



DOCUMENTING CONFLICT-RELATED SEXUAL VIOLENCE

A SURVIVOR-CENTRED FIELD MANUAL

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INTRODUCTION A MANUAL FOR DOCUMENTERS

Who is this Manual For?

This manual supports frontline documenters, human rights defenders, and community actors who may speak with survivors or witnesses of conflict-related sexual violence (CRSV). It provides clear, practical guidance to help document CRSV in ways that are safe, ethical, and survivor-centred.

CRSV is widely under-reported due to fear, stigma, shame, and limited access to protection or support. When documentation is carried out with care, it can help survivors access justice, contribute to reparation processes, support referrals, and strengthen accountability efforts. When documentation is carried out poorly, however, it can expose survivors to further risk, cause emotional harm, or jeopardise future justice processes.

This manual draws on victims' rights, trauma-informed practice, and the Murad Code, emphasising dignity, choice, confidentiality, and risk awareness. Documentation should proceed only when it is safe, appropriate, and capable of adding value for the survivor.

The Documentation Workflow

The steps below outline the survivor-centred workflow that guides this manual. Each stage is designed to minimise harm and support safe, meaningful documentation.



How the manual is organised

This manual follows the documentation workflow above. Each part supports a different stage of the process, with Part 1 providing a foundation.

Part 1: Survivor-Centred Approach

The foundation for all documentation: rights, trauma, protection and confidentiality.

Part 2: Preparation

How to prepare yourself before approaching survivors, including purpose, cultural considerations and risk assessment.

Part 3: Working Practice

Practical guidance for conducting safe, ethical interviews, gaining informed consent and collecting only the information needed.

Part 4: Follow-Up

How to ensure safe referrals, survivor support and documenter wellbeing.

Annex: Tools and Templates

Practical forms, checklists and questionnaires to support each stage.

WHAT DO WE MEAN BY DOCUMENTATION?

Human rights violations or international crimes can be documented for various purposes including research, reporting, advocacy, criminal prosecutions or submitting complaints to human rights bodies. Documentation can involve different activities, including:

- **Determining** what information is needed and drafting a plan or concept, including a risk assessment and referral pathways for survivor support.
- **Establishing** a safe and ethical method for acquiring information that is survivorcentred, ensuring informed consent, and protecting victims' dignity, safety, confidentiality, and access to justice.
- **Collecting** testimonies or physical evidence (photographs, videos, medical reports, documents) in a way that preserves the chain of custody and avoids re-traumatisation.
- **Verifying** facts by cross-checking with other sources, noting that trauma may affect memory, and clearly flagging any unverified information.
- **Organising** the data securely, anonymising survivor identities, and recording names, dates, and details in a structured format that allows analysis and retrieval.
- **Compiling and drafting** reports or submissions in line with the requirements of the receiving body, distinguishing clearly between verified facts, allegations, and analysis.
- **Using** the evidence responsibly, sharing with appropriate national or international actors while assessing and mitigating risks for survivors, witnesses, and defenders.
- **Storing and preserving** evidence safely (eg. digital encryption, locked storage) and documenting the chain of custody to protect credibility and allow future use.

Why is documenting CRSV important?

Accountability for atrocity crimes is generally low, with sexual violence crimes particularly hard to prove. There are many obstacles to achieving accountability, with a key obstacle being a lack of reliable evidence available to relevant authorities.

Documenting CRSV is essential to:

- raise awareness of the scale, scope and impact of sexual violence,
- advocate for adequate policy responses such as health and psychosocial support for survivors and access to education for children born of CRSV,
- support survivors to access justice and reparation measures,
- hold perpetrators to account
- help prevent further violence.

Documentation provides credible evidence that can be used by legal systems, human rights organisations, and protection agencies.

Evidence of the scale and scope of the issue is crucial for prevention and policy change.

Documentation can Support Survivors

When done with respect, confidentiality, and care, documentation can empower survivors by acknowledging harm and connecting them to support services. It can validate their experiences and contribute to healing. However, documentation must never cause harm—avoiding retraumatisation and protecting privacy are key. This manual aims to support safety, putting survivors' rights and well-being first.

