Sexual Violence Management Conference Report & Resources

Background

The CHS Alliance held a successful conference on Sexual Violence Management for the Humanitarian sector in early September that saw over 50 security, health, well-being and human resources (HR) experts come together to find ways to improve the management of sexual violence in the humanitarian and development sector.

The event was organised by the CHS Alliance in partnership with Alexandre Carle from OTHER SOLUTIONS Ltd and Catherine Plumridge from Humanitrain.

Participants included representatives from organisations such as Save the Children UK, Oxfam, Médecins Sans Frontières, Christian Aid, British Red Cross, CAFOD, the ICRC, the United Nations High Commissioner for Refugees (UNHCR) and the European Commission.

Definitions and terminology

The following are working definitions and not legal definitions.

- **Sexual aggression:** The act or threat of rape, sexual assault & intimidation, sexual harassment or unwanted touching. We use the umbrella term, 'sexual aggression' because it covers the entire spectrum of sexual harassment and sexual violence.
- **Gender-based violence:** Violence where the discriminatory factor is gender. An example of which in this context is Sexual Gender Based Violence (SGBV).
- **Sexual harassment:** intimidation by verbal/physical conduct of a sexual nature.
- **Sexual exploitation and abuse:** position of power is used for sexual purposes against a vulnerable person/beneficiary.
- **Sexual assault:** any type of sexual activity that you do not agree to, including touching and rape.
- **Rape:** sexual intercourse against the 'victim's' will. Penetration without consent of mouth, vagina or anus by penis, finger or object.
- **Victim/ survivor:** It is important to allow someone who has experienced sexual violence the opportunity to decide whether they want to be referred to as a "survivor" or a "victim". The Metropolitan Police uses the term "victim" as someone has been a victim of a crime whereas others prefer the term "survivor".

Setting the scene: the survivors' voices

The seriousness of the issue of sexual violence has recently been highlighted in the media following stories from aid workers around the world. During the conference participants heard from victims/ survivors through their own video stories and presentations by confernece speakers.
Below is a summary of these stories:

***Megan Norbert**, a survivor of sexual violence who was raped by a contractor from another agency while in South Sudan, could not join us on the day but shared her moving story

through a video. She also discussed what she felt was a lack of support from her employer in the aftermath of the assault. In one of her recent blogs, she explains her story and share her views on how the sector ought to improve its accountability and support mechanisms.

Megan is currently conducting an online survey of aid worker experiences (www.reporttheabuse.org/the-survey). Please take the time to explore the website and share it with your teams, colleagues and networks.

***Shannon Mouillesseaux**, another survivor of sexual violence, could not join us on the day but recorded a message to share with participants. She encouraged agencies to improve their policies and practices to offer appropriate support to their staff should they experience sexual violence on the course of their work for them. She also set up the online platform Global Aid Worker (see resource list for more information).

***Anna Leach**, content coordinator for the Guardian Global Development Professionals Network, shared additional stories and reflections from a recent series on aid workers' experiences of sexual violence and harassment. These poignant testimonies highlighted the fact that these are not isolated few and far between occurrences but that sexual violence is a real issue in the humanitarian and development sector.

As part of the Guardian Global Development Professionals Network and ongoing aid worker wellbeing series, they are running a regular advice column for aid professionals. Questions can be sent anonymously to globaldevpros@theguardian.com with "**NGO Agony Aunt**" in the subject line.

Support for victims/ survivors

During the conference participants heard from various experts about the support and services available for those affected by sexual violence.

The overall message is for agencies to know that supports and services are out there and available, complementing each other. Relevant information need to collected and shared when training and briefing staff , as part of the awareness raising and preparedness plans – rather than trying to find out after an incident took place.

A summary of each presentation is outlined below.

***Alicia Jones**, from the Headington Institute (California), explained that existing data on sexual assault is hard to come back and therefore incomplete. This means the nature and scope of the issue is largely unknown. So why is it so hard to get accurate data? According to the Headington Institute it is due to a mix of human failings in the chain of command, deterrent and invasive reporting mechanisms, the fear of negative or lack of outcomes, and missing details from the data gathered around violence towards aid workers.

