

SEXUAL VIOLENCE

A guide for prevention education, raising awareness,
responding to disclosures of sexual violence and trauma
informed support for survivors of sexual violence

WRITTEN AND PUBLISHED BY THE LOUISE NICHOLAS TRUST

This guide has been written with the experience and insight of survivors. This document includes significant information from the European Interagency Security Forum (EISF) guide which is a collaboration between EISF and a group of experts with practical knowledge on how to manage sexual violence incidents.

Background

Who is Louise Nicholas

Louise Nicholas, ONZM, is a New Zealand campaigner for the rights of women who have been victims of sexual violence. In 1993 she alleged that several policemen had raped her in 1984 and obstructed evidence in the subsequent trials for rape. On 15 December 2007, Nicholas was named New Zealander of the Year by the New Zealand Herald due to her courage during the rape trials of former policemen Rickards, Shipton and Schollum.

Nicholas has taken a role in pushing for the recognition of victim rights and advocating changes to the name suppression law. Nicholas works as a survivor advocate and has served on the Taiwi Caucus of the Executive Committee of Te Ohaakii a Hine - National Network Ending Sexual Violence Together. In 2015, she was the patron of a class of police recruits at the Royal New Zealand Police College and involved in mentoring and advising the recruits during their training. In 2015 she was the recipient of the Anzac of the Year Award and in the 2015 Queen's Birthday Honours she was appointed an Officer of the New Zealand Order of Merit for services to the prevention of sexual violence.

Introduction

In New Zealand all government and non-government organisations including sports, hobby and church organisations have a duty of care to respond to incidents of sexual violence against staff or people within their organisation and the people they serve or engage with.

This document aims to provide support in preventing, being prepared for and responding to incidents of sexual violence. It is intended as a good practice guide to help strengthen existing processes and support within an organisation.

The impact of sexual violence in New Zealand

One-quarter of all women in New Zealand have experienced sexual violence in their lifetime, only 6 per cent of whom have reported it to police.

Our shameful history reveals that, from the first studies done here on sexual violence in the 1980s, we have known that at least a quarter of all women have been sexually victimised.

We have been aware for decades that fewer than 10 per cent will report it to police, and we have known many women struggle to identify and name themselves as victims.

Why has nothing changed? Why in 2020 are we still reacting as if this is the first time we have heard such statistics?

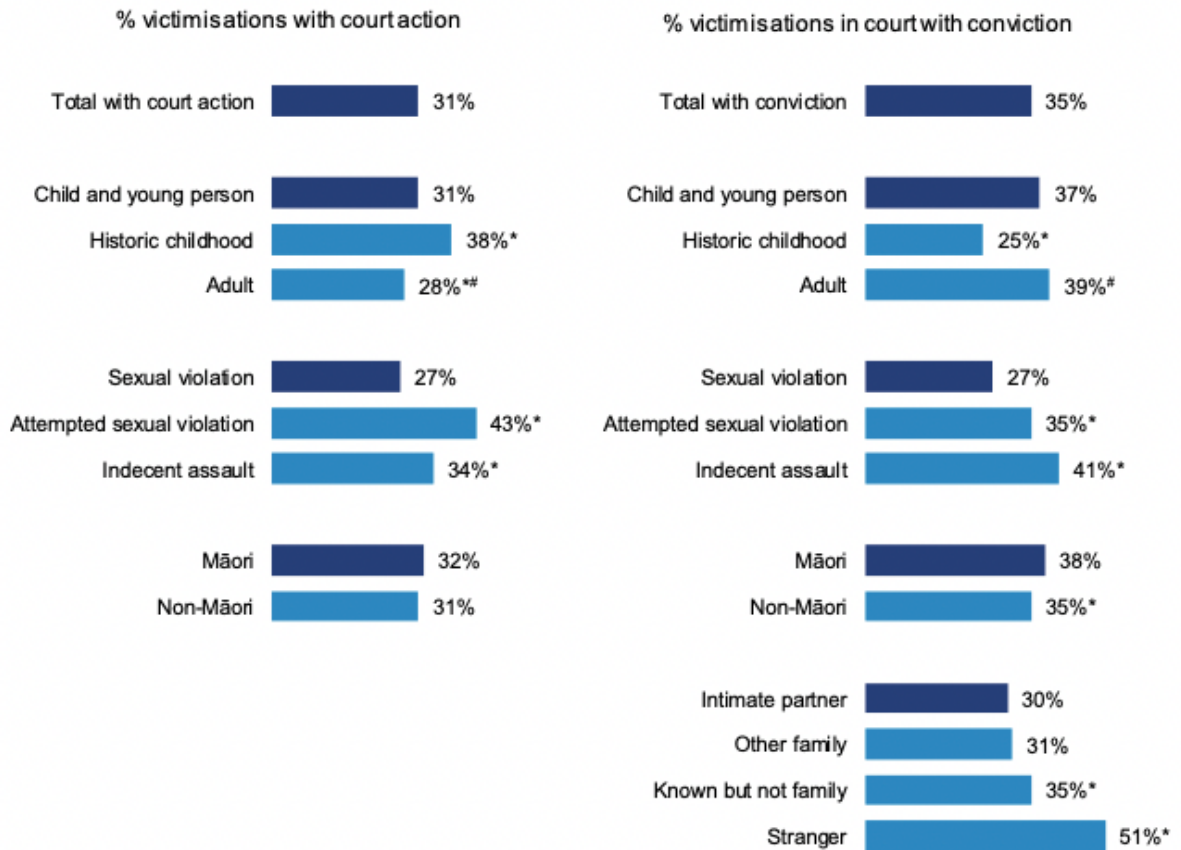
The Ministry of Justice spokesman on RNZ said the latest Crime and Victims Survey did add numbers to the stories we have anecdotally heard for years. He is right – the stories since the 1970s have been many, and he is correct that these stories of pain and trauma are compelling. But we have had these same numbers for the past 40 years without finding them compelling. They are not new news.

The majority of 23,000 sexual violence incidents reported to police during the past five years were experienced by children or young people, according to a new Ministry of Justice report.

It reveals that for every 100 sexual violence incidents reported to the police, only 31 made it to court, 11 resulted in a conviction and six in imprisonment.

The report, *Attrition and progression: Reported sexual violence victimisations in the criminal justice system*, analysed 23,739 incidents that were reported between July 2014 and June 2018.

Figure 1: Comparison of reported victimisations with different characteristics, resulting in court action, and of those, resulting in conviction



Note: An * indicates where the proportion is statistically different ($p < 0.05$) from the proportion in the dark blue bar (e.g. for victimisations with court action, there was no difference where the victim was Māori or non-Māori, but of the victimisations that progressed to court, more victimisations with Māori victims resulted in conviction than those with non-Māori victims).

A # indicates where the proportion for adult victimisations is statistically different ($p < 0.05$) from the proportion for historic childhood victimisations.

Intimate partner violence (IPV) and sexual violence

- **Over a million** adult New Zealanders (29% of the entire adult population) experienced either IPV or sexual violence at some point during their life.
- In total, **563,000** (16% of adults) experienced IPV and **938,000** (24%) experienced sexual violence.
- Women were **almost 2.5 times more likely** than men to experience IPV and **3 times more likely** to experience sexual violence.
- **35%** of separated / divorced adults experienced IPV, and **36%** experienced sexual violence at some point during their life.

Wall and Quadara (2014) Wharewera-Mika and McPhillips, (2016) suggests that sexual violence is one of the causes of greatest harm in our society, with impacts such as life-long anxiety and social withdrawal, disabling levels of shame and self-blame, suicide, alcohol and drug use, drop in socio-economic status, teen pregnancy and parenting, relationship and sexual difficulties, family violence and involvement in crime. Wharewera-Mika and McPhillips (2016, p.11) suggest that “these impacts spread out around individuals to weaken families and social safety”. Subsequently this also leads to higher rates of re-victimisation and vulnerability factors.