PURPOSES FOR DOCUMENTING

Documentation should be guided by a clear and specific purpose. In practice, there is often an urge to document and interview victims in the aftermath of mass violations. However, clarity about the use(s) of the information being collected will help ensure that the process is safe, ethical and fit for the intended use. Different purposes require different approaches, and not all situations require detailed interviews with victims.

Documentation should only proceed when the purpose and steps are clear, when it can add value for the survivor and where harm to victims is minimised.

The following is a guide to work through the purposes and type of information needed:

	Publicity level	Purpose	What information?	How to collect it
1. Monitoring & Reporting for advocacy and awareness raising	PUBLIC	To understand and communicate the scale, scope, severity and patterns of violations, identify targeted groups and call for action.	Contextual framing that situates violations. Type and scale of violations. Profiles of victims: age, gender, ethnicity. Wider pattern of conduct. Perpetrator information (if safe). Geographic patterns: villages, neighbourhoods, displacement routes.	Use anonymised accounts and pseudonyms or codes to protect identities. Use information from multiple sources. Interview witnesses who are not direct victims where possible. Use survivor testimonies sparingly and only with informed consent; avoid graphic details.
2. Submissions to Human Rights Bodies, Inquiries or UN Special Procedures	PUBLIC or CONFIDENTIAL	To build a human rights record, strengthen UN or other official findings about the facts, and influence measures that need to be taken.	Contextual framing of the violations. Dates, locations, type and number of violations. Profiles of victims: age, gender and ethnicity. Wider pattern of conduct. Perpetrator information (if safe).	Use semi-structured interviews only when safe. Do not seek forensic detail; focus on patterns and contextual information. Avoid repeated questioning.
3. Accountability and Justice (Criminal Proceedings)	CONFIDENTIAL	For potential use by prosecutors or transitional justice mechanisms.	Survivor accounts with full consent. Sequence of events. Perpetrator information (if safe and known). Related evidence (e.g., medical records, but only with consent).	Check the requirements for the relevant jurisdiction with a lawyer. Use semi-structured interviews only when safe. Do not seek forensic detail; focus on patterns and contextual information. Avoid repeated questioning.
4. Compensation or Reparation claims	CONFIDENTIAL	To support individual or collective reparation processes.	 Physical, psychological, economic, and social impacts. Losses and ongoing needs. Harm to family or livelihood. 	Focus on consequences rather than assault details. Use structured impact questions. Collect only what is relevant for assessing harm.
5. Referrals for Support and Services	CONFIDENTIAL	To facilitate access to health, psychosocial, legal or protection services.	 Only essential information: urgent needs. Contact information and preferences. Check with service providers as to what information is required. 	Brief, supportive conversations. Do not record unnecessary detail. Always get permission before sharing information with service providers.

WHAT IS CONFLICT-RELATED SEXUAL VIOLENCE?

The term "conflict-related sexual violence" refers to any act of sexual violence, with direct or indirect link to conflict, perpetrated against women, men, girls or boys. It can include rape, sexual slavery, forced prostitution, forced pregnancy, forced abortion, enforced sterilisation, forced marriage and any other form of sexual violence of comparable gravity. It can also be an act that targets a person's sexual function or organs.

Link to Conflict:



- **Profile of the perpetrator:** the perpetrator could be a member of the armed forces, an armed group, militia, intelligence agency or other law enforcement entity,
- Geographic link: closeness in physical proximity to armed conflict,
- Time link: closeness in time between the act and the conflict,
- Causal link: connection to the conflict in terms of cause and effect.

Is there a need to show a use of force or lack of consent?



• No, under international law conflict-related sexual violence does not need to involve physical force or violence. The coercive or threatening environment makes consent irrelevant. If the perpetrator carried a gun, this would create a threatening context and consent becomes irrelevant.

SEXUAL VIOLENCE CRIMES IN THE ICC ROME STATUTE

Rape: Where a perpetrator invades a person's body, resulting in penetration, however slight, of any part of the victim's body or the perpetrator's body with a sexual organ, object or body part. The act takes place by force, threat of force, coercion, exploiting a coercive environment, or against a person incapable of giving genuine consent (such as a child).