The institute, which works on strengthening aid organisations by promoting staff wellbeing through partnership and research, estimates that 4,000-8,000 of 400,000 humanitarian workers have been impacted by unwanted sexual contact in the last five years alone. The

institute is working hard to remediate to this gap in data and rely on inputs from survivors, management and policy experts.

***Dr. Muriel Volpellier and Dr. Susan Bayley** from The Havens, gave an informative and passionate presentation on rape crisis, disclosure, medical intervention and care provided by their three Sexual Assault Referral Centres (SARC) based in London.

The Haven provides care and support to all survivors of serious sexual assaults for the potential physical consequences and psychological impacts on the person and their partner, family and friends. They collect the most accurate possible forensic evidence (including DNA wherever possible) in order to document injuries as comprehensively as possible.

The Haven's centres operate twenty-four hours a day throughout the year with a team of dedicated forensic examiners and support workers to provide men, women and children with acute service and support up to one year after the assault.

The immediate needs revolve around providing safety, injury treatment, assess whether emergency contraception and HIV PEP are required. Empathy and keeping the bureaucracy to a minimum is pivotal, and the starting point to provide continuous support.

The longer term support then includes provision of psychological care and adequate treatment for PTSD (post-traumatic stress disorder) and checks for STI (sexually transmitted infections).

Dr. Volpellier and Dr. Bayley showed an extract from a documentary exploring rape from forensic medical to police investigation, court and beyond which is available to view online: http://www.goldstarproductions.tv/films/the-unspeakable-crime-rape/

Tips from The Haven for when someone comes to you to disclose a sexual violence issue:

- Listen and ensure you are really present and there for them
- Ensure privacy and safety
- Give them adequate time
- Reassure them they are not to blame
- encourage them to regain control
- Do not judge
- Be sensitive
- Provide help

***Catherine Plumridge** from Humanitrain delivered a session on Post Exposure Prophylaxis (PEP) exploring their usefulness and issues associated with their use.

Post-exposure prophylaxis kits **usually include** anti-retrovirals (ARVs), antibiotics, pregnancy testing kit, emergency contraception and side-effect medication, but contents may vary between locations.

Potential problems associated with PEPs	Solutions to mitigate problems

• Lack of awareness about it, how to access/use/deliver it
• Lack of contingency planning for the HIV risk
• Access: not always available in remote or conservative locations
• Reporting issues for the victims and lack of confidentiality (who to trust?); personal security concerns (due to stigma, misconception, etc.)
• Lack of appropriate medical care
• Expiry/shelf life
• Cost of the kit
• Effect of heat on the medication
	• Raise awareness, ensure informed consent
	• Training (including male staff)
	• Equity of access to PEP (across genders, national & expat staff)
	• Ensure confidentiality for staff requiring access to a PEP kit
	• Follow-up
	  ○ Identification of appropriate medical services for all field locations
	  ○ Contingency for sexual assault - as standard
	  ○ Budget to allow for care for all staff
	  ○ System of confidential reporting
	  ○ Robust approach to HR & legal support
	  ○ Development of standards

***Detective Sergeant O' Sullivan and PC Unwin** from the Metropolitan Police Sexual Offences, Exploitation & Child Abuse Command (SOECA)shared the role of the police in responding to sexual violence victims. Rape and serious sexual assault are amongst the most serious offences investigated by the police, second only to murder.

They highlighted their close collaboration with the Havens to ensure comprehensive support to the victims. We also heard how important it is to be **supportive**, **empathic**, non judgemental and open minded when someone is reporting a sexual offence.

***The Foreign & Commonwealth Office (FCO)** shared information on consular assistance available to those affected overseas. In 2014/ 2015 they provided assistance in 252 cases in a number of countries.

