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

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

Sexual violence response checklist

| Step | Keep in mind | ✓ |
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| **Immediate** | Confirm the survivor’s location and situation and ascertain their safety and security. Provide them with options and advice on how they can access a safe and secure location/situation if danger is imminent or if they wish to move. Offer transport to a safe location.  |  |
| Find out if they are injured and in need of emergency medical care.  |  |
| Inform the survivor about available medical facilities, stress the importance of receiving prompt emergency care, and offer to arrange this emergency medical care with the survivor’s consent.  |  |
| Determine whether others are at risk from the current threat (staff as well as external individuals). If so, take immediate action to ensure their safety and security while respecting the confidentiality of the survivor and others affected.  |  |
|  | Ensure the survivor knows that the organisation believes their account of what happened and that it is open and willing to support them. Assure the survivor that their needs will be met to the greatest extent possible.  |  |
| Offer to put the survivor in touch with friends and family, if desired.  |  |
| Find out from the survivor who they would like their supporter to be. Offer a trained survivor supporter from within the organisation if this is an option the survivor is open to considering.  |  |
| Offer other support as may be needed and guidance on next steps. Explain to the survivor the evidence gathering process, that it requires prompt action and how it is essential for prosecution (immediately or at a possible later date). Describe the steps of the evidence-gathering examination process but emphasise it is the survivor’s decision whether evidence should be collected. |  |
| Provide advice to the survivor on options for preserving physical evidence and support the survivor in this if they wish to preserve evidence. |  |
| Follow the appropriate reporting protocol while maintaining confidentiality and limited information sharing on a need to know basis. Inform the survivor of this reporting protocol and discuss concerns before sharing any information. |  |
| Start to keep a confidential log of all communications and decisions for the response process with the survivor’s consent. |  |
| **First 24 hours** | Ensure the survivor has the option to receive a medical and psychological assessment and care as soon as possible (ideally, within a few hours and certainly within 24 hours) by competent and sympathetic practitioners. This step should include PEP, which needs to be administered within 72 hours after the incident.  |  |
| With the survivor’s consent, reach out to medical and psychological practitioners who have been previously identified and with whom the organisation has agreements in place.  |  |
| Organise transportation for the survivor if there is a need to travel for medical assessment and care. |  |
| Help survivors to make informed decisions about which medical treatment they wish to receive and which clinic they wish to receive it from. |  |
| With the survivor’s consent, arrange for the survivor supporter to remain in contact with the treating doctor and mental health service provider to ensure adequate and appropriate care is provided and the next steps are clear. |  |
| Inform survivors of the local legal environment and discuss the legal requirements for possible prosecution. |  |
| Accompany the survivor and provide them with support if they choose to report the incident to the police. |  |
| Use pre-obtained information on the local legal environment to guide the survivor and the organisation’s interaction with the police.  |  |
| For medical examinations, use known and trusted private clinics to avoid evidence gathering or automatic reporting to the authorities if the survivor chooses not to report. |  |
| If a police interview is required, ensure that the survivor has excellent support.  |  |
| If at all possible, delay any interviews until the survivor is ready and willing to make a report and be interviewed. |  |
| Ensure the survivor is housed in a secure, safe and comfortable accommodation. Such accommodation should be superior to that which is usually considered appropriate for organisation staff and must include a private room with a private bathroom. The survivor may wish to stay at a hotel. |  |
| Offer the option of a shared room with the survivor supporter or separate neighbouring rooms. |  |
| Ensure adequate security, such as by keeping the location confidential to protect the survivor from further harm.  |  |
| House the survivor in a location close to people who can provide support, including ongoing health care service providers and legal counsel. |  |
| If the survivor does not feel safe, arrange a move without debate. |  |
| Initiate discussions with the survivor, when they are ready, on whether they wish to remain in the location, be relocated or evacuated (for international staff), and whether they wish to take medical leave. |  |
| Remind the survivor and the supporter about preserving evidence. |  |
| Agree with the survivor on what information can be passed to selected managers and other focal points to access extra support services. |  |
| With the survivor’s consent, complete an incident report in accordance with the organisation’s sexual violence incident reporting process, which should feature more confidentiality safeguards than the standard incident reporting process. |  |
| Listen to the survivor’s account of the incident if they are willing to share information. It may be inappropriate to take notes during this initial disclosure, but with the survivor’s consent a written account should be drafted at an appropriate moment and shared with the survivor to check for accuracy. |  |
| Try to establish whether the survivor knew the attacker and whether that person is a staff member or otherwise affiliated with the organisation. |  |
| If the alleged perpetrator is from a partner organisation or another aid agency, take appropriate steps to inform the alleged perpetrator’s senior management and take precautions to protect staff and others from harm. |  |
| If the alleged perpetrator is a staff member, make arrangements to remove the alleged perpetrator from any environment where they could pose a risk to the survivor or anyone else (e.g. ensure they are housed in separate accommodation and accompanied at all times). |  |
| If the alleged perpetrator is a staff member, suspend all their work activities/targets if the allegations are severe. |  |
| Ensure that the alleged perpetrator is treated in a neutral manner and, if they are a staff member, arrange for an independent trained focal point to ask them about the incident. Take notes on their account and ask the alleged perpetrator to check the write-up for accuracy. |  |
| If the alleged perpetrator is a staff member and requires legal support, make arrangements to provide it. |  |