Consequently, the costs of sexual violence are high. A 2006 Treasury working paper estimated sexual violence to be the most costly type of crime in New Zealand, at around \$72,000 per incident or \$1.8 billion per annum. This estimate is considered conservative given the high number of unreported/undisclosed sexual violence.

Although a number of organisations exist that are committed to the safety and recovery of those impacted by sexual violence, demand for services is often greater than capacity. Also, a number of areas have limited or no sexual violence crisis support services for either male or female survivors.

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

New Zealand Crimes Act 1961

This is the exact language the Crimes Act 1961 uses to define the crime of rape.

Section 128: Sexual violation defined

1. (1) Sexual violation is the act of a person who –
 - (a) rapes another person; or
 - (b) has unlawful sexual connection with another person.
2. (2) Person A rapes person B if person A has sexual connection with person B, effected by the penetration of person B’s genitalia by person A’s penis, –
 - (a) without person B’s consent to the connection; and
 - (b) without believing on reasonable grounds that person B consents to the connection.
3. (3) Person A has unlawful sexual connection with person B if person A has sexual connection with person B –
 - (a) without person B’s consent to the connection; and
 - (b) without believing on reasonable grounds that person B consents to the connection.
4. (4) One person may be convicted of the sexual violation of another person at a time when they were married to each other

Section 2: interpretation sexual connection means –

(a) connection effected by the introduction into the genitalia or anus of one person, otherwise than for genuine medical purposes, of –

- (i) a part of the body of another person; or
- (ii) an object held or manipulated by another person; or

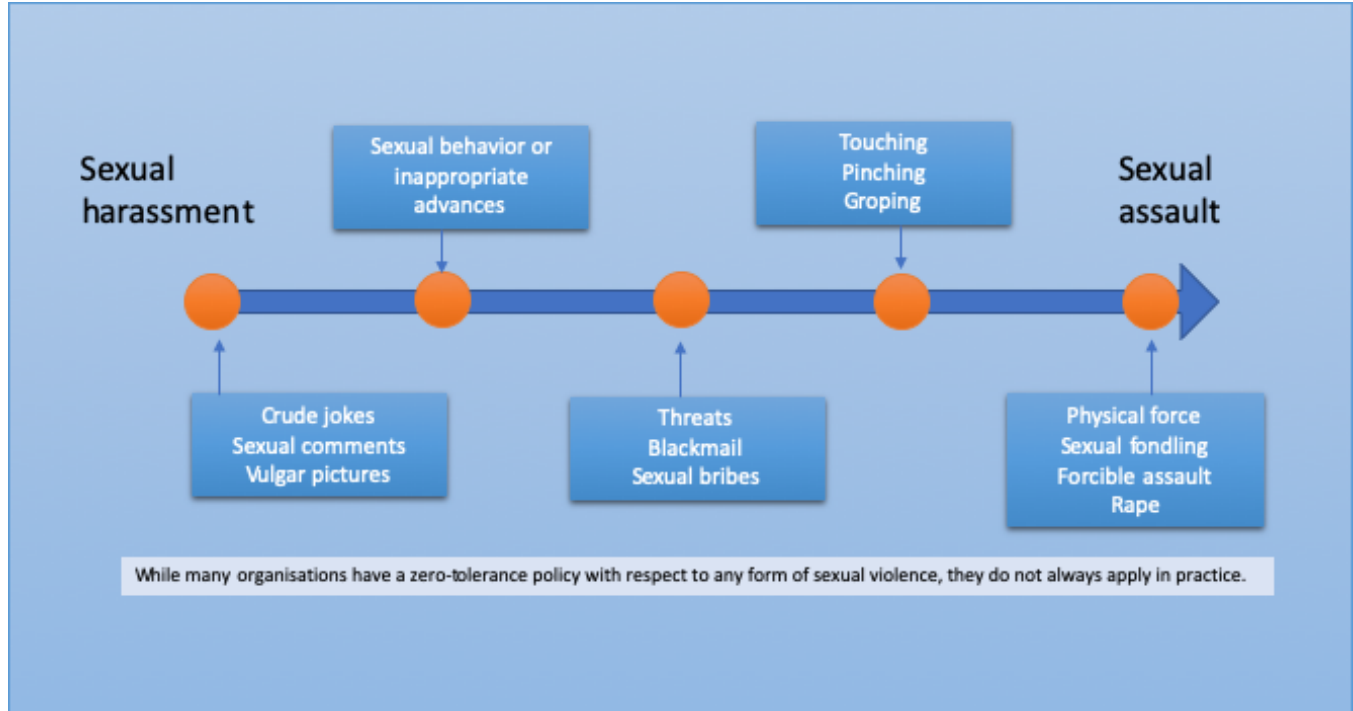
- 2. (b) connection between the mouth or tongue of one person and a part of another person's genitalia or anus; or
- 3. (c) the continuation of connection of a kind described in paragraph (a) or paragraph (b)

Section 128A: Allowing sexual activity does not amount to consent in some circumstances

- 1. (1) A person does not consent to sexual activity just because he or she does not protest or offer physical resistance to the activity.
- 2. (2) A person does not consent to sexual activity if he or she allows the activity because of –
 - 1. (a) force applied to him or her or some other person; or
 - 2. (b) the threat (express or implied) of the application of force to him

or her or some other person; or
 - 3. (c) the fear of the application of force to him or her or some other person.
- 3. (3) A person does not consent to sexual activity if the activity occurs while he or she is asleep or unconscious.
- 4. (4) A person does not consent to sexual activity if the activity occurs while he or she is so affected by alcohol or some other drug that he or she cannot consent or refuse to consent to the activity.
- 5. (5) A person does not consent to sexual activity if the activity occurs while he or she is affected by an intellectual, mental, or physical condition or impairment of such a nature and degree that he or she cannot consent or refuse to consent to the activity.
- 6. (6) One person does not consent to sexual activity with another person if he or she allows the sexual activity because he or she is mistaken about who the other person is.
- 7. (7) A person does not consent to an act of sexual activity if he or she allows the act because he or she is mistaken about its nature and quality.
- 8. (8) This section does not limit the circumstances in which a person does not consent to sexual activity.
- 9. (9) For the purposes of this section, –
 - allows** includes acquiesces in, submits to, participates in, and **undertakes sexual activity**, in relation to a person, means – (a) sexual connection with the person; or
 - (b) the doing on the person of an indecent act that, without the person's consent, would be an indecent assault of the person.

The continuum of sexual violence is shown in the diagram below



The Louise Nicholas Trust provides a '**Sexual Harassment and Violence Reporting – Phone/ Email**' service for organisations to provide independent trained experts to manage incidents and ensure a 'survivor-centric' approach. This service is aligned with each organisations sexual violence health and safety human resources practices and procedures. A bit like the employer assistance programme for well-being, this service aims to provide an independent confidential point of contact. This ensures organisations are able to quickly identify and manage the incident relative to the continuum. This can often mitigate the risk of incidents escalating up the continuum and address the organisations sexual violence cultural competencies.

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

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

Due to the under-reporting of sexual violence against both men and women, it is difficult to get a clear picture of the scale of the problem. There are many barriers to reporting. For men and those who identify as lesbian, gay, bisexual, transgender, queer or intersex (LGBTQI), reporting incidents of sexual violence can be particularly difficult due to heightened stigma. In some instances, under-reporting may also be the result of an unsympathetic or hostile organisational culture and related processes.