Sexual slavery: Whereby a perpetrator exercises powers of ownership over one or more persons and causes them to engage in acts of a sexual nature, including treating them as property and compelling sexual acts, often in the context of enslavement.

Forced prostitution: Whereby a perpetrator causes a person to engage in sexual acts by force or coercion and knowingly gains or expects to gain some form of benefit from those acts or from allowing others to engage in them.

Forced pregnancy: When someone is made to stay pregnant or is forced to become pregnant, often through rape.

OTHER FORMS OF SEXUAL VIOLENCE OF COMPARABLE GRAVITY INCLUDE

Forced marriage: When someone is made to marry another person without choosing freely or giving their full agreement.

Forced nudity: When someone is forced to take off their clothes in front of others to shame or humiliate them.

Sexual torture: When sexual acts are used to hurt, punish, or scare someone—like rape, abuse, or threats during beatings or interrogations.

Sexual humiliation: When someone is shamed or embarrassed in a sexual way—through words, actions, or being exposed in front of others.

WHAT ARE THE IMPACTS OF CRSV?

PHYSICAL IMPACTS

Survivors may suffer severe injuries, including fistula, disability, or chronic pain. Sexual violence can lead to unwanted pregnancy, sterility, sexual dysfunction or complications in childbirth. Survivors are at risk of sexually transmitted infections, including HIV/AIDS, which carry lasting consequences.

SOCIAL IMPACTS

STIGMA, SILENCE, AND SHAME

Sexual violence attracts deep stigma. Survivors may be blamed, rejected by their families, or punished. Because honour is often linked to a woman's perceived purity, survivors are often pressured into silence or abandoned by husbands or family.

RELATIONAL IMPACTS

PARTNER

Survivors may face abandonment, blame, or violence from their partners. In some cases, survivors are forced into silence to preserve family "honour", leaving them isolated from emotional or practical support.

IMMEDIATE FAMILY

Families struggle with shame, fear, or stigma. Some provide care and protection, while others may distance themselves, reject, or expel the survivor. Relatives may also fear retaliation or social exclusion if they stand by the survivor.

CHILDREN

Pregnancy as a result of CRSV has significant and long-lasting consequences for mothers and children. Mothers may already struggle with trauma and family rejection, directly impacting shelter, livelihood, protection and the ability to pay for the schooling of their child. Support is critical to help mothers accept their child.

ECONOMIC IMPACT

CRSV can strip survivors of economic security. Some are abandoned by their families or partners, leaving them homeless or without financial support. Others lose jobs, income, or access to education due to stigma, trauma or poor health as a result of CRSV. Exclusion from economic life further deepens survivors' vulnerability and dependence.

PSYCHOLOGICAL IMPACTS

The trauma of sexual violence can leave deep psychological scars. Survivors often experience anxiety, flashbacks, nightmares, depression and hopelessness. Feelings of guilt and shame are common, and some struggle with insomnia or suicidal thoughts.

FEARS OF RETALIATION

Survivors and their families may fear backlash from armed groups, community members, or even their own families if they speak out. In conflict areas, there is often little protection from such threats, which makes reporting dangerous.

LACK OF SAFE WAYS TO REPORT

There are few safe, trusted places for survivors to report what happened. Many fear being disbelieved, judged, or further harmed. Reporting mechanisms are often limited, poorly resourced, or not survivor-centred.

UPHOLDING THE MURAD CODE

What is the Murad Code?

The Murad Code is a voluntary **code of conduct** for gathering or using information about systematic or conflict-related sexual violence promoted by Nadia Murad, a Yazidi survivor of ISIS violence. You can find the code here: **https://www.muradcode.com.** Its purpose is to ensure documentation is ethical, survivor-centred, safe and effective — protecting survivors' dignity, privacy, mental and physical safety; and increasing the reliability and usefulness of information for justice, accountability, advocacy, or research.

