performance appraisals (IASC, 2018).

The report drew attention to a mandatory course on SEA which was launched by UNDP in 2017 in partnership with UNICEF, UNFPA and UN Women. Aiming for 100 percent completion rates, UNICEF reported its course completion rates were between 90-95 percent (ibid).

Training which focuses only on giving information may be less effective

A 2018 VAWG Helpdesk report found that although training is one of the most commonly used approaches by organisations seeking to address sexual harassment, sessions can often be ineffective (Fraser and Muller, 2018). The review found evidence that if designed and delivered poorly, trainings designed to reduce sexual harassment can actually be counterproductive and do harm. This was found to be a particular risk with sessions which inadvertently reinforce gender norms or focus too heavily on legal liability. The report went on to caution against 'tick-box' training approaches (ibid).

A 2016 study by Mazurana and Van Leuven which reviewed pre-and-post-deployment training for military personnel, police officers and civilian members of peace missions in Africa, concluded that the training was most effective when it was comprehensive, detailed, based on the local context and had an emphasis on action accountability.

A review of training evaluations by UN Women in 2019 found that sexual harassment trainings were often generic and not tailored, delivered online, or delivered as one-off sessions (Sen, 2019). As a result, the review found that most training evaluations showed limited impact, particularly in terms of influencing more respectful organisational cultures. The report concluded that the least effective sexual harassment trainings were those which focused on prohibited behaviours and on policies and procedures. The review identified evidence which suggested that some forms of sexual harassment training may prompt resistance and negative reactions from some men who participate in them. The report also emphasised the importance of focusing on behaviour change rather than just trying to influence attitudes on sexual harassment, what was referred to as the difference between addressing a 'doing gap' or a 'knowing gap' (ibid).

Although beyond the scope of this review, this chimes with wider evidence from high-income countries which suggests that male staff might express more negative attitudes to women following brief compliance-focused training compared to those who receive no training at all (Tinkler et al., 2007 in Fraser and Muller, 2018). There may also be greater backlash towards sexual harassment prevention training when sessions are led by a female trainer (Tinkler et al., 2015 in Fraser and Muller, 2018).

Evidence from high-income countries included in the UN Women review also examined trainings which focus on 'bystander interventions' or 'intervention trainings', which aim to encourage vigilance and action among colleagues (Sen, 2019). Evidence of two forms of effectiveness was identified: whether people were taking action to intervene in incidents post-training, and whether attitude change remained over the longer term. The report found evidence that such trainings delivered to first responders had been effective with soldiers who had undergone training being more likely to intervene when they witnessed harassment and attitudes among students towards sexual violence having remained changed a year later (Sen, 2019).

Evidence from LMICs, in particular from the garment sector, highlighted the value of adapting sessions to specific organisations. This includes evidence of the effectiveness of integrating trainings into wider organisational approaches to address violence and harassment.

> **Box. 5 Elements of effective SEAH training**
>
> Further evidence was identified which draws attention to the types of training sessions which may be more effective. A review of training evaluations by UN Women in 2019 highlighted a number of factors which were found to lead to more effective training on SEAH. Specifically, the report outlined that in order to be effective, SEAH-related training needs to:
>
> - last one to two days, with the same duration and content for all personnel
> - be compulsory and repeated beyond the induction phase, with 'micro training' follow ups
> - include participation by management and leadership
> - be run by trainers with expertise on sexual harassment, inequality and discrimination
> - be framed as part of an organisational commitment to culture change
> - include assertiveness and/or self-defence training where relevant, especially for women who are interacting with the public.
>
> Source: Sen, 2019

> **Box 6: Linking training with a systematic approach to anti-harassment committees**
>
> SEAH is widespread in the garment sector, where women are employed in high numbers in lower paid and lower-power positions. In response to this, the Fair Wear Foundation (FWF) established the Violence and Harassment Prevention Programme in India and Bangladesh.
>
> FWF member brands request that their supply factories participate in the programme. The training targets a cross section of factory workers and FWF encourages peer-to-peer learning to reach those who were not present at the training sessions.
>
> Trainings involve:
> - discussion on gender and sex
> - explore effective communication, leadership, and teamwork through games as well as instructions on internal and external grievance mechanisms.
> - managers and supervisors are trained in separate sessions, focusing on retraining them to manage people respectfully and fairly, involving self-reflection.
> - half of all line supervisors (or one supervisor from each department) along with someone from Human Resources must participate in the sessions.
>
> Following the training sessions:
> - anti-harassment committees are formed through elections, with workers nominating members from their departments.
>
> In India, due to the law, many factories already have a committee in place, so FWF supports these committees with a focus on functional capacity. FWF has found it takes around a year for a committee to go from the training sessions to being fully functional.
>
> An evaluation of the approach in 2015 found:
> - evidence of effectiveness, not only in terms of raising awareness, but also in terms of preventing violence and harassment
> - the trainings and establishment of the committees was found to have led to a decrease in verbal, physical and psychological violence (by 13, 12 and 10 percent respectively)
> - an increase in reporting of sexual violence, which was noted as a positive -
>   - with decreases in some forms interpreted as a sign of actual reductions in violence and increased reporting of sexual violence interpreted as a sign of improved trust in reporting mechanisms and willingness to discuss the issue.
>   - The evaluation also found anecdotal evidence of learning from training helping women outside of the factory in their daily lives.
>
> Source: Fair Wear Foundation, 2018

Inclusive and participatory training approaches may be valuable

A DFID-commissioned desk-based review of SEAH-related trainings in 2018 included interviews with training providers, international development networks and security advisors (Powell, 2018). A number of interviewees underlined the importance of training related to SEAH being designed to provide the space to explore individual attitudes and perceptions as well as wider traditions and cultural influences (ibid).

Research on child safeguarding conducted in Liberia in 2017 described training for UN staff which had intentionally avoided simply stating policies and codes of conduct to help participants more meaningfully engage so they understood why such rules exist (Blakemore et al., 2019). The training approach also emphasised accessibility, including for participants who were illiterate.