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

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

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

About this guide

Many instances of sexual violence go unreported or unaddressed. This guide aims to provide organisations with the necessary tools to change the way sexual violence is perceived and treated.

Concretely, this guide aims to build on the growing awareness of sexual violence against people in your organisation to:

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

This guide focuses on one particular aspect of safeguarding, that of protecting people from incidents of sexual violence.

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

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

- shame and stigma for the survivor;
 - feelings of powerlessness for the survivor;
 - attitudes that 'blame survivors' for being the target of sexual violence;
 - discrimination on the basis of gender, ethnicity and other factors;
- further harm to the survivor's well-being and safety;
 - an even higher number of incidents; and
 - a reinforced culture of impunity and, consequently, an increase in unreported incidents.

Key elements of a survivor-centred approach include:

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

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

Survivor-centred vs survivor-led approaches

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

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

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

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

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

While this guide is designed to support people in helping others who survive acts of sexual violence, it recognises that such organisations also have a duty of care towards under New Zealand law. Organisations should adapt the good practice shared in this document to the profile of the survivor.

All organisations should use the information contained in this guide as recommendations, which will need to be adapted to the local context, particular organisation, affected individual, and sexual violence incident. Organisations should always aim to seek expert advice when responding to an incident of sexual violence.

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

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

Key definitions

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

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

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

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

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

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

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

Sexual harassment: unwelcome sexual advances that do not involve physical contact, such as requests for sexual favours and other verbal or physical behaviour of a sexual nature that tend to

create a hostile or offensive environment. The harassment can occur in person and through unsolicited communication, such as on social media or the telephone.

Sexual violence: any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances – including acts to traffic a person’s sexuality – through the use of physical force, coercion or threats of harm by any person regardless of their relationship to the survivor. Sexual violence includes situations where perpetrators take advantage of a coercive environment or a person’s incapacity to give genuine consent. In this guide, sexual violence is used as an umbrella term to refer to all forms of unwanted sexual activity, including sexual harassment, rape and other forms of sexual assault.

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

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

Prevention

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

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

Understanding the risk

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

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

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

Dispelling myths

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

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

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

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

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

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

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

Individual risk factors for aggression

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

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

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

- **age:** 18–25-year-olds are more likely to be targeted than those over 50.
- **sex:** women are more likely to be targeted than men.
- **perception of nationality and culture:** certain cultural stereotypes can impact on whether a person may be targeted.
- **personal characteristics:** perceptions and beliefs around identity can cause certain profiles to be targeted, such as if they are perceived as LGBTQI.
- **ability:** an individual's perceived ability or disability can affect their personal risk. Ableism – discrimination against individuals with disabilities – can also play a role in whether individuals are targeted.
- **appearance:** individuals whose appearance is obviously different from others in the organisation could draw focus and be at higher risk as a result.
- **alcohol:** excessive consumption can impair people's judgement and make them look like easier targets, which can draw a sexual predator's attention.
- **risk-taking behaviour:** taking risks can make a person look like an easier target and draw the attention of a sexual predator.
- **personal boundaries:** a lack of professional or clear boundaries can lead to incidents. It is important to support staff on ways to communicate boundaries and understand other people's boundaries, especially in multicultural settings.
- **letting minor concerns go unreported:** minor issues involving known people can escalate if they are not addressed or reported. A lack of reporting can increase the risk of being targeted for sexual violence.

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

External and organisational risk factors for aggression

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

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

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

- a sexually hostile environment;
- high levels of sexual aggression;
- tolerance of sexual violence or bias in favour of offenders;

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

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

- weak organisational policy and preparation regarding sexual violence;
- unclear reporting processes and mechanisms;
- poor implementation, understanding and/or compliance of health and safety management measures;
- a lack of clarity on roles and responsibilities;
- a lack of transparency on actions taken by management;
- a legacy of poor follow-up on allegations;

- a lack of training and awareness-raising for staff;
- the absence of an ethics person or a lack of whistle blower protections;
- a lack of accountability and/or action by leadership following allegations;
- a poorly defined leadership structure; and
- a veil of silence around sexual violence.

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

- pervasive inequality, including gender inequality and discrimination against diverse profiles;
- acceptance of rape myths (such as 'all men do this');
- misogyny;
- a hierarchical culture;
- the presence of allies to perpetrators (both male and female);
- substance abuse (such as excessive alcohol consumption);
- poor leadership;
- favouritism by senior management of an individual or group of individuals, which may impact whether allegations are taken seriously if these are made against this particular individual or group;
- acceptance of other forms of misconduct, such as psychological harassment and bullying.

How to prevent sexual violence

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

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

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

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

- a clear and strong leadership stance on sexual violence;
- a strong and clear organisational policy;
- consistent implementation of health and safety risk management measures;

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

Inclusive risk assessments

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

External threats

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

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

Induction and training

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

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

Bystander intervention

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

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

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

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

- define the risks of sexual violence and personal accountability;
- describe the organisation's response process and resources for managing sexual violence incidents;
- identify ways in which to avoid and respond – as individuals and as part of an organisation – to any sexual violence incident
- show an understanding of the importance of confidential reporting and how to confidentially report concerns and incidents
- describe the critical early steps and medical support available to staff, such as psychological support and access to medical services.

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

Prevention training

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

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

- empower individuals to act in case they become bystanders.

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

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

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

Reporting and whistleblowing

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

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

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

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

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

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

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

Whistleblowing

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

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

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

Organisations can encourage reporting and whistleblowing by strengthening internal whistleblowing systems and procedures.

If an organisation starts an investigation into a person but the alleged perpetrator leaves the organisation before the investigation is concluded, the investigation should still continue in the alleged perpetrator's absence, and a record should be kept on file of the conclusions of the investigation, should these evidence misconduct.

Organisational culture

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

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

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

Issue	Steps an organisation can take
Perpetrators	Identify and tackle enabling factors, such as the external and organisational risk factors
Allies of perpetrators	Identify and tackle organisational attitudes that make it acceptable and possible for people to be allies to perpetrators in the commission of an offence.
Hostile attitudes	Discourage offensive and inappropriate jokes and language and challenge rape myths.
Inequality	Promote positive organisational change by addressing gender and other forms of inequality in inductions, training and general organisational procedures. This can create a positive synergistic effect to assist in preventing sexual violence. Power imbalances between colleagues and those relating to identity (including concerns about job security) must be tackled as well.
Trust	Ensure that every staff member feels confident that they can confidentially report concerns, no matter how minor they may initially seem, and that there is a process to deal with these effectively and proportionately.
Inductions	Include exercises that help clearly communicate personal boundaries and effectively identify and respect the personal boundaries of others. This should include guidance on how to be a supporter of a survivor and how to intervene as a bystander.
Policy	Ensure that everyone in the organisation are aware of organisational policy – including the practical application of a zero-tolerance approach – and that implementation is transparent and consistent.
Accountability	Hold offenders, allies and enablers accountable, consider legal recourse and avoid normalisation of offences. Non-compliance with policy should result in disciplinary action.

Management	Ensure all levels of management or authority are aware of their responsibilities and that they are held accountable. This should include exhibiting behaviour that promotes a positive culture around addressing issues of sexual violence in the workplace.
Barriers	Identify barriers to improving organisational culture and address them.
Accessibility	Ensure staff members feel they can approach managers and/or focal points with concerns, as survivors or bystanders. Consider assigning trained focal points for sexual violence across the organisation.
Motivation	Reward staff members who exhibit behaviour that promotes a positive culture around addressing issues of sexual violence in the workplace.
Cultural challenges	Avoid challenging cultural beliefs that are identified among risk factors by insisting on rules, the code of conduct and other mechanisms.
Open discussion	Put in place open forums in which staff can discuss issues, including sexual harassment.
Reporting and whistleblowing	Have effective and trusted reporting and whistleblowing mechanisms in place as well as a system for survivors or bystanders to formally and informally report concerns. This should be complemented by a structure and procedures to protect reporters and whistleblowers.
Inclusivity	Involve staff in discussions around the processes and, when possible, policy, to ensure that they are involved in possible improvements and changes.