Key Principles:

Apply a survivor-centred approach. Always prioritise the dignity, rights, and well-being of survivors: their safety, consent, privacy, emotional/psychosocial needs come before documentation objectives.		
Before starting, understand the context (culture, security, trauma sensitivities), plan safe time/place, privacy and security logistics, and ensure you have resources for follow-up (referral, support).		
Use trauma-informed methods: speak sensitively, avoid intrusive or insensitive questioning, phrase questions to avoid blame, allow survivors to set the pace; ensure confidentiality, secure data handling, and avoid additional risks.		
Documentation/interviews should be done by, or under the supervision of, people properly trained in CRSV documentation who are aware of trauma-informed practices, protection, safety, informed consent, data security, and ethical standards.		
Recognise that sexual violence is deeply traumatic: adopt methods that respect survivors' agency, autonomy and consent; allow them to choose what, when and how much to share; avoid judgement or victim-blaming.		
Be clear about purpose (why information is being collected, how it will be used), obtain informed consent, be honest about risks/benefits, be accountable to survivors.		
Handle data (interviews, records, photos, files) with care: store securely, limit access, protect identity/privacy, avoid unnecessary duplication, and ensure data is used only for agreed purposes.		
When possible, involve survivors in designing documentation protocols and respect their voices, choices, and agency — documentation should be survivor-driven and survivor-owned.		

PART 1. A SURVIVOR-CENTRED APPROACH

Victims and survivors are rights-holders.

"A victim-centred approach prioritises listening, avoids re-traumatisation, and systematically focuses on victims' safety, rights, well-being, and their expressed needs and choices. The purpose is to give back as much control to victims as feasible and to ensure empathetic delivery of services in a non-judgmental manner." - UNHCR 2020

In accordance with the UN 2005 Basic Principles on Victims' Rights to a Remedy and Reparation, victims have a right to be informed about processes that affect their rights, be treated with dignity and respect, and be free from discrimination. They have a right to protection, support and assistance in connection with their right to access justice and claim reparation.

VICTIMS OF INTERNATIONAL CRIMES HAVE A RIGHT TO:

INFORMATION

- About rights and available processes;
- The status and progress of proceedings;
- Available support

PARTICIPATION (ACCESS TO JUSTICE)

- Victims have the right to access justice
- Participate in judicial and administrative processes
- Have their views and concerns heard and considered
- Access to legal assistance.

PROTECTION

Victims have a right to b protected from physical and psycho-social harm

- revictimisation:
- Reprisals
- Intimidation during or after proceedings.

Victim's Rights

SPECIAL TREATMENT

Victims have a right to be treated with:

- dignity,
- respect for privacy
- confidentiality
- non-discrimination
- humanity
- (. (compassion)

ASSISTANCE (LEGAL REPRESENTATION)

Victims have a right to assistance and support including legal assistance

REPARATION

- Victims have the right to adequate, effective, and prompt reparation.
- Proportionate to the harm suffered

WHAT ARE VICTIMS' RIGHTS?

1. INFORMATION

Information about the purposes of documentation and related legal processes should be provided neutrally, allowing victims to make an informed decision about their engagement. Both the positive and the negative aspects of potential engagement should be portrayed, noting that access to justice is a right, not an obligation.

MANAGING EXPECTATIONS

In providing information and advice, there is a need to be realistic about the prospects of justice. Creating false hopes should be avoided. The challenges, risks and length of potential proceedings should be emphasised to victims.

CULTURAL SENSITIVITY

Consideration of the cultural sensitivities around conflict-related sexual violence is critical. Dedicated strategies are needed to reach victims of CRSV, particularly child victims and vulnerable groups such as the elderly, people living with disabilities, and minority or marginalised groups.

2. ASSISTANCE FOR IMMEDIATE NEEDS

The immediate needs of victims in an ongoing or aftermath of conflict are likely to be for survival and security rather than justice or reconciliation, though the latter may take on greater prominence if and as the security situation improves.

SUPPORT AND REFERRALS

Thought needs to be given to providing psychosocial support from an experienced expert as well as supporting with referrals to available services.

3. PROTECTION

Assessment of security risks, including psychological impacts, is critical. Discretion, confidentiality and protection of identity are key, not only to protect the victim, but also to protect intermediaries who may be at risk by association. Victims and those they are close to should be advised not to disclose their engagement with justice processes. The most frequent cause of exposure of a victim or an intermediary is by victims themselves.

PSYCHOSOCIAL PROTECTION

When ensuring protection in the context of documentation, we include psychosocial protection. Strategies should not result in increased anxiety, retraumatisation, or social consequences within the family or community.