In the case of rape and sexual assault, the consular assistance available consists of:

- Immediate support to victim/survivor including out of hours assistance
- Focus on the victim/survivor, and how the FCO can support them according to their wishes
- Accompany victim/ survivor to the police if they wish to report the assault
- Contact friends or family
- Help arrange to see a doctor
- Raise awareness of differences in local attitudes and practices – help victims/ survivors understand local legislation, procedures, language etc.
- Provide information on local lawyers

- Working with local authorities and partner organisations across the world to minimise the risk to British nationals, including communications campaigns targeting young people.
- Training and guidance to consular staff - preparing information on local practice regarding rape and other forms of sexual assault, awareness of differences in local practices and legislation and the UK approach to cases, if possible identify lawyers best placed to deal with sexual assault cases, investigate and confirm the local availability of PEP treatment
- Signpost support and counselling on return to the UK (or locally if staying in country)
- Sexual Assault referral centres (SARC)
- Support overseas if a case goes to trial at a later date

***InterHealth Worldwide's** clinical psychologist Dr Beth Hill discussed the psychological support needs of individuals who have experienced sexual violence and how to meet those needs. Beth laid down some general key principles:

- The decision as to whether to report the act of violence they experienced rests with the individual and therefore we must ensure we help them feel empowered again
- The individual should also have and retain **ownership** of any medical decisions and we should not make assumptions about their needs
- The **documentation** of each step and the decisions taken is essential
- The support for another **trusted** person is essential
- Believe the person's report and don't be surprised by the range of their feelings
- Help them somewhere they feel safe – it does not necessarily mean moving countries immediately

She highlighted that just as there is no one form of sexual violence, there is no "typical reaction" to experiencing sexual violence. Beth shared with us guidelines and recommendations for the different stages of care provision:

Intermediate care (7-14 days): Don't be surprised if a person starts to feel more distressing symptoms as the shock wears off and acknowledge that reality. In the same time, be clear that this is normal and part of how the brain processes the events. The support of a trusted and experienced[1] person can help going through that phase.

At this stage, it can be helpful to encourage the person to engage in things and activities that they previously enjoyed (even if they might not feel like it). Likewise, they should be reminded to rest (even if they struggle to sleep), eat and drink regularly and practice gentle exercise – it can all form part of re-creating a sense of normality and control. They can return to work though it is should expected and accepted that their productivity might be limited.

There is a delicate balance to find between preventing withdrawal and avoidance (which might prolong the symptoms and trauma), and "forcing" someone to speak about what happened to them as this might feel like another violation and therefore deepen the trauma. So go carefully, follow the lead the person give you and be honest with them.

[1] In trauma support

Longer term support: Processing memories reduces distressing symptoms and some people can do it through their own networks. However, sexual assault may make this harder to do because of the nature of the assault and the violation, and the impacts it may have on others. So people need to choose and decide by themselves to talk and we need to be mindful it might be very hard for them to ask for help.

You may mention that others have found it helpful to talk and seek specialized support – and that you can facilitate a referral. However, if they decline the option, respect their decision – even though you should check again every so often, especially if you see they are struggling to cope.

Learning and Action Points

The day concluded with participants brainstorming action points they could take back to their agencies to improve sexual violence prevention and management.

- Ensure **funding** for staff care is core (in order to provide the adequate support in case of sexual assault but also for all other situation affecting their health and well-being as part of the risks they face in their line of work).
- Get **buy-in** across departments and senior leadership teams for adequate policies and funding: whilst the processes and budget needs clear ownership, organisational buy-in will prevent compartmentalisation.
- **Map existing services** in advance of an incident and ensure all staff are aware of where they are and who to contact if something happens.
- **Increase awareness** of the issue and acknowledge it is a real risk to staff before they are deployed. Prevention training goes hand in hand with deployment briefing.
- The way responsibilities are shared within each organisation is likely to vary but there can be some universal principles designed by the sector that can help bring **consistency**.
- Policies must be aplicable to all staff and therefore must be able to accommodate or be adaptable to **local staff** (e.g. in case of evacuation/relocation).
- Put steps in place so someone does not have to speak to too many people unnecessarily about their experience (e.g. have a focal point whose contact details are shared at induction stage) and ensure the issue is treated with **confidentiality**.
- **Train** all staff on how to respond, as anyone could be a first responder not just those in human resources (HR) or security departments.
- Ensure **PEP (Post-Exposure Prophylaxis) kits** are available if needed, but with the adequate training to those who have them. Ensure there are relevant policies in place on their use.
- Create a **safe and open culture** that supports staff to raise concerns and report abuse within a safe and confidential environment, and with a short reporting chain to save staff from being pushed from one interlocutor to another. This will also help **avoid stigma**.
- Allow people to choose the best way for them to report the incident and **empower** staff with **direct lines of communications**.
- Ensure your organisation's standards and good practice are **regularly reviewed** to remain relevant and efficient.