Organisational climate survey

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

Preparedness **SURVIVOR**

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

Organisations can take numerous prevention actions to support preparedness.

2.1. Developing policies and procedures

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

Area	Steps an organisation can take
<p>Safeguarding, safety and security policies and procedures (contingency plans)</p>	<ul style="list-style-type: none"> • Develop clear policies and contingency plans on what to do in the event that an incident of sexual violence is reported, including how to manage alleged in-house perpetrators. • Ensure that policies and contingency plans consider the needs and further risks to all people within the organisation • Implement policies and procedures specific to sexual violence and ensure that everyone is aware of them. • Clearly state what is deemed unacceptable behaviour in the organisation’s code of conduct. • Put in place clear processes of action for staff who are perpetrators, allies or enablers of sexual violence. • Establish whether the organisation can access expertise or professionals who can assist in such incidents, Establish standard operating procedures (SOPs) for referrals to accountability mechanisms and investigations, including protocols for calling in outside counsel or investigators. • Clarify what psychological and medical support is in place for survivors and their supporters, including the duration and level of support. • Conduct regular reviews of appropriate contact details – such as police, as well as international and local medical and psychological professionals – and aim to meet with medical providers and other key service providers annually to check agreements and provisions in each office. • Consider carrying out stress tests and simulations to ensure processes work.
<p>Reporting mechanisms</p>	<ul style="list-style-type: none"> • Establish clear reporting procedures that identify who should be made aware of an incident to protect the survivor’s confidentiality and how information should be stored safely. • Develop a protocol that clearly identifies who is accountable for following up on reports, what steps to take if a case is not being processed properly.

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

Area	Steps an organisation can take
<p>Reporting mechanisms continued</p>	<ul style="list-style-type: none"> • Implement a publicly accessible system through which individuals both inside and outside the organisation can raise concerns – confidentially, if necessary – about unacceptable behaviour. • Make complaint mechanisms accessible to all people in the organisation. The reporting procedure should be anonymous and confidential for those who wish to submit complaints about current or past incidents
<p>Briefing and training of staff</p>	<ul style="list-style-type: none"> • Ensure that all potential first responders to an incident are trained. • Include key messages about the organisation’s response to sexual violence incidents in all staff inductions. • Ensure that tools and guidelines to support responders are up to date, accessible and ready for distribution. • Make certain that information about medical, forensic and legal procedures – including reporting requirements and protocols – are documented, accessible and up to date. • Train all staff on risks in the context and how to prevent incidents and mitigate risks, including incidents of sexual violence. • Train all staff on their role and responsibilities, as well as their limits, in responding to sexual violence, including as a bystander. • Make sure that all staff members know how and when to report an incident and how to protect confidentiality.
<p>Clear roles and responsibilities</p>	<ul style="list-style-type: none"> • Ensure that a trained person in the organisation is available 24 hours a day to staff to respond to serious incidents such as rape. This responsibility could be rotated regularly among trained personnel. Staff members who wish to report to someone immediately following an incident should be able to choose from among at least two people.
<p>Documentation, monitoring and evaluation of serious incidents</p>	<ul style="list-style-type: none"> • Establish a documentation process for the reporting of incidents of sexual violence, in line with organisational policy – unless such measures are incompatible with confidentiality requirements or the wishes of the survivor. Incident reporting procedures need to be flexible enough to accommodate these types of incidents. • Put in place a post-incident review process to reflect on incidents with leaders and relevant people in the organisation to improve future responses, including risk assessment and reduction strategies, responses and communication processes. • Put in place case management procedures for tracking perpetrators, actions taken to support survivors, incident statistics

	and issues related to reported incidents. Include protocols for data retention, placement of information about incidents in HR files and communication of said information internally and to future members of the organisation.
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The organisation must send a clear message to staff that sexual violence is never acceptable and an individual is never to blame for being the target of sexual violence.

2.2. Briefing and training people in your organisation

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

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

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

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

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

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

Psychological first aid

Key principles of PFA include:

- active listening;
- cultural sensitivity
- compassion.

PFA involves responses such as:

- practical care and support;
- assessments of and responses to needs and concerns;

- protection from further harm;
- listening and comforting; and
- referral for further support.

2.3. Clarifying roles and responsibilities

Certain staff members may have particular duties in preventing or responding to sexual violence.

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

Key roles to be covered should be clearly defined in relation to:

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

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

2.3.1. First responder

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

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

2.3.2. Survivor supporter

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

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

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

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

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

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

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

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

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

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

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

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

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

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

2.3.5. Human resources

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

- support or lead the development and dissemination of the code of conduct;
- develop policies in relation to duty of care towards the survivor, survivor supporter, colleagues and perpetrators (who are members of staff);

- provide input on information management in relation to incidents;
- guide the confidential response process to an incident of sexual violence; and
- lead or support the internal investigation into the incident.

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

2.3.6. Bystanders

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

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

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

'There is a growing understanding of the importance of empowering bystanders to prevent, prepare for and respond to sexual violence incidents. .

2.3.8. Leadership teams

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

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

- What does 'zero tolerance' mean for the organisation?
- Does the organisation have the internal expertise to deal with incidents
- Do all people in the organisation know and have confidence that there are response processes in place, and that these will be supported effectively?
- Could the organisation deal with a serious incident effectively now and could it deploy resources effectively?
- How would the organisation deal with an incident in which the alleged perpetrator and survivor are both staff members?

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

2.4. Understanding the legal environment

Organisations should ensure that they have a solid understanding of the legal environment in which they operate, especially in relation to sexual violence incidents.

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

- know whether there is a legal requirement to report an incident of sexual violence to the police;
- understand the legal and confidentiality implications associated with medical treatment options, such as accessing emergency contraception .

Organisations should understand the consequences of a survivor's decision to submit a police report and can prepare by answering the following key questions