4. ACCESS TO JUSTICE

When documenting with a victim-centred approach, the **purpose** should enhance victims' rights to access justice. It should not be an extractive process, but one that ensures a longer-term relationship to support access to justice.

5. REPARATION

While reparation measures may not be immediately available, victims' right to a remedy and reparation is a combined right. Thought should be given to documenting the **impact** of harm in view of making a claim for reparation (which may include restitution of rights or property, rehabilitation, compensation, or satisfaction measures.

UNDERSTANDING TRAUMA



WHAT IS TRAUMA?

Trauma is a deep emotional, physical, and psychological response to a distressing event, such as conflict-related sexual violence. It affects how survivors feel, think, and interact with others.

Trauma is often described as if it is a single event, but more often it is an ongoing experience because the trauma is not resolved. New things happen and these all become part of the traumatic experience.

Facts and Myths

We all respond to trauma in different ways.

There is no "right" or "wrong" way to respond.

People's response to trauma exists on a spectrum.



There are some common trauma signs and symptoms.

Signs can be both emotional or physical.

Sometimes we distinguish between acute, chronic or complex trauma.

SYMPTOMS CAN INCLUDE:

Physical Symptoms

Survivors may experience headaches, fatigue, stomach pain, sleep disturbances, over- or undereating, alcohol or substance abuse, or physical ailments without clear medical cause. These symptoms are the body's response to extreme stress.

Psychological Symptoms

Trauma can cause fear, anxiety, depression, anger, flashbacks, nightmares, difficulty concentrating, difficulty sleeping or feelings of numbness and helplessness. Survivors might also struggle with trust and feelings of isolation.

Social Symptoms

Trauma may lead survivors to withdraw from family, friends, or community. They might avoid places or people that remind them of the event. Stigma and shame can deepen this isolation.

Community-Level Symptoms

Indicators of community-level trauma may include widespread hostility, such as acts of violence or mistrust toward newcomers, and a general lack of cooperation, with communities rejecting change or believing that nothing good can happen. Increased use of drugs and alcohol, a breakdown of respect for the rule of law, and rising rates of divorce, domestic violence, child abuse and neglect and suicide, are also signs of deep collective harm.

Together, these patterns can reflect the long-term social and psychological impact of conflict-related sexual violence on a community.

Facts and Myths

PROTECTION PRINCIPLES

Documenting violations can expose survivors, their families, and documenters to significant risks. Protection is not a single step: it is a constant awareness. The principles below aim to strengthen documenters' reflexes and judgment to promote safety, dignity and wellbeing.

1. SAFETY OVER INFORMATION

Survivors' safety comes first. Documentation should not proceed where it may increase physical, psychological or social risk. This includes when privacy cannot be assured, perpetrators may be nearby, or a survivor appears distressed or exposed. Verify if the violence has already been documented to avoid repeated questioning. A documenter's presence should not increase risk.

2. PREVENTION IS THE BEST PROTECTION

Confidentiality of survivors' identities and involvement is essential. This includes discreet meetings, avoiding identifiable details in notes, and secure handling of information.

Survivors may want to share their participation with a trusted person. Discussing risks is important, as prevention is the best protection. Once someone is exposed, protection will become difficult.

3. CHOICE AND CONTROL

Participation in documentation is the survivor's choice. After providing clear explanations of purpose, potential risks, areas of questioning and the right to pause or stop at any point, it is important to understand survivors' views and how they want to exercise their rights. No survivor should feel pressure to recount events or provide details they do not wish to share.

4. NO ABSOLUTE GUARANTEE OF ANONYMITY

Complete anonymity cannot always be ensured, particularly in criminal processes. If a victim becomes a witness in a criminal case, at some point the defence will have the right to know the witness's identity.

Realistic explanations of protective measures and the potential limits of anonymity enable survivors to make informed choices. It is critical to never make promises that cannot be guaranteed. Seek advice if a victim or witness wants to be part of a case.

5. COLLECTING RELEVANT INFORMATION

Only information relevant to the defined purpose should be gathered. Collecting unnecessary, identifying or sensitive details can increase risk. Decisions regarding note-taking, storage and potential access require careful planning.