In 2015, research conducted by Manchester Metropolitan University and Women Working Worldwide (WWW) looked at sexual harassment in an east African agribusiness supply chain, with a focus on the cut-flower and horticultural industry (Henry and Adams, 2018). The research highlighted the value of more informal approaches to learning and one-to-one communication, rather than a reliance on more formal training sessions. This included an emphasis on ongoing communication about effective action to prevent and respond to sexual harassment so that it is widely known (Henry and Adams, 2018). For example, in Kenya, one approach to raise awareness was for supervisors to go from worker to worker explaining sexual harassment and its consequences. This individual approach was found to be effective, leading to workers being more likely to label unwanted sexualised behaviour as harassment. WWW and their partners also strategically presented harassment to managers as a profitability issue in order to overcome their reluctance to engage (ibid).

Consistently communicating a core message may be beneficial

Much of the evidence places an emphasis on training approaches which are tailored to specific groups within an organisation. However, the review of Oxfam GB's safeguarding approach recommended ensuring core messages are communicated consistently across the organisation (iNEQE Group Ltd, 2018).

3.4.4. Reporting mechanisms

Reporting mechanisms are widely recognised as an essential element of approaches to address SEAH, both in terms of enabling incidents and concerns to be safely reported, but also to signal that SEAH is not tolerated and perpetrators will be held to account. Organisations have established a range of reporting mechanisms, including those managed internally and those which are outsourced.

This section summarises the evidence on reporting mechanisms which provide reporting channels for workers, as well as community-based complaints mechanisms (CBCMs). Further discussion of issues around mandatory reporting is addressed in the section below on survivor-centred approaches.

An evaluation of the Building Safer Organisations (BSO) learning programme by the Women's Commission for Refugee Women and Children in 2006 underlined the importance of reporting mechanisms (in Fraser, 2018). Staff from 43 humanitarian organisations attended training as part of the programme and participants cited the ineffectiveness or absence of complaints mechanisms as a main obstacle to receiving sexual exploitation and abuse allegations.

The Report the Abuse survey found that, of the 53% of survivors who reported an incident, only 17% felt the complaint was handled appropriately (Norbert, 2016). A UN survey found that 19% of those who did not report an incident of sexual harassment feared negative impacts on their career, with a further 18% concerned that their complaint would not be taken seriously (Wahlén, 2019).The Humanitarian Women's Network (2016) survey found that 36% of women who reported incidents were "not at all" satisfied with the way the organisation handled the incident, 22% reported facing negative professional consequences, including losing their job (25%) or being blocked in professional advancement (18%). 47% claimed that no action was taken after their report, an investigation was carried out for 24% of survivors, and 19% saw punitive consequences for the aggressor (ibid).

Evidence suggests that LGBTQI+ and men face additional barriers to reporting due to heightened stigma, the criminalisation of sexual orientations and gender identities, or a lack of laws and policies for sexual assault and rape of men (European Interagency Security Forum, 2019; Mazurana and Donnelly, 2017; Wahlén, 2019). Job insecurity and hierarchical working structures can present particular barriers to reporting for national aid workers and junior staff.

Underreporting is a key challenge in estimating scale of SEAH in the aid sector. As these studies demonstrate, a large number of survivors do not feel able to report the abuse for a range of reasons, including fear of reprisals, fear of losing aid assistance, shame and stigma, fear of not being believed or not having enough proof, and concerns that authorities would not take effective action.

The way reports can be made appears to be important

DFID's Listening Exercise from 2018 highlighted a number of factors which specifically relate to the effectiveness of CBCMs. It identified the need for survivors to be able to report confidentially and in person to a trusted member of the community, ideally this person should be female.

The listening exercise also found that representatives of survivors felt reporting boxes could be a useful reporting tool, so long as they are perceived to be safe and accessible. The report explained that boxes were favoured by some community members because they enable reports to be made anonymously. However, the accessibility of boxes for some groups was questioned, especially for people with disabilities. More generally, emphasis was placed on:

- Only using boxes with people who are literate
- Labelling boxes as generic 'feedback boxes' so it is not obvious to others what is being reported
- Locating feedback boxes in places where people can use them privately and out of view of others. (DFID Safeguarding Unit, 2018)

The listening exercise generated mixed evidence related to digital reporting, with no clear consensus on its effectiveness (see box 7 below for further detail) (ibid). Both digital systems and reporting boxes were viewed as additional reporting mechanisms rather than as an adequate substitute for reporting to a trusted, face-to-face community advocate (ibid).

Box 7: The effectiveness of digital reporting

A report by DFID's VAWG Helpdesk in 2018 found that digital reporting mechanisms tended to be aimed at staff working within organisations, rather than wider populations, largely because of issues with accessibility. The report, which was based on a rapid literature review, found no evidence that digital reporting mechanisms were effective in enabling community members to report SEA. Effectiveness tended to be framed in terms of numbers of reports being made, rather than on outcomes.

As well as presenting a range of risks and barriers associated with digital reporting the report also highlighted that:

- When offered, staff tended to use digital reporting mechanisms over non-digital options
- People who reported through digital channels were more likely to remain anonymous than those who used non-digital methods
- Digital reporting mechanisms tend to be better suited to younger people
- Digital mechanisms may have potential for reporting SEA among people who have been displaced and in fragile contexts

Source; Bell and Fraser, 2018

A survey of internal audit departments conducted in 2012 (which included 15 UN organisations) found that in terms of actual reporting levels, there was no difference between hotlines which were managed internally and those which were outsourced. However, analysis of the survey data found there was a perception among respondents that external hotlines were more effective as they allowed for greater levels of anonymity and reduced the potential for conflicts of interest. Specifically, 82 percent of respondents thought outsourced hotlines were effective, compared to 68 percent thinking in-house hotlines were effective (Waldron, 2012 in Fraser and Naidu, 2018).

Experiences from a two-year pilot project of an inter-agency CBCM which was designed to handle reports of sexual abuse and exploitation in humanitarian settings in DRC and Ethiopia, found that making use of existing safe spaces can encourage reporting (Hileman and Burnett, 2016, and IASC undated in Schauerhammer, 2018). For example, reporting through women's centres can provide effective channels which encourage trust by people who may report SEA allegations. For example, in Ethiopia, a women's safe house was set up within an existing health centre. Women reported feeling more comfortable as this was a space with which they were already familiar and were not immediately identifiable from other visitors to the health centre.