| Review possible consequences for the alleged perpetrator, including the outcome and sentence of a legal process and the risk of violence, including sexual violence, they may face if imprisoned. The organisation may choose to review these consequences even if the alleged perpetrator is not a member of staff. |  |
| **24–72 hours** | Follow organisational response protocol, which may include establishing an incident management team (IMT) depending on the severity of the incident. |  |
| Through the IMT, establish a family support mechanism alongside the survivor. Allocate a family support officer to be the point of contact for the survivor’s family and partner. Provide support and logistics as needed. |  |
| Through the IMT, establish a communications response to the incident, including a prepared response to any media queries. |  |
| Monitor social media and other communications channels to ensure confidentiality around the incident and to address any information breaches. |  |
| Discuss the legal process with the survivor to support them in making an informed decision on their involvement in any legal proceedings. |  |
| Provide ongoing support with any legal or justice processes, in line with the survivor’s wishes and relevant legal frameworks (local or international).  |  |
| Ensure the survivor has quality legal representation if needed for prosecution, and assist them in navigating local laws, customs and procedures.  |  |
| Consider securing legal representation for the alleged perpetrator if they fall under the organisation’s duty of care. |  |
| Provide the survivor with both practical (for example, logistical) and emotional support with ongoing medical and psychological care. |  |
| Offer the survivor psychological counselling in the country where they are located, if quality care is available. Such care may be provided by local professionals, through an embassy (depending on the nationality of the survivor) or via other support networks. |  |
| If quality psychological care – appropriate to the survivor’s culture – is not available in the country where the survivor is located, offer remote counselling. |  |
| Assess the support needs of other staff and offer support (such as general support, training, supervision by managers or professional support).  |  |
| Provide regular supervision for the survivor supporter and offer them optional, confidential psychological support services.  |  |
| Offer the survivor supporter training on how to be a survivor supporter and in psychological first aid, if feasible. |  |
| Offer psychological support to the survivor’s family and partner if deemed appropriate. |  |
| Consider the needs and offer support, including psychological care, to the alleged perpetrator if the individual falls under the organisation’s duty of care. |  |
| Offer staff affected by or involved in the incident response access to psychological support services. |  |
| If staff members are widely aware that a sexual violence incident took place, consider providing support and limited information in group sessions, in consultation with the survivor. |  |
| Arrange per diems for the survivor and their supporter, as well as possible activities as distractions, to reduce stress levels. |  |
| Arrange logistics – such as private transport – for the survivor, their supporter and other staff responding to the incident to facilitate the response process. |  |
| Suspend all work activities/targets set for the survivor, their supporter and other individuals involved in the response as appropriate. |  |
| Agree with the survivor on the reason colleagues will be given regarding their absence from work and on the form of communication to be used for this. |  |
| Put in place a regular check-in schedule with the survivor and/or survivor supporter in order to discuss needs, concerns and other information. |  |
|  | If required and with the survivor’s consent, inform insurance providers that an incident has occurred to enable the survivor to access appropriate medical and psychological support. |  |
| **Post-incident actions and aftercare** | Meet with the survivor to determine a plan for their return to work, relocation, evacuation or medical leave. |  |
| Ensure that the survivor knows they may be relocated or evacuated immediately for care, depending on their medical, psychological, security and personal needs. |  |
| Ensure that survivors who are not immediately evacuated or relocated are able to access a high standard of medical care locally until the initial stages of assessment, testing and treatment are complete. |  |
| Establish a reintegration plan if the survivor wishes to return to work and the medical service provider and organisational focal point agree with the survivor that this is appropriate. |  |
| If the survivor has returned to work, establish flexible arrangements, e.g. private transportation, alternative workspace, and shorter work days if required. |  |
| Stay in regular contact with the survivor if they choose to return home and ensure they have access to appropriate local services. |  |
| Explain to the survivor that continuing physical medical care can take anywhere from 3 weeks to a year, depending on the severity of the assault and whether PEP has been administered. |  |
| Arrange for the survivor to access ongoing medical care as appropriate. |  |
| Ensure access to psychological support for the survivor for at least a year after the sexual violence incident.  |  |
| Make sure that survivors know they can seek support many months after the incident took place. Also, ensure that they are aware of any cut-off dates to these support services. |  |
| Inform the survivor on how they can access psychological support directly as they may no longer work for the same organisation when they choose to seek psychological care. |  |
| Provide support to the survivor through the legal process. Legal procedures can take a long time and can be stressful for the survivor. Consider providing assistance and support throughout the process, until its conclusion, if possible. |  |
| Consider initiating an internal investigation and/or contributing to an external investigation. |  |
| Develop a survivor support plan with the survivor to clarify long-term needs and support provided by the organisation. |  |
| Offer and arrange long-term support (e.g. psychological care) for others involved in the incident, such as the survivor supporter, family members, the organisation’s responders and the alleged perpetrator. |  |
| Conduct a post-incident review with those involved in the response to an incident, in accordance with the survivor’s wishes around confidentiality. |  |
| Learn about the impact the incident had on individuals, the local office and the local community.  |  |
| Explore factors that may reduce the likelihood of similar incidents occurring in the future. |  |
| Assess what was done well and what can be improved in future responses. |  |
| Translate lessons learned into concrete actions to inform and improve sexual violence prevention, preparedness and response activities. |  |
| Assess the impact of the incident on future programming. |  |