- Explore resources and courses options to train staff on **PSEA** (Prevention of Sexual Exploitation and Abuse).
- Recognise it might be difficult to have **investigation** skills in-house but gather guidelines and establish whether there is a case to train staff for in-house capacity or identify (before it is needed) external resources and mechanisms to access this expertise.
- **Share relevant and anonymised information** between agencies operating in the same areas/regions to prevent the proliferation of incidents and inform security plans and risk matrixes.

Useful organisations and resources

Title	Details	Author/ Organisation	Type of resource
Antares Foundation	Not-for-profit organisation providing a wide range of staff care and psycho-social support for humanitarian and development agencies	Antares Foundation	Website
ARREST	Clinical psychologists specialising in working with humanitarian workers	Dr. Debbie and David Hawker	Website
Centre for Humanitarian Psychology	Provider of psychological supports to humanitarian organizations in the establishment and development of support program for their staff		Website
CiC	Employee Assistance Programme	CiC	Website
How much of a problem is sexual violence for the humanitarian sector?	Video interviews from the CHS Alliance sexual violence conference	CHS Alliance	Video
What support is available for humanitarian staff who are affected by sexual violence?	This video highlights support and help available for affected staff.	CHS Alliance	Video
How can humanitarian and development agencies prevent and manage sexual violence?	This video explores how agencies can better prevent and manage sexual violence.	CHS Alliance	Video
Emergency Yoga	Yoga for humanitarians	Emergency Yoga	Website
European Interagency Security Forum (EISF)	An independent network of Security Focal Points who represent European-based humanitarian	EISF	Website

	NGOs operating internationally		
Faculty of Forensic & Legal Medicine	Website offering information on forensic and legal medicine.	Faculty of Forensic & Legal Medicine	Website
Rape and sexual assault abroad	A leaflet with guidelines for cases of rape and sexual assaults overseas which includes list of useful contacts	FCO	Guidelines
Global Aid Worker	Online platform offering humanitarian, relief and development workers a supportive, global community of peers and resources.	Global Aid Worker	Website
Sexual assaults against aid workers: how serious is the situation?	Blog highlihting issues of sexual violence in the sector	The Guardian Global Development Professionals	Blog
Aid agencies accused of hiding scale of sexual assaults on employees	Blog highlighting cases from women who told of attacks by colleagues and accuse NGOs large and small of failing to protect them	The Guardian Global Development Professionals	Blog
Secret aid worker: sexual harassment and discrimination in the industry	Blog outlining seven cases of discriminating and intrusive behaviour reported to the Guardian.	The Guardian Global Development Professionals	Blog
The Healthy Nomad	Initiative by and for aid workers to provide services and resources for wellness and self-care	Nuran Higgins	Website
Does the aid industry have a sexual violence problem?	Imogen Wall writes for IRIN on the issue of sexual violence	Integrated Regional Information Networks (IRIN)	Blog
International Women's Rights Project (IWRP)	IWRP works to strengthen the capacity of women's NGOs in Canada and	IWRP	Website

	internationally to advocate for women's human rights		
I-survive	Volunteer-driven organisation offering resources and forums where adult survivors of child abuse and their loved ones can seek support.	I-Survive	Website
Sapphire Services on Rape and Serious Sexual Assaults	Website containing information on how to report rape and serious sexual assault, and what happens when you do, details of support organisations and personal safety advice.	Metropolitan Police	Website
www.mydecision.co.uk	A step by step guide for rape and sexual assault victims.	Metropolitan Police	Website
Report the Abuse	Campaign addressing issues of sexual violence	Report the Abuse	Website and online survey
Psychological First Aid: Guide for Fieldworkers	This guide covers psychological first aid which involves humane, supportive and practical help to fellow human beings suffering serious crisis events.	WHO, War Trauma Foundation and World Vision International	Guide
UNHCR-NGO Investigation Specialist Roster	Roster aiming to strengthen the UNHCR/NGO cooperation in third party investigations.	UNHCR	Website