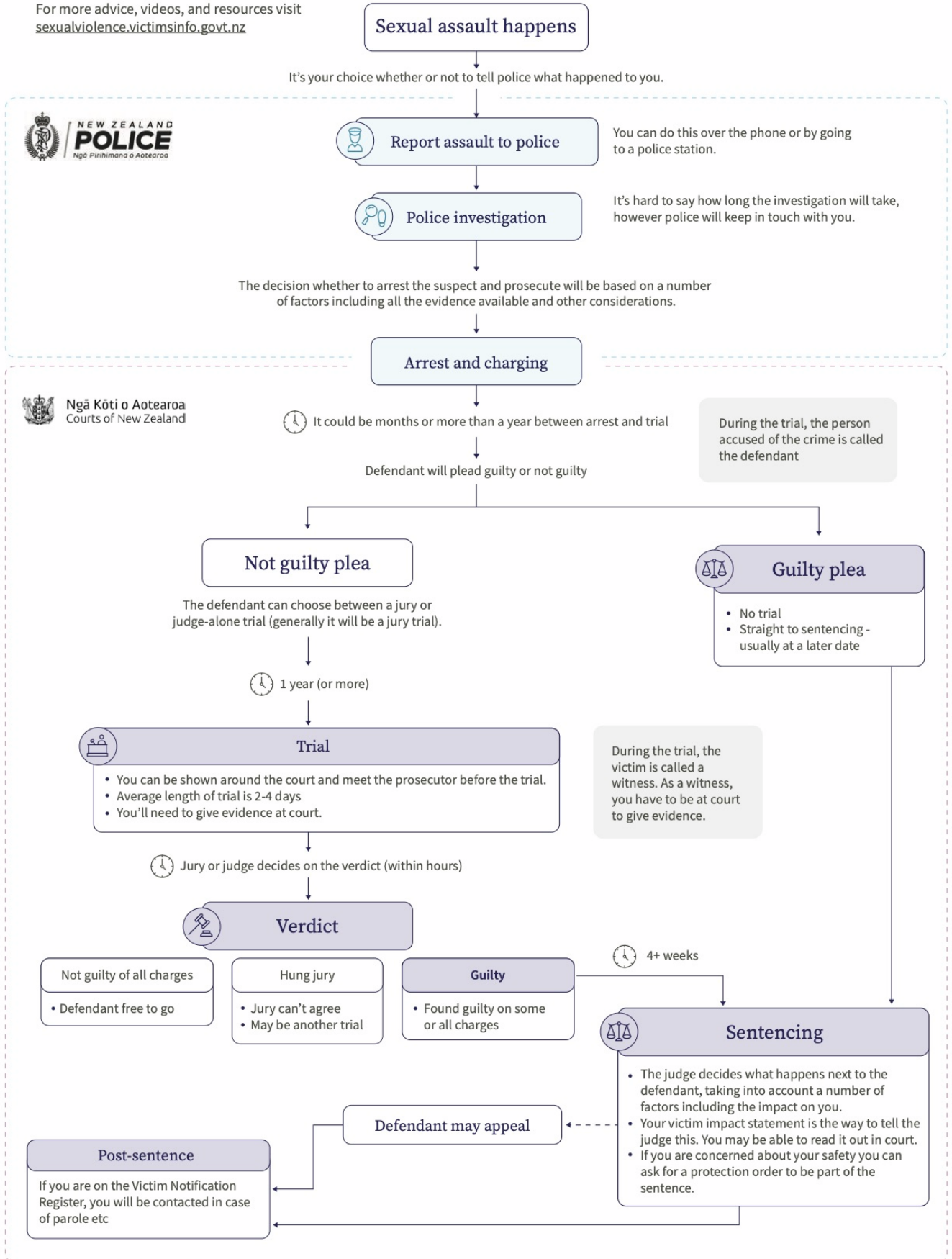
- Which police station is in charge and where should the report be filed?
- What is the time period within which reporting must take place?
- Are there restrictions on forensic medical evidence gathering?
- How long does reporting take?
- How many times will the survivor be required to repeat the account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

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

The impact of legal proceedings on the alleged perpetrator should also be considered by the organisation. This is particularly the case where the organisation has a duty of care towards the alleged perpetrator, for example, if they are a staff member. The impact of legal proceedings on alleged perpetrators should also be a consideration in contexts where the alleged perpetrator would be at very high risk of harm.

The reporting, investigation and court process for victims of sexual violence

For more advice, videos, and resources visit sexualviolence.victimsinfo.govt.nz



2.5. Building a network of service providers

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

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

2.6. Managing communications

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

Key questions to consider and prepare for include:

- What internal communications protocol will be followed in the event of an incident?
- What external communications protocol will be followed in the event of an incident?
- What information regarding the perpetrator can be shared with other organisations?

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

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

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

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

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

Organisations should develop guidance to support survivors who wish to talk about their experience. Survivors should feel empowered to make their own decisions while having the option to speak confidentially with a qualified person about the possible reasons for and consequences of speaking out.

Sexual violence response task list

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

This section of the guide covers the three initial stages of a response to an incident of sexual violence.

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

The organisation’s response must be survivor-centred at all times.

Medical and psychological care

Ensure the safety and security of the survivor and others	Offer and arrange medical and psychological care	Establish incident management team	Develop a plan on returning to work, relocation, and/or medical leave	Develop a survivor support plan
Offer and arrange medical emergency care	Accompany survivor if they choose to report to the police	Assist survivor with legal and justice processes	Arrange ongoing medical, psychological and legal support	
Offer support and guidance on next steps, e.g. preservation of evidence	Ensure the safety, security and comfort of the survivor	Assist survivor with medical and psychological care	Consider initiating an investigation	
Inform survivor of options regarding police reporting	Submit confidential incident report	Assist others as appropriate	Conduct a post-incident review	
Report incident to Police	Take actions with regards to the alleged perpetrator	Manage logistics and administrative processes		
Identify survivor supporter				

This section also covers key actions to take in case the identity of the alleged perpetrator is known, and particularly what an organisation should consider doing in case the alleged perpetrator is a staff member.

The distribution of particular actions among staff will vary across organisations. It is important to ensure, however, that those who are most qualified to carry out each task are supported in taking on these roles and that the survivor's security and well-being are at the heart of the response.

All actions in response to an incident should respect the confidentiality needs of the survivor and others affected by the incident, including the alleged perpetrator.

Survivor-centred approach

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

Red flags

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

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

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

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

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

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

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

- ensure the survivor's and team members' security and safety;
- offer to arrange emergency medical care confidentially, with the

survivor's consent;

- offer to arrange transport to a safe location if danger is imminent or if the survivor wishes to move;
- ensure the survivor knows that the organisation believes their account of what happened;
- assure the survivor that their needs will be met to the greatest extent possible and that the organisation is there to provide guidance and support and not to decide on their behalf;
- offer to put the survivor in touch with friends and family, if desired;
- find out from the survivor whom they would like their survivor supporter to be and offer a trained supporter from within the organisation if this is an option the survivor is open to considering;
- offer other support as may be needed and guidance on next steps;
- provide advice to the survivor on options for preserving physical evidence and support the survivor in this if they wish to preserve evidence;
- follow the appropriate reporting protocol while maintaining confidentiality and limited information on a need to know basis;
- inform the survivor of the reporting protocol; and
- start a confidential log of all communications and decisions for the response process with the survivor's consent.

3.1.1. Overview of immediate actions

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

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

3.1. Immediate response

Take them to a safe place that is acceptable to them	Outline choices: physical support, company, food/ drinks, change of clothes
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Is the survivor in a safe place?

Facilitate visit to an appropriate doctor support and accompany survivor	72 hours
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Facilitate and support	Consider and discuss options for potential later prosecution
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Is it safe?

Support, discuss, and outline potential impact on future options	Wishes of the survivor are key, especially considering that the collection of forensic evidence is an intimate procedure
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Goal	Things to do	Things you can say	Things NOT to say or do
Ensuring the survivor's security, safety and initial support needs	<ul style="list-style-type: none"> Be empathetic and convey to the survivor that you believe their story. Ensure their security and safety as a first step. If the report was made over the phone, ask if they are safe and who is there with them, if anyone. If you determine the survivor is not in a safe place, help them get to safety by arranging transportation, calling emergency services (if these exist in the location) or a trusted appropriate local contact who is known and approved by the survivor. Find out if the survivor is injured or in need of emergency medical care. 	'I'm so sorry this happened to you. Please know you are not alone, and we are here to help you.' 'Where are you now?' 'Are you injured?' 'What do you need/ want right now?' 'You don't need to tell me any details.'	Do NOT blame the survivor for what happened. Do NOT say: 'Why were you in that area?' 'Were you drinking?' 'What were you wearing?'