Mazurana and Donnelly (2017) identified that security tends to be a very masculine and militarised space where survivors might not feel able to report, or where security officers, who are often ex-military, do not have the necessary training to engage. SEAH is not always

reported as a security incident, particularly when there are other types of incident involved, such as physical assault, theft or kidnapping, leading to underreporting in organisational statistics (Stoddard et al, 2019). Furthermore, survivors may request that incidents of SEAH are not reported as security incidents, or as complaints more widely, for a multitude of reasons including fear over repercussions or stigma (ibid).

Bias or a perception of bias may discourage reporting

In addition to evidence which points to factors which may encourage reporting, a number of sources also identify evidence of factors which may discourage reporting. This includes bias – or at least the perception of bias – in terms of the design and implementation of reporting mechanisms. Some of this has been discussed above in relation to challenges in estimating the scale of reporting.

A DFID VAWG Helpdesk report on complaints mechanisms found that reporting mechanisms may be rendered dysfunctional when they use existing structures which are implicated in the abuse (Schauerhammer, 2018). This is evidenced by a 2006 study by Save the Children UK in Liberia which found evidence of under-reporting of SEA, not only because beneficiaries did not know where to report but because senior staff who were perpetrating exploitation had control of the reporting mechanisms.

A 2018 report on the work of the UNAIDS Secretariat's Independent Expert Panel on prevention of and response to harassment, including sexual harassment, bullying and abuse of power, found both formal and informal reporting and complaints processes to be slow and ineffective, they were not seen as confidential or independent and therefore were not trusted (UNAIDS, 2018).

Several other sources also point to a lack of independence and accountability in relation to reporting mechanisms. A 2017 report by REDRESS on sexual exploitation and abuse in peace keeping operations found that in relation to the UN, issues of bias, and perception of bias, are present at many stages of the investigation process which undermines both how the investigation is undertaken and the outcomes, as well as whether people feel inclined to report in the first place (Ferstman, 2017). This is especially true in situations where incidents have to be reported to the same UN mission where the alleged perpetrators are based. An example of this is where an NGO had set up a reporting hotline in Somalia to make it easier for communities to report incidents of abuse or violence, yet there was very little take up. Reasons offered came down to the NGO being perceived to be part of the UN system as it was located on the AMISOM base. This contributed to a sense of distrust among women who might have used the reporting system (Ferstman, 2017).

A scoping study conducted in 2018, which involved interviews with a range of stakeholders, including donors, governments, UN agencies, INGOS and local NGOs, found that there was inevitably a conflict of interest inherent in internal mechanisms which rely on organisations policing themselves (Hilhorst et al., 2018).

Inter-agency approaches may be effective

Acknowledging the challenges with reporting, a DFID VAWG Helpdesk report from 2018, which focused on complaints mechanisms, found evidence that inter-agency CBCMs can be more effective than mechanisms run by individual organisations (Schauerhammer, 2018). The report explains that inter-agency mechanisms not only cut down on duplication of efforts, but also allow staff and beneficiaries to submit their complaint or concern to an organisation which they do not work for or rely on for support, and which does not employ the perpetrator. The report also highlights the issue of community members sometimes not knowing which organisation a perpetrator is connected to, and this can help them to still be able to report (ibid).

Building on this, the inter-agency CBCM pilot project found evidence of improved outcomes in terms of improved knowledge, confidence and perception of safety (Hileman and Burnett, 2016, and IASC undated in Schauerhammer, 2018). Understanding what constitutes SEA and knowledge of where to report it increased from 10 percent to 70 percent in DRC and 30 percent to 81 percent in Ethiopia. 80 percent of beneficiaries said they felt safer in terms of SEA than they did the year before (ibid). In DRC, adolescent girls said they felt better able to say 'no' to SEA and felt they experienced more respectful treatment by humanitarian staff.

A report based on findings from qualitative research in CAR, highlighted the challenge of a lack of trust among organisations in sharing their data and the fact this can hinder coordination. The research report explained that it was difficult to develop a full picture and co-ordinated strategies when data on sexual violence was not systematically shared (All Survivors Project, 2018).

Children need specific support to enable them to report

Much of the evidence related to reporting by children will not have been picked up in this evidence review as it may be located more in literature specifically covering child protection. The need for reporting mechanisms to be specifically accessible to children and young people is widely acknowledged and was evident in some sources included in this review. For example, qualitative research with children living in conflict-affected countries in 2008 underlined the lack of support available to enable children to report. The research report explained "[c]hildren, in particular, need effective services to help them report abuse. These services must be safe, confidential and easy to use, and must reach out to marginalised and excluded people, such as orphans, street children and minority ethnic groups" (Csaky, 2008, p.20).

A narrow focus on women and girls may deter reporting by men and boys

Several sources provided evidence of the limitations of mechanisms which focus solely on encouraging and enabling women and girls to report (All Survivors Project, 2018; Chynoweth, 2017). For example, qualitative research conducted in 2017 in Syria found that although SGBV programmes were technically available to men and boys, there was a widespread lack of clarity about whether, to what extent and how they should be meeting their needs (Chynoweth, 2017).

Persistent fear of retaliation deters reporting

A range of sources provide evidence that fear acts as an ongoing barrier which prevents people from reporting SEAH, and which therefore acts to limit the effectiveness of reporting mechanisms. Fear ranges from concerns among staff and contractors about losing their jobs if they complain to workers and community members fearing social stigma and further violence and backlash. In 2018, qualitative research from CAR found that an absence of protection for survivors and witnesses meant they were vulnerable to reprisals (All Survivors Project, 2018).

A DFID VAWG Helpdesk report which looked at a review of two years of UN dispute and appeal tribunals, found that whistle-blowers were subject to 'intense retaliation', leading to a situation, according to numerous employees interviewed, where UN employees were afraid to report allegations of potential misconduct during peacekeeping missions (Walden and Edwards, 2012, in Fraser and Naidu, 2018). Similarly, research looking at experiences of sexual harassment and violence in the aid sector found that many survey respondents "lacked faith in existing procedures, questioning their confidentiality, or stating that they did not go far enough to protect the most vulnerable…Two-thirds of respondents felt that reporting a case of sexual harassment could affect their career…A big barrier…was the belief that the reputation of someone reporting harassment would be called into question" (Aziz, 2018, p.6).