	<p>Emergency medical care is highly recommended when there has been a potential exchange of body fluids (blood or semen). Inform the survivor about the importance of receiving prompt emergency care and then arrange it as required. This needs to be done in line with the survivor's wishes.</p> <ul style="list-style-type: none"> • If the survivor is reluctant to seek necessary medical care, but there are clear concerns about medical safety, consider confidentially seeking help or appropriate medical service provider who can speak to the survivor directly to discuss the risk. The survivor will need to consent to medical care or make an informed decision regarding refusal of medical care. • Respect the survivor's wishes as much as possible, as long as these wishes do not put them at further risk. • Consider if other staff may be at risk of harm and ensure mitigating steps are taken to guarantee their safety. 	<p>'Do you know where the perpetrator is now?'</p> <p>'What can we do to make you feel safer?'</p> <p>'What do you think you need?'</p> <p>'Do you have a plan for the next 24 hours to take care of yourself? Is there someone who can stay with you?'</p> <p>'What information would be most helpful to you right now?'</p> <p>If the report was made over the phone:</p> <p>'In case we get disconnected, how can I call you?'</p> <p>'Are you safe where you are?'</p> <p>'Are you alone or with someone you trust?'</p>	<p>'How were you behaving?'</p> <p>'Was it your fault?'</p> <p>'Were you asking for it?'</p> <p>'What were you thinking?'</p> <p>'Are you sure this all happened?' (implying disbelief)</p> <p>'What happened?'</p>
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Guidelines for a survivor supporter

It is important to remember that the first responder may be a friend or colleague and not a trained staff member equipped to respond to this type of incident. The first responder may become or hand over responsibilities to the survivor supporter during or after these initial steps. Survivor supporters will then need to take a series of specific steps to assist the survivor appropriately.

Table 4: General advice for first responders

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

		<p>next steps clear to you?’</p> <p>‘Is there anything else that you’re concerned about right now that we haven’t talked about?’</p>	
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Goal	Things to do	Things you can say	Things NOT to say or do
<p>Advising the survivor on preserving physical evidence</p>	<ul style="list-style-type: none"> • Explain that if the survivor wishes to pursue prosecution of the sexual offender, forensic evidence – for example, documentation of injuries and the collection of DNA – needs to be gathered in a timely way. • Advise the survivor of their legal rights and how to preserve physical evidence should they wish to pursue prosecution (immediately or possibly at a later date). • Explain that collecting evidence does not commit the survivor to prosecute, but it does preserve their ability to do so. • Ensure that your advice reflects the wishes of the survivor as well as NZ laws • Keep in mind that it can be very distressing not to be able to wash, go to the toilet or change clothes after a sexual assault until a medical examination can take place in order to preserve evidence. 	<p>‘You don’t have to decide right now if you want to report this to the police, but you can do a few things now to make sure you can report if you want to later on.’</p> <p>‘If you haven’t already bathed, brushed your teeth, changed your clothes, cleaned your fingernails or used the bathroom, you may wish to consider waiting to do these activities until after the medical examination.’</p> <p>‘Try not to move, wash or throw anything away where the incident occurred.</p> <p>Try to keep any sanitary items or contraceptives.’</p> <p>‘If you must urinate, please try to use a clean glass or jar.’</p>	<p>Do NOT force the survivor to prosecute if they do not wish to do so. Simply advise them on ways to preserve their choice to do so.</p> <p>Do NOT say:</p> <p>‘You have a duty to protect other people from this offender by prosecuting.’</p>

	<ul style="list-style-type: none"> • Be mindful that an examination can cause the survivor further distress. • If the survivor is prepared to have an examination, provide support throughout the process. • Be aware (and inform the survivor) that in some contexts the only medical professionals available may be male. 		
Informing others, in line with the reporting protocol and the wishes of the survivor	<ul style="list-style-type: none"> • Follow the organisation's sexual violence incident reporting process to inform the correct people of the incident. • Provide requested incident reports confidentially. • Explain clearly and in a matter-of-fact manner to the survivor what information will be shared and with whom. • Assure the survivor that every step will be taken to protect their privacy and confidentiality. • If you are providing support by phone, explain that you will hang up in order to inform the appropriate people, and let the survivor know when you will call them back. 	<p>'We will do everything we can to protect your privacy, but we want to get you the best possible support. For this reason, I may need to inform a few safe people within the organisation to determine the best way to get you help.'</p>	<p>Do NOT share information with anyone who does not need to know about the incident, including the private details the survivor has shared with you or identifying information of the survivor.</p> <p>Do NOT say:</p> <p>'I promise not to tell anyone.'</p>

Goal	Things to do	Things you can say	Things NOT to say or do
	<ul style="list-style-type: none"> • Provide the survivor with a list of all staff who know of the incident, detailing who knows the identities of those involved and details of what happened. 	<p>'We report all serious incidents to specific senior managers as part of our crisis response'</p>	

	<ul style="list-style-type: none"> • Be mindful of whom you inform about the incident, especially if the alleged perpetrator is known to you and has relationships with the individuals you are expected to inform. In these circumstances consider whether these individuals should be informed at all. • Avoid placing the survivor at further risk through your reporting. • Start a confidential log of all communications and decisions for the response process with the survivor's consent. 	<p>protocol. However, we will not reveal your name</p> <p>in those reports, so that we can protect your confidentiality. Details about what happened, and your name, are only shared with selected individuals on a need-to-know basis. The information will be shared with as few people as possible.'</p> <p>'It is up to you whom you want to share this information with in your life.'</p>	
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All decisions made and actions taken relating to medical treatment should be with the survivor's consent.

Area	Actions
Physical injury	<ul style="list-style-type: none"> • Arrange for a medical professional to conduct an examination and provide immediate first aid, including treatment of any physical injury.
Forensics	<ul style="list-style-type: none"> • In consultation with the survivor and a medical professional, consider whether a specific forensic procedure, examination, testing or reporting is required if the survivor plans to involve the police. • Arrange for the survivor to see an appropriate forensic medical examiner if this is a specific legal requirement, the survivor is planning to involve the police, and/or the organisation is not able to provide this service.
Risk of disease transmission	<ul style="list-style-type: none"> • In consultation with the survivor, arrange for a medical professional to assess the need for HIV post-exposure prophylaxis (PEP) preventive treatment, treatment for sexually transmitted disease infections (STI) (such as chlamydia and gonorrhoea), and treatment for other diseases, such as hepatitis B. • Ensure that the survivor understands that PEP and other disease prevention medication do not affect possible pregnancy. • With the survivor's consent, arrange for a medical professional to provide the survivor with the necessary treatment to reduce the risk of disease.
Pregnancy	<ul style="list-style-type: none"> • Offer the survivor the option to take a pregnancy test.

	<ul style="list-style-type: none"> • If a survivor wishes to take emergency contraception to avoid pregnancy that may have resulted from the sexual violence incident, offer access to such medications and services, including counselling if required;
Mental health and psychological adjustment	<ul style="list-style-type: none"> • Offer the survivor access to mental health professionals. • With the survivor's consent, arrange for the mental health professionals to assess the survivor's psychological state. • If necessary, offer counselling – sourced locally, if available, or otherwise remotely. • Advise survivors that counselling will not require them to discuss the incident if they are not ready or would not find it helpful. Explain that therapy is meant to be supportive and that it serves to offer the survivor information on trauma and positive behaviours for coping.
Continuing medical care and monitoring	<ul style="list-style-type: none"> • Offer the survivor continued medical care until treatment is complete or for as long as possible (discuss end date options with the survivor). • Provide the survivor with access to continued medical monitoring to ensure physical and psychological well-being.

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

HIV post-exposure prophylaxis (PEP)

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

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

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

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

- **make arrangements for medical and psychological assessment and care, with the consent of the survivor;**
- **accompany the survivor in their choice to report the incident to the police;**

- ensure the survivor is safe and comfortable;
- remind the survivor and the survivor supporter about the

preservation of evidence, should they wish to gather such evidence;

- take actions with regards to the alleged perpetrator (if their identity is known); and
- submit an incident report in line with internal policy and inform those who need to know in accordance with the confidentiality requests made by the survivor.