Research in Kenya found that some participants felt that efforts to prevent SEA had actually increased stigma and discrimination (Lattu et al., 2008). In particular the research highlighted negative reactions by community members towards those who made reports, leading to some survivors being too afraid to report incidents in case they faced backlash and blame by community members (ibid).

Ensuring consistent follow up is important

Evidence points strongly to the importance not only of having reporting mechanisms in place to encourage and enable reporting, but of consistent and prompt follow up, so reports are acted on. The DFID listening exercise highlighted the importance not only of confidentiality, but also of ensuring that follow up to reports includes regular feedback and clear resolution so the process does not feel extractive or risk further traumatising survivors (DFID Safeguarding Unit, 2018). The report goes on to present research findings which show that without meaningful feedback, survivors can lose confidence in reporting mechanisms and the value of reporting and that this can discourage others from coming forward to report (ibid). Similarly, research on WWW's approach to addressing sexual harassment in East African agribusinesses, found that sanctions are needed to hold workers to account. Confidence in anti-harassment procedures increases when effective action against perpetrators is taken and well known, this also helps to increase reporting of harassment" (Henry and Adams, 2018).

Dissatisfaction with responses to reports appears to be widespread

A number of sources report evidence of dissatisfaction by a large proportion of people who do report SEAH in the aid sector (Fraser and Naidu, 2018; Ligiero et al., 2019; UNAIDS, 2018). A 2018 report on the work of the UNAIDS Secretariat explored experiences by those who had reported incidents. Only 14 percent of respondents said they were satisfied with the way the matter was addressed. 26 percent said that although their report was acknowledged, no further action was taken (UNAIDS, 2018). These figures are comparable to those generated by research conducted in 2017 on experiences of sexual violence in the humanitarian sector (Norbert, 2017). The research included a global online quantitative survey with more than 1,000 aid workers and gathered over 200 testimonies from survivors. Findings suggest that of the 56 percent of survey respondents who filed a report of sexual violence with their own organisation, only 17 percent reported being satisfied with how the report was handled (ibid).

Evidence of widespread dissatisfaction with responses to reports was also picked up strongly in qualitative research conducted in 2008 with children living in conflict-affected countries. Anecdotal evidence from all 38 focus groups found that very few people who had made official reports had received an adequate response. There were very few examples of survivors receiving any medical, psychological or financial support, or of alleged perpetrators receiving any punishments (Csaky, 2008). The report also drew on other existing sources, citing the evidence of the slow response rates documented in UN annual reports, showing that of over 500 reports of alleged abuse, 62 percent had not been resolved the same year they were reported (ibid).

The Humanitarian Accountability Partnership conducted primary research with almost 300 humanitarian aid beneficiaries in Kenya, Namibia and Thailand and found that people were unlikely to report, as they perceived that no action would be taken or that their confidentiality would not be respected (Lattu et al., 2008). The report found that in Namibia, very few survivors were informed of the outcome of investigations into their complaints "not being aware that investigations have been conducted undermines the wider community confidence in fair and due process" (ibid, p44)

Although limited, there is also some evidence that effective responses are particularly unlikely for certain groups, including national staff who may not receive the same follow-up support as international staff and for people with disabilities (Fraser, 2018; Ellery et al., 2011).

Lack of expertise and a tendency to protect perpetrators may limit effectiveness

Evidence points to a number of challenges and tendencies within the aid sector which may be constraining the effectiveness of organisations to respond to reports of SEAH. For example, a report from 2017 on sexual exploitation and abuse in peacekeeping operations, identified a lack of trained investigators as a key factor, leading to inadequate, confused and delayed follow up, including delays to immediate assistance and support to survivors (Ferstman, 2017).

Several sources point to a tendency within the aid sector to protect perpetrators who perform well, especially those in senior roles (Aziz et al., 2018; Henry and Adams, 2018; Norbert, 2017). For example, in 2017 a survey with 81 responses and additional interviews

found that "even when cases are reported, there are cases where organisations seem to have chosen to protect perpetrators who 'deliver results' over all else…Some feel that organisations give priority to organisational reputation and find it easier to 'deal with' junior staff than senior ones" (Aziz et al., 2017, p.5).

Linked to this, a 2017 report which compiles two years of Report the Abuse Data found that "it is still the norm that perpetrators of sexual violence are promoted or moved between offices, while survivors are still often fired or quit due to hostile work environments or to recover from their experience" (Norbert, 2017, p.6-7).

3.4.5. Survivor-centred approach

The centrality and importance of adopting a survivor-centred approach in sexual and gender-based violence programmes has been well documented and highlighted over the last decade[5]. This approach is underlined by the fundamental principles of a rights-based approach, whereby the choices, rights, needs and wishes of survivors are prioritised, ensuring confidentiality of survivors, and access to appropriate, accessible and good quality services (End VAW Now, 2013; UNHCR and Save the Children, 2002). More recently, in programmes designed to prevent and respond to SEAH in the aid sector, the concept of a survivor centred approach has been gaining prominence.

That said, very few of the resources reviewed provided evidence of the effectiveness of survivor-centred approaches. A small number of them discussed general principles and parameters for what should be included in a survivor-centred approach, based on feminist principles or what is known from other sectors, including GBV work. There is limited research on the needs and priorities of survivors, despite guidance and resources which set out to assess what those are.

A survivor-centred approach is underpinned by a rights-based approach and set of key principles

As a starting point, many of the documents reviewed set out to define a survivor-centred approach. Several definitions centre around a set of key principles that should underpin a survivor-centred approach. For example, Mazurana and Donnelly (2017) highlight the importance of ensuring survivors have agency and control over the process and that practitioners follow the survivor's lead in terms of what support they feel they need. These findings are based on interviews with individuals from aid organisations and specialists who have been supporting

> **Box. 8 Principles that guide a survivor centred approach**
> - Safety
> - Confidentiality
> - Respect
> - Dignity
> - Agency and control
> - The right to choose
> - The right to information
> - Autonomy

survivors of harassment and assault. Hassan and Bishop (2018) highlight safety, confidentiality, respect and non-discrimination as guiding principles. Ensuring survivors' voices are heard without causing further harm is also crucial (Fraser and Beadle, 2020).