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

3.2. Actions to be taken within 24 hours

Action	Guidance	Keep in mind
Make arrangements for medical and psychological assessment and care	<ul style="list-style-type: none"> • Ensure the survivor has the option to receive medical and psychological assessment and care as soon as possible (ideally, within a few hours and certainly within 24 hours) by competent and sympathetic practitioners. This step should include PEP, which needs to be administered within 72 hours after the incident. • 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 	<ul style="list-style-type: none"> • Psychosocial support and care from designated staff, a trained survivor supporter or someone chosen by the survivor can be of great help in promoting recovery. • If quality psychological counselling services are available locally, offer them to the survivor. • Offer remote trauma assessment consultations to the survivor, but do NOT force the survivor to access counselling or medical care. • The survivor should be able to access medical and psychological treatment without undue complications or logistical barriers.

	mental health service provider to ensure adequate and appropriate care is provided and the next steps are clear.	
Accompany the survivor in their choice to report the incident to the police	<ul style="list-style-type: none"> • Inform survivors of the 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 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. 	<ul style="list-style-type: none"> • Be mindful that reporting an incident of sexual assault to the police can be a traumatic experience in itself and is a choice that should rest solely with the survivor. • Note that in New Zealand, organisations are required to file a report and that most clinics that treat survivors file reports automatically with the police.

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

Action	Guidance	Keep in mind
		<ul style="list-style-type: none"> • The organisation should be prepared by gathering information on the legal environment to speed up and guide the police reporting process. • For police interviews, it may be possible to have two supporters present, the main survivor supporter and another focal point. Consider asking along an external professional who has experience dealing with this process.

Action	Guidance	Keep in mind
Remind the survivor and the supporter about preserving evidence	See Tool 6: Preserving physical evidence.	
Submit an incident report and inform those who need to know	<ul style="list-style-type: none"> • 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. <p>See Section 3.2.3. Incident reporting.</p>	<ul style="list-style-type: none"> • Always keep the survivor updated on who will be informed about what concerning the incident. • Follow confidentiality guidance and the survivor’s wishes to the greatest extent possible. • Do not place the survivor at risk of further harm through reporting or information sharing. • Use professional judgement when reporting the incident, particularly if the alleged perpetrator is a member of staff with access to incident reports or who has close relationships with those who do. • Do not pressure the survivor to provide details or to re-read the written account of the incident if they do not wish to. • Avoid re-traumatising the survivor by asking them for information they are not ready to share. • The initial information gathering for the incident report is not the same thing as an investigation and should not be approached as such. • Ideally, essential support services should be accessible to the survivor without requiring management approval or knowledge of the incident.

Action	Guidance	Keep in mind
<p>Take actions with regards to the alleged perpetrator (if known)</p>	<ul style="list-style-type: none"> • 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 , 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 • 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 	<ul style="list-style-type: none"> • Remember that the organisation may have a duty of care towards the alleged perpetrator and must, therefore, review actions before taking them to ensure the alleged perpetrator’s wellbeing, safety and security. • Engaging with the alleged perpetrator can place the survivor at further risk of harm. • Ensure that safeguards are in place to protect the survivor or other reporter before taking any action involving the alleged perpetrator. • Ideally, do not engage the alleged perpetrator without the consent of the survivor unless there is a significant risk of further harm to the survivor or others.

	<p>member of staff.</p> <p>See Section 3.2.4. When the alleged perpetrator is a member of staff.</p>	
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Survivors may find it difficult to reach out for help due to shame and other factors, and, therefore, adding layers of bureaucracy or steps to access psychological care can discourage much-needed treatment.

Indirect trauma

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

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

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

3.2.2. Psychological response

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

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

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

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

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

<ul style="list-style-type: none"> • First responders • Survivor supporter (under pre-determined circumstances) 	<ul style="list-style-type: none"> • Safeguarding focal point • Human resources 	<ul style="list-style-type: none"> • Medical and mental health professionals • Others
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The organisation does not need to inform individuals who provide medical or psychological services about an incident. Survivors should decide whether they want to share information about the event with these individuals.

3.2.3. Incident reporting

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

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

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

Question	Guidance
Who needs to know about the incident?	<ul style="list-style-type: none"> • Only those who need to know should be informed of relevant details, such as the name of the survivor, their physical and emotional condition, and any plans for immediate and longer-term care and support. • The survivor should be informed who has been told about the sexual violence incident and what information they received. Permission to convey information should be sought from the survivor whenever possible. • If an incident management team is set up, its members need to know the location and an outline of the incident. They should not be aware of the name of the survivor or details beyond what is necessary. • For some funded organisations donors may need to be informed of the incident, in line with funding agreements, but this information should be kept

	<p>to a minimum and not include the name or other identifying details of the survivor. Organisations should aim to have very strict confidentiality agreements in place with donors to clarify what the donor will do with the information.</p> <ul style="list-style-type: none"> • Maintaining confidentiality does not mean that one staff member manages the entire incident and tells no one else. Other individuals within the organisation should know basic anonymous details about an incident so that they can ensure the best possible support for the survivor. • A failure to inform others that a serious incident has taken place may place other staff members at risk. Decisions around how to share information are extremely sensitive and involve balancing security and confidentiality. A security risk assessment needs to take place to guide the process.
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Staff should be aware that an adequate response to a serious sexual violence incident requires certain people to be informed of the event. However, only the treating professionals and a designated focal point need to know the survivor’s name and details. Other internal responders may know of the incident but should not know the identity of the survivor. Communications staff should monitor social media without knowing the names of survivors.

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

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

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

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

Question	Guidance
<p>If others know about the sexual violence incident, what are their responsibilities towards confidentiality?</p>	<ul style="list-style-type: none"> • Anyone who knows about the incident has a responsibility to protect the survivor’s confidentiality and privacy. The survivor’s identity and the details of the incident should not be disclosed to anyone who does not already know them or does not need to know them. • No information of any kind about the sexual violence incident should be shared on social media. Only the survivor can decide to share such information, ideally after a counsellor has explained the implications of making public statements.

	<ul style="list-style-type: none"> The importance of maintaining confidentiality and not sharing on social media should be explained to all staff members.
What are the legal requirements for reporting?	<ul style="list-style-type: none"> In New Zealand, the law requires reporting of serious incidents of sexual violence, such as rape. An organisation should know and consider their statutory, legal requirements.
How and why should sexual violence incidents be documented?	<ul style="list-style-type: none"> Documenting sexual violence from the initial notification through to closure of the case is advisable. It is often a good idea to document verbatim (word for word) what the survivor says about the event. However, it may not be appropriate to take notes during an initial disclosure. By documenting the incident, the organisation ensures there is a reliable written record of details for later recall; it also allows for adequate briefings of those who need to know, including staff members who may take over or follow up on a survivor's care and support. Responders who document incidents should avoid interpreting feelings and giving opinions or adding personal comments; they should record only the information that is presented, such as the time, date and names of people present. Some survivors may prefer to write down an account rather than telling someone; they should be offered that option.
How can an organisation ensure that documentation of sexual violence is kept secure and confidential?	<ul style="list-style-type: none"> All written documentation must be kept secure and confidential at all times. It may be stored in a locked cabinet or in a secure (password-protected) section of a server, with access granted only to those who need to know. An organisation is likely to be asked for clear records that have not been tampered with should a case be prosecuted in court.
Is the reporting process different for incidents of sexual harassment?	<ul style="list-style-type: none"> The guiding principles in this table apply to all incidents of sexual violence, including sexual harassment. It is important to remember that an organisation's perception of the severity of an incident will not necessarily align with how traumatic an individual found the incident. All sexual violence incidents must, therefore, be treated as serious. Staff members may not be sure about what constitutes an incident of sexual harassment that should be reported. Clear guidance should be provided to support survivors and bystanders in reporting. Some individuals may wish to report an incident of sexual harassment although they do not consider it grievous enough to warrant a full incident response. Staff in particular, may