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[5] See for example: RSH (2020) Best Practice in engaging survivors of Sexual Exploitation, Abuse and Sexual Harassment and GADN (2018) Guidance and Resources on Gender Reviews, Support to Survivors of Violence, Sexual Harassment and Safeguarding

Differences between being survivor-led and survivor-centred

Another area where definition and language are important in the literature is around the difference between being survivor-led and survivor-centred and the difficult trade-offs that are needed depending on what approach is taken (Stoddard et al., 2019). For example, for organisations adopting a 'survivor-led approach', the survivor has total decision-making control over all aspects of the reporting and follow-up process, even where this may lead to disregarding normal reporting procedures. A 'survivor-centred approach' differs in that, whilst it tries to maintain and protect privacy and confidentiality, it also needs to retain some degree of control over decision-making for the organisation to balance concerns about safety of the survivor versus others in the organisation and in the community. These tensions are also discussed when considering the issue of mandatory reporting, which can present challenges for organisations trying to comply with survivor-centred standards (British Red Cross, 2018).

In a report prepared by the Gender and Development Network (Cole, 2019), the discussion around survivor-led and survivor-centred goes further to unpack the risks involved in these seemingly well-intentioned policies and practices, and the need to be fully cognisant of these potential risks to survivors either in terms of overburdening or re-traumatising them. The report notes that organisations may inadvertently employ a survivor led approach as a way to 'abdicate responsibility' to act in the best interests of survivors.

Image credit DFID Russell Watkins

Consultation and listening to the voices of survivors is crucial

A key area that emerges in the literature is around the importance of consultation, especially when sexual exploitation and abuse is taking place at the community level. A study which interviewed aid beneficiaries in Kenya, Namibia and Thailand, found that community groups did not feel adequately consulted about how to prevent or respond to issues of SEA, and this undermined the effectiveness of the approach (Lattu et al, 2018). One respondent stressed the importance of international agencies recognising the expertise that community

groups, including refugee groups, have in their communities, and ensuring they are engaged as experts in any prevention or response programme addressing SEA. However, the idea and process of consultation has to be done in such a way as to avoid being extractive, and potentially re-traumatising those being consulted. Expecting survivors to recount their experiences for the sake of an organisation's policy or programme development without sharing decision making or control over resources, undermines a true survivor-centred approach based on feminist principles (Cole, 2019).

Box. 9 Common approaches put forward in the literature include:

- Ensuring 'victim sensitive procedures', including making sure individuals are not subject to additional trauma and that those interacting with survivors have adequate training and specialised skills to make them feel comfortable (Ferstman, 2017)

- Maintaining privacy and confidentiality through providing a safe and private space for reporting – ideally face-to-face where possible

- Ensuring survivors have access to a holistic package of support, which includes health, counselling and psychosocial support, the need for compassion and recognition, financial support and access to justice - building on UN guidance on an 'Essential Services Package for Women and Girls Subject to Violence'* in the absence of comprehensive guidance on supporting survivors of SEAH (DFID, 2019b).

Essential services package for women and girls subject to violence: Core Elements and Quality Guidelines, United Nations Entity for Gender Equality and the Empowerment of Women (UN Women), World Health Organization (WHO), United Nations Population Fund (UNFPA), United Nations Development Programme (UNDP), United Nations Office on Drugs and Crime (UNODC) (2015).

Whilst there is limited research around different approaches organisations are taking to ensure an effective survivor-centred approach, there is strong recognition that the voices of survivors, both collectively and individually, need to be elevated to ensure their rights, needs and priorities are put front and centre of any interventions. Many of the studies reviewed have tried to better understand these needs and priorities to inform the design of prevention and response approaches. Actively including survivors in the design and implementation of programmes and mechanisms to prevent and respond to SEAH was also considered best practice (DFID, 2019d).

It is important to note that not all survivors have the same experience or the same needs and priorities and therefore approaches must be adapted, and that the well-being and wishes of survivors must be prioritised throughout reporting and investigation processes.

Provide feedback on the process

In the listening exercise undertaken by the DFID Safeguarding Unit (2018) some useful insights were provided into ways to improve reporting mechanisms and accessibility for individuals who may have experienced SEAH. The report provides examples of good practice as identified by those individuals and groups consulted, including the importance of ensuring that regular feedback is provided to the individual reporting the incident, including details of the outcome, and making sure that the process is not extractive or re-traumatising, as discussed above. The importance of ensuring that survivors are informed of the outcome

of the investigation and the judicial process, if relevant. A study conducted by Refugees International (Martin, 2005) found that most survivors of SEA perpetrated by UN peacekeepers were never informed of the outcome as the alleged perpetrators were most often sent back to their country of origin if found guilty. Similarly, the HAP report stresses the need for organisations to find ways to communicate with the survivor about the process of the investigation whilst maintaining confidentiality (Lattu et al, 2008). This is central to the principles of being 'survivor-centred'.

Box 10: Oxfam's Safeguarding Department and the importance of building trust

In response to the scandal in Haiti in 2011, the following year, Oxfam established a dedicated 'Safeguarding Department' which sits within Oxfam's Internal Audit Department to independently review Oxfam's approach and activities. Based on evidence that survivors prefer to report face-to-face to trusted individuals, the Safeguarding Department established 80 regional and country-level focal points across the organisation who are trained in dealing with responses to sexual violence. The aim is for the focal points to be visible and accessible to survivors.

A review of Oxfam's approach to Safeguarding emphasised the significance of the organisation's Safeguarding Department. The review found that having a dedicated team was important in order to ensure reports were followed up but also to strengthen trust in the process in order to encourage reporting and to get survivors to agree to participate in investigations. The review also found that since the Department was created, "on average, reported incidents have increased 100 percent per year...Before the Safeguarding Department, most cases could not be acted upon because the survivor did not want to proceed with an investigation due to a lack of trust in the process. Now the Safeguarding team investigates 93–95 percent of cases reported".

Source: Mazurana and Donnelly (2017)

Importance of face-to-face reporting

Having access to face-to-face reporting with a trusted (and trained) individual, preferably a woman, was also highlighted (DFID, 2018). Cole (2019) emphasises the need for organisations to recognise that 'reporting is a process not an event', and to build adequate space and time for survivors to talk through the implications of making a complaint before they do so formally. The author suggests adopting the Centre for Disease Control and Prevention (CDC) guiding principles for a <u>trauma informed approach</u>, which stresses the need for organisational culture change to ensure any intervention is informed by a trauma–informed lens[6].

Working with survivors requires specialist skills

The evidence suggests that individuals working with survivors need specialist skills in communication, good knowledge of the criminal justice system and the health system working in those contexts. This is demanding and intense work (Cole, 2019) to ensure that what is safest and in survivors' best interest is well understood and supported.

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6 CDC's trauma informed approach includes the following six principles: safety, trustworthiness and transparency, peer support, collaboration and mutuality, empowerment and choice, cultural, historical and gender issues. There is no specific guidance for adopting a trauma-informed approach by they stress that it requires "constant attention, caring awareness, sensitivity, and possibly a cultural change at an organisational level." <u>https://www.cdc.gov/cpr/infographics/6_principles_trauma_info.htm</u>

Mandatory reporting can undermine the principles of being survivor-led and lead to re-traumatisation

A 2018 report, which included interviews with law enforcement authorities, healthcare professionals, legal experts, aid worker and survivors of sexual violence, found that mandatory reporting requirements are in place in many countries and suggests that even where it is not required there is perception that it is (British Red Cross, 2018). The report outlines evidence that many survivors may not want incidents to be reported to authorities for a range of reasons, including fear of retaliation from perpetrators or their families, stigma within communities and a lack of trust in the legal process, especially where adultery, prostitution and homosexuality is criminalised and for those who lack formal documentation (ibid). The report outlines the detrimental impact which mandatory reporting – or the perception that it exists – can have on survivors. These findings were reinforced by a 2020 report that concludes that the effectiveness of mandatory reporting is unknown and as such it is difficult to justify (British Red Cross, 2020). The report recommends that organisations focus their efforts on ensuring there is a process for safe and effective voluntary reporting, where those reporting can access the holistic package of services described above.

Aid organisations working in contexts where reporting is mandatory, face challenges in implementing a survivor-led or survivor-centred approach, and particularly in following the principles of confidentiality and the individual's right to choose, if a survivor does not want to take forward a report (British Red Cross, 2018). The BRC report referenced here refers to situations where mandatory reporting is established by States but is equally relevant for aid agencies where there is a default position on mandatory reporting and referrals to statutory authorities in criminal matters.

Reconciling a 'survivor-centred' approach with organisational needs to protect others and ensure justice is sought can be a significant challenge for organisations. When survivors are truly given decision-making control over all aspects of the process, normal procedures may not be followed if they are not deemed to be in the best interests of the survivor (Mazurana and Donnelly, 2017). The literature highlights the trade-offs between maintaining confidentiality and privacy whilst also adhering to organisational policies which require reporting and investigations. This may create tensions between the different and sometimes opposing interests of the survivor and the organisation (Stoddard, 2019).

Mandatory reporting requirements that do not protect confidentiality and privacy are seen to be incompatible with medical ethics and survivor-centred approaches, and risk "re-victimisation and secondary harm" (Skinner, 2020). Cole (2019) suggests that the process of 'consultation' can often be extractive, potentially re-traumatising, and not in the interests of survivors. She stresses that there is no 'healing or recovery value' in re-telling a traumatic story in the hopes of increasing the understanding of those responsible for generating policy and allocating resources.

The report calls into question the appropriateness of survivor consultations as these processes often do not work in the best interest of the survivors and runs the risk of undermining their dignity and agency.

Important to adapt the approach

A number of the studies reviewed discussed challenges with the systems they had established because they failed to take a survivor-centred approach or adapt the approach to the individuals concerned. A report by UNICEF (2011) which describes the approach taken in some South Asian countries to trafficking, explains the tendency by agencies to address the needs of women and children together, which can prove to be disempowering for both groups as well as ineffective in providing the support that they each require. In order to be truly survivor-centred, the needs of individuals must be central to the response provided.

3.4.6. Community outreach, sensitisation and support

In the same way that organisations attempt to raise awareness, provide information and enable action internally, a key component of any effective safeguarding approach involves outreach and sensitisation work with local communities and the beneficiaries with whom they work. This section outlines evidence related to these activities.

Given a lack of evidence directly related to the use of community-based approaches to address SEAH in the aid sector, a limited selection of evidence related to approaches to address child protection in LMICs has been included. Although beyond the scope of this review, the evidence drawn from child protection literature provides potentially important findings for work on SEAH. However, it is important to acknowledge that searches suggest a far larger body of evidence on child protection approaches exists, which has not been drawn on for this review.

Clear communication may be important

Qualitative research conducted by Eyber et al. in Malawi in 2018 looked at the role and experience of local faith leaders in promoting child protection through community outreach and sensitisation conducted through sermons and the use of child protection committees. Although the research did not seek to evaluate effectiveness in terms of impact or outcomes, the research presented evidence of factors which were believed to strengthen effectiveness. In particular the research drew attention to success resting on the ability of faith leaders to motivate and clearly communicate to community members and on working together to ensure individuals feel knowledgeable and mandated to act.

Image credit DFID Nick Cavanagh

Combining sensitisation work with tangible support may be more effective

A 2019 evidence review of what works to prevent sexual violence against girls notes the limited evidence on the effectiveness of media campaigns focused on sexual violence and in particular the lack of evaluations assessing their ability to influence social norms (Ligiero et al., 2019). The review explains that broad awareness-raising campaigns are often focused on increasing knowledge rather than on seeking to directly influence behaviour change. Although beyond the specific scope of this review, the report also presents evidence that mass media campaigns which have been focused on child sexual abuse, tend to have only increased knowledge or raise awareness in the short term, and that campaigns proven to be the most effective are those which seek to engage audiences in the development of a tangible intervention (ibid).

A report by PROMUNDO, which presents the results of 11 pilot projects related to the sexual abuse of boys, showed that work to engage with young men in Jamaica led to an increase in practical knowledge and awareness, particularly in relation to what constitutes sexual abuse (Pawlak and Barker, 2012). The report underlines the importance of combining community sensitisation with approaches which offer support based on the needs of survivors. Importantly, the report also states that findings from the internal project evaluation suggest counselling and other support services had a positive impact on survivors' psychological wellbeing, including their sense of purpose and self-worth (ibid).