	<p>wish to discuss an incident but not want further action taken, as this would place them at greater risk within their community. Bystanders may want to report inappropriate behaviour even if they do not think the offender needs to be formally disciplined.</p> <ul style="list-style-type: none"> • A reporting system should be flexible and allow focal points to respond to incidents informally, as appropriate.
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Type of information to convey	Full details (identity, injuries, etc.)	Incident location and impact on survivor (does not include identifying details of the survivor)	Incident outline but no identifying information of the survivor	Incident outline only with the survivor's express permission
Individuals who need to know	<ul style="list-style-type: none"> • Treating doctor / professionals (only to the extent needed for treatment) • If informed by the survivor, the survivor supporter • Safeguarding focal point 	<ul style="list-style-type: none"> • Survivor supporter • Other senior staff members (selected with the survivor's input) who may be required to take over or support incident management in a prolonged situation (if their involvement is assessed to improve support given to survivor) 	<ul style="list-style-type: none"> • Incident management team • Donor (only if there is a donor requirement and there is a very strict confidentiality process in place on what the donor will do with the information) • Other organisations in the location where the incident took place if there are risks posed to their staff 	<ul style="list-style-type: none"> • Local authorities, including the police • The family of the survivor • Other internal responders • Providers of medical, mental health or legal services

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

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

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

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

3.2.4. When the alleged perpetrator is a member of staff

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

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

Safeguarding the survivor and others

- If the allegations are severe, make arrangements for the alleged perpetrator to be suspended or placed on leave during the investigation, but try to keep the reason for their absence confidential.
- Ensure that the alleged perpetrator and survivor do not come into contact with one another if the allegations are of a severe nature. For harassment complaints, restrictions on potential contact should be discussed with the survivor.

Safeguarding the alleged perpetrator

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

Conducting an investigation

- Offer confidential psychological support to alleged perpetrators. Bear in mind that they can experience distress during the investigation process, which can result in anger, depression, anxiety and – in some cases – self-harm or suicidal thoughts or behaviour.
- Provide urgent and immediate care to alleged perpetrators exhibiting red flags.

Response and internal investigation process

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

Internal investigation outcome

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

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

- establish an incident management team, including family and communications support functions;

- assist the survivor with legal and justice processes;
- assist the survivor with ongoing medical and psychological support;
- assist the survivor supporter and others as appropriate;
- manage logistics and administrative support;

Action	Guidance	Keep in mind
<p>Establish an incident management team, including family and communications support functions</p>	<ul style="list-style-type: none"> • 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. • 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. 	<ul style="list-style-type: none"> • If information about the incident is already circulating among staff, then aim to brief these individuals on the need to maintain confidentiality. • With the survivor’s consent, ensure there is a dedicated phone line for the survivor’s family, partner, and others (e.g. legal representatives and doctors) to contact the organisation.

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

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

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

Action	Guidance	Keep in mind
<p>Assist the survivor with legal and justice processes</p>	<ul style="list-style-type: none"> • Discuss the legal process with the survivor to support them in making an informed decision on their involvement in any legal proceedings. 	<ul style="list-style-type: none"> • Use legal expertise. • Provide assistance with translation when necessary. • The legal process can be highly distressing for the

	<ul style="list-style-type: none"> • Provide ongoing support with any legal or justice processes, in line with the survivor’s wishes and relevant legal framework • Ensure the survivor has quality legal representation if needed for prosecution • Consider securing legal representation for the alleged perpetrator if they fall under the organisation’s duty of care. 	<p>survivor and alleged perpetrator.</p> <ul style="list-style-type: none"> • Additional psychological support may be required during the entire legal process.
<p>Assist the survivor with ongoing medical and psychological support</p>	<ul style="list-style-type: none"> • Provide the survivor with both practical (for example, logistical) and emotional support with ongoing medical and psychological care. • Offer the survivor psychological counselling • If quality psychological care – appropriate to the survivor’s culture – is not available where the survivor is located, offer remote counselling. 	<ul style="list-style-type: none"> • Keep an eye out for any warning signs (‘red flags’) that would require immediate referral of the survivor to specialised professional care.
<p>Assist the survivor supporter and others as appropriate</p>	<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • Sexual violence incidents can be distressing for individuals besides the survivor, such as staff who were previously exposed to sexual violence. • Some staff may be particularly concerned about their safety and security • The survivor supporter is at high risk of secondary trauma. • Be aware that all individuals who provide support to the survivor may also feel distressed by what they see and hear.

	the individual falls under the organisation's duty of care.	
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Action	Guidance	Keep in mind
	<ul style="list-style-type: none"> • 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. 	<ul style="list-style-type: none"> • Group sessions for staff members who are aware of the incident can help to dispel rumours, offer a space to raise concerns, provide reassurance and allow trained focal points or senior management to explain what is being done to ensure the safety, security and well-being of all staff.
Manage logistics and administrative support	<ul style="list-style-type: none"> • 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. 	<ul style="list-style-type: none"> • Make sure that the survivor is comfortable with the arrangements. • Keep the survivor regularly informed of actions being taken by the organisation in response to the incident.

	<ul style="list-style-type: none"> Put in place a regular check-in schedule with the survivor and/or survivor supporter in order to discuss needs, concerns and other information. 	
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Post-incident actions and aftercare

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

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

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

Action	Guidance	Keep in mind
Develop a plan with the survivor on returning to work, relocation, medical leave	<ul style="list-style-type: none"> Meet with the survivor to determine a plan for a return to work, relocation, medical leave. Ensure that the survivor knows they may be relocated immediately for care, depending on their medical, psychological, security and personal needs. 	<ul style="list-style-type: none"> Be prepared to participate in a long cooperative process with the survivor as it may take time for the survivor to decide to return to work, or be relocated. Recognise that relocation decisions primarily depend on the health and security needs of the survivor, and on their wishes (as long as their choice does not put them at further risk of harm).

4.1. Overview of post-incident actions and aftercare

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

Action	Guidance	Keep in mind
	<ul style="list-style-type: none"> 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. 	<ul style="list-style-type: none"> Sometimes an organisation determines that the survivor’s decision to return to work raises security or psychological concerns that outweigh the interests of the survivor or the organisation. The organisation needs to be prepared to deal with this type of situation.
Arrange medical, psychological and/or legal follow-up care and support	<ul style="list-style-type: none"> 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. 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 	<ul style="list-style-type: none"> Ongoing psychological support and care allow survivors to be assessed and treated for potential post- traumatic symptoms and adjustment difficulties after a sexual violence incident. Some survivors of sexual violence may develop post- traumatic stress disorder (PTSD) symptoms long after the incident occurred. These are very distressing and can lead to impairments in the ability of the person to function in their daily life and work.

	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.	
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Action	Guidance	Keep in mind
Consider initiating an investigation	<ul style="list-style-type: none"> Consider initiating an internal investigation and/ or contributing to an external investigation. 	<ul style="list-style-type: none"> <u>Internal investigations should only be carried out by independent and trained individuals.</u>

4.2. Survivor support plan

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

The support plan should cover:

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

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

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

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

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

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

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

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

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

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

4.3. Conducting an investigation

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

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

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

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

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

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

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

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

The following are common complaints about investigations:

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

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

Conducting an investigation

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

4.4. Post-incident review

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

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

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

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

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

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

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

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

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