Another pilot project included in the PROMUNDO report was in Cambodia and focused on an outreach strategy which was delivered in partnership with local organisations (ibid). The outreach strategy included education resources for communities, containing a toolkit and resource guide on SEA prevention, among other aspects. A series of boys' forums were established in communities to bring together service providers working with boys, to share and discuss lessons and ideas. An internal evaluation found these approaches led to increased knowledge and awareness among participants, as well as improved skills and confidence (ibid). However, it is not clear whether the changes had a lasting effect or were only evident immediately after the interventions.

Sensitisation work may increase rates of reporting

The report by PROMUNDO also presents some evidence which underlines the importance not only of encouraging survivors themselves to report and seek help, but of working with a range of stakeholders and 'bystanders' in the community in order to create an environment which is supportive of reports being made. The report emphasises the importance of communicating strong sensitisation messages which aim to reduce stigma and enable a more supportive reporting environment. The report describes the range of stakeholders this can involve, from parents and family members to the wider community, police and local service providers (ibid).

In 2018, the All-Survivors Project collected information from a range of humanitarian organisations on sexual violence perpetrated against men and boys in Central African Republic (CAR). Much of this violence was at the hands of non-state armed groups, but there were allegations of peacekeepers abusing boys in exchange for food or money. One of the participating organisations, an anonymised INGO providing psychosocial support and other social services to survivors of gender-based violence in Haut-Mbomou prefecture, reported they had experienced an increase in reporting of sexual violence among men and boys (All Survivors Project, 2018). According to the NGO, rates of reporting by men and boys had 'dramatically increased' in 2017, although a number of the survivors had suffered sexual violence some years before but had only just come forward to seek help. They believed this increase was due to sensitisation activities they had conducted with communities and the outreach work they had done through community-based protection networks which act as a bridge between survivors and service providers (ibid). Although not independently verified, this perception of effectiveness in terms of increased reporting and help-seeking behaviour among male survivors underlines the potential importance of community outreach and sensitisation work in relation to tackling SEAH.

Persistent norms and power dynamics may limit effectiveness

Although evidence is limited, one source highlights two issues which may limit the effectiveness of action to prevent and respond to SEAH in the aid sector which affects beneficiary communities. A report from 2008, which examines under-reporting of child sexual exploitation and abuse by aid workers and peacekeepers in Southern Sudan, Côte d'Ivoire and Haiti, refers to the challenge of persistent social norms which hinder reporting, support and demand for action. The report also describes the challenge that some people, especially those in communities with high levels of gender inequality, tend to be satisfied with ineffective responses (Csaky, 2008).

The same report also provides evidence of persistent norms being coupled with an entrenched power dynamic between local and international organisations, which means that local authorities can feel powerless in terms of holding international organisations and their staff to account for SEAH. The report explains that local authorities not only fear retaliation by individuals, but also wider negative consequences in terms of reduced access to assistance (ibid).

Evidence was also found of staff at different levels of seniority hindering reporting from communities. This includes evidence that beneficiaries who raised complaints against Oxfam GB and the UN had been repatriated back to conflict zones by staff who wanted to protect colleagues, and that UN officials failed to conduct a sufficiently in-depth investigation when reports of child abuse indicated the possibility of a broader pattern of abuse, as well as evidence of aid workers bribing or threatening people to drop complaints and refusing to respond to letters or requests for meetings (Charity Commission, 2019; Dechamps et al, 2015; Gilliard, 2012, UNHCR and Save the Children, 2002). Organisations may also avoid reporting incidents due to concerns of jeopardising relationships with donors and other stakeholders or damaging their reputation.

Partnership and coordinated approaches might have value

Limited – and rather mixed - evidence was identified from a source which examined the potential value of partnership working and coordinated approaches in terms of enabling reporting. Consultations conducted by the Humanitarian Accountability Partnership sought to understand humanitarian aid beneficiaries' perceptions of efforts to prevent and respond to sexual exploitation and abuse in Kenya, Namibia and Thailand (Lattu et al., 2008). The consultations included seeking beneficiary perspectives on the efficacy of coordinated approaches. Kenya was selected as it was perceived as a model of good practice. The main aspect of the Kenyan model was a Code of Conduct for Humanitarian Workers, which was established in 2003 and signed by 15 organisations. The code set out a shared set of standards for aid workers. The research identified considerable awareness of the code: a third or more of consultation participants were informed about standards of conduct for humanitarian aid workers prohibiting sexual exploitation and abuse.

However, in 2004, IRC, CARE Kenya, FilmAid International (FAI) and UNHCR launched a three-year project, the Prevention of Sexual Abuse and Exploitation (PSEA) Consortium in order to raise awareness of SEA among staff, police and beneficiaries (Lattu et al., 2008). The project was targeted at agency staff as well as refugees and community members through more than 500 video screenings on PSEA and the Kenya code of conduct for humanitarian workers, educational discussions and debates, the use of complaints boxes and training sessions. Beneficiaries in Kenya were asked whether they thought SEA risks had changed and whether they felt safer as a result of humanitarian agency efforts to prevent and respond to sexual exploitation and abuse. Results were mixed and although a minority felt the situation had improved through more transparent recruitment practices among NGOs and increased awareness, the majority were not sure things had changed, and some felt that levels of stigma and discrimination may have actually increased (ibid).

Summary of evidence related to the effectiveness of approaches to prevent and respond to SEAH

- There is a lack of standardisation of what constitutes an effective approach which limits any scope for comparisons across studies. There is a sense from the literature that implementing measures related to SEAH is seen as a marker of success in itself, rather than there needing to be evidence that those measures are achieving change.

- Factors which may contribute to effective leadership and organisational culture: managers awareness of SEAH; a speak-up culture; diversity in the workforce

- Factors which may contribute to effective training and learning: going beyond 'giving information'; using inclusive and participatory approaches; consistent communication of core messages; length of training; involving senior leadership; compulsory and requiring follow-up; communicates organisational commitment to culture change.

- Factors which may contribute to an effective survivor-centred approach: adhering to core principles; listening to survivors' voices; providing feedback on the process; face to face reporting.

- A number of challenges were identified for organisations seeking to adopt a survivor centred approach including issues around consultation become extractive and potentially re-traumatising, mandatory reporting, limited incentives for reporting, the risks of adopting a 'one-size fits all approach'.

- Factors which may contribute to an effective community outreach and sensitisation approach: clear communication of messages; combining sensitisation with tangible support; addressing persistent norms; ensuring inter-agency responses.

4. Conclusions and recommendations

4.1. What the evidence is telling us

It is clear from this review there is a lack of robust evidence on what works to prevent and respond to SEAH in the aid sector. There are, however, a number of key insights that have emerged from the review that are important to highlight.

Scale and risk

- SEAH in the aid sector appears to be widespread. Both quantitative surveys and reporting data suggest high levels of SEAH, including between aid workers and by aid workers and peacekeepers against beneficiaries and wider communities.
- SEAH is underpinned by unequal power dynamics within organisations and between organisations and communities which allow for abuses of power to be perpetrated, often with impunity.
- High levels of sexual violence and weak legal and protection systems seem to fuel the sense of impunity which drives SEAH.
- Risks of SEAH are affected by a range of intersecting factors that relate to structural, community, organisational and individual factors
- Issues of power, patriarchy and poverty have a fundamental impact on risk of SEAH
- Where protective factors such as family and community structures are disrupted, e.g. during disasters and emergencies, risks of SEAH increase significantly
- Social norms and culture within organisations, as well as working practices, can have a significant impact on the risks of SEAH
- Aspects of identity combine to increase risks of SEAH for particular individuals and groups

Effectiveness of approaches

- Ensuring a survivor centred approach, which prioritises listening to the voices of survivors, and respecting their decisions, is crucial to any work to prevent and respond to SEAH. Whilst it is clear that increasing reporting and ending impunity for SEAH is vital, it must be done in a way that does not bring risks to survivors.
- Organisational leadership appears to play a crucial role in addressing SEAH. Diversity within organisations, training and reporting mechanisms all seem to be important approaches in raising awareness and promoting action on SEAH. These approaches appear to be heavily interlinked, with their effectiveness being mutually dependent.
- Community outreach and sensitisation efforts may play a critical role in building trust and increasing reporting, in particular those which aim to empower people to recognise their rights in relation to SEAH and to know how to safely report incidents.
- A number of lessons emerge around what works and doesn't work in terms of effective reporting systems:
  - There appears to be widespread dissatisfaction with reporting processes, with many people reporting that they did not receive any follow-up, nor were they informed of the outcome of their report/complaint.

- There is a need to ensure different ways to report, that are safe, confidential and accessible. Reporting to a trusted person face to face seems important.
- Social norms related to SEAH and gender inequality can act as a deterrent to reporting as survivors may fear shame and stigma from speaking out, or fear that they will be blamed and suffer backlash. There is a need for sensitisation to encourage reporting and address fears of backlash.

4.2. Gaps in the evidence

Following on from the findings presented above, a number of key evidence gaps have emerged from the evidence review which will help inform RSH's research and learning agenda and should have wider relevance in terms of informing future research and evaluation in the sector.

Overarching gaps in terms of the way evidence is collected

- There appears to be no standard way of collecting data on SEAH which would enable a consistent approach to measuring prevalence – or at least estimating the scale - of SEAH in the aid sector. Further, there is a lack of clarity in terms of what constitutes an 'effective approach' to prevention and response efforts in the aid sector. This hinders a consistent framing within research and evaluation and restricts scope for comparative analysis of approaches. For example, the review did not identify any standardised survey questions, core indicators or recommended measures which could be used to collect data across different locations/ over time in order to identify risks and compare or track trends.

- Preventing and responding to SEAH in the aid sector is an under-evaluated area. This is perhaps because approaches to address SEAH are rarely project-based but are more commonly part of longer-term processes of organisational change. Sensitivity of the data and reputational concerns may also deter organisations from making evidence publicly available.

- There is a lack of evidence which tracks changes over time in order to better understand the effectiveness of approaches to prevent and respond to SEAH in the aid sector. For example, the review identified no longitudinal studies which aimed to measure lasting change.

- All of the evidence reviewed for this report was in English. It is important to ensure that evidence and voices from the Global South are profiled and elevated more widely in this work. There is a need to prioritise locating, identifying and integrating these 'non-traditional' evidence sources. Supporting and highlighting more contextual evidence and indigenous knowledge and expertise.

Scale and risk

- While there have been quantitative surveys which have collected data on SEAH perpetrated by peacekeepers, there is very little evidence on SEAH perpetrated against communities and beneficiaries by aid workers. Much of the evidence that does exist is drawn from small-scale qualitative research.

- There is very little evidence related to the scale and experience of SEAH among groups who may be particularly at-risk, including:
    - People with disabilities
    - People who identify as LGBTQI
    - National staff

Effectiveness of approaches

- Whilst evidence suggests that leadership and organisational culture play a key role in preventing and responding to SEAH effectively, it is less clear what changes are specifically required in order for this to happen. In particular, there is a lack of evidence on the role boards can play in holding organisations to account for action on SEAH and what types of leadership enable organisational culture change which addresses the root causes of SEAH and the extent to which diversity plays a role.
- There is growing evidence that power asymmetries within the aid sector are a risk factor for SEAH. However, there is very little evidence on how the power imbalances within and between organisations and communities which perpetuate SEAH can be fundamentally addressed.
- Beyond information giving and awareness raising, there is a lack of evidence of what approaches work to address the social norms which may fuel SEAH in the aid sector. This includes a lack of evidence of the effectiveness of training of aid workers and community outreach and sensitisation approaches which aim to shift social and gendered norms and a lack of explicit learning from approaches to address VAWG, GBV and child protection.
- There is very little evidence to explain why many of those who report allegations of SEAH are not satisfied with how their report was handled and followed up. Linked to this, there is a lack of evidence of how aid organisations can navigate the complex challenges of:
    - Taking action even in contexts where legal frameworks do not act as a deterrent and/or act to limit the action they can take (for example under national labour law)
    - Resource poor settings where referral pathways may be weak and where psycho-social, legal, medical and other support may not be accessible
    - Tensions around implementing a survivor-centred approach, in particular where following the wishes of a survivor could result in a lack of action and could put others in the organisation or community at risk of harm.
- There is a lack of evidence of what works to address the needs and rights of people most at risk of SEAH in the aid sector including adolescent girls, people with disabilities, national staff, people identifying as LGBTQI and different ethnic or religious groups. In particular, whilst some reports have discussed disability as a risk factor for SEAH, there is very little evidence provided about how organisations have been working to prevent and / or respond to SEAH among people and children with disabilities.

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