6. SAFE AND CONTEXT-APPROPRIATE MEETINGS

Where and how you meet affects safety. Select locations where the survivor has a natural reason to be, ensure they cannot be overheard, and avoid patterns of repeated or visible visits. Meetings should appear ordinary within the community context.

7. ATTENTION TO PSYCHOSOCIAL CARE

Discussing CRSV can trigger distress or retraumatisation. Assess whether the survivor is emotionally ready, avoid intrusive or repetitive questioning, and ensure that referral options exist if support is needed. Always leave survivors feeling safer and more in control than before the meeting.

8. APPROPRIATE USE OF INTERPRETERS AND SUPPORT PERSONS

Interpreters, community focal points, drivers and other support persons play an important role. Information sharing should be on a need-to-know basis. Creating a cover activity for the work can help protect those involved. Involvement of wider support persons should be based on trust, confidentiality, gender and cultural appropriateness, and a clear understanding of their responsibilities.

9. SPECIAL CARE FOR CHILDREN AND OTHER VULNERABLE SURVIVORS

Children, people with disabilities, elderly survivors, and survivors with high stigma or dependency require extra protection.

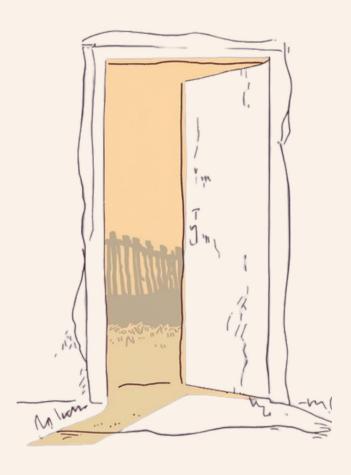
Principles fir special protection include:

- prioritising best interests of the child,
- informed consent from both child and guardian (when appropriate),
- heightened confidentiality,
- trauma-sensitive methods,
- not interviewing unaccompanied or unsupported children.

10. ANTICIPATE EXPOSURE AND PLAN FOR IT

Protection involves anticipating how exposure could occur and planning for potential scenarios. Consideration may be given to whether community attention, perpetrator presence, information leakage or unintended disclosure could arise.

Identify simple and realistic contingency measures to support safety throughout the documentation process.



PART 2. PREPARATION

WHO SHOULD DOCUMENT?

WOMEN DOCUMENTERS AND COMMUNITY MEMBERS

Whenever possible, it is important to involve women in documentation—especially local women activists, teachers, nurses, or community volunteers who are already known to survivors and trusted by them. Their presence can make survivors feel safer and there are possible benefits for sustainable engagement and follow-up. Community members often know the cultural dynamics and can approach sensitive situations with care, provide advice and breach language barriers.

CAN MEN DOCUMENT SEXUAL VIOLENCE?

In principle yes—when trained carefully and if acceptable to survivors. However, if interviewing women or girls, and no female documenters are available, male documenters must understand the deep sensitivity of CRSV and approach it with humility, respect, and awareness of gendered power dynamics. Survivors, especially women, may not feel safe speaking with men. It is imperative to consult and assess whether a male documenter is appropriate for the situation. Even if consent is given, the information revealed may be impaired if survivors are not comfortable.

MEN AND BOYS CAN BE CRSV SURVIVORS TOO

It is also essential to remember that men and boys can be victims of sexual violence as well. Sexualised torture, particularly in detention settings, is relatively common. If torture is known to occur in certain detention settings, it can be assumed that sexualised torture will also be taking place. Male survivors can

experience unspeakable humiliation, which can inhibit reporting, rendering these crimes almost invisible. Male victims are unlikely to speak unless the environment is very safe and confidential. Sensitive, skilled and trained documenters of any gender are needed to ensure male survivors are not left out.

PSYCHOSOCIAL SUPPORT PERSONS

Psychosocial support persons, particularly those known to victims or who are intimate with their culture, can be key in the documentation process and should be present whenever possible. They may not be best placed to lead a documentation effort, but may conduct interviews or meetings with particularly vulnerable victims in some circumstances. More about their role is covered in the section on "who should be present" on page 17.

TRAUMA-INFORMED DOCUMENTERS

Answering questions about sexual violence is very difficult. Documentation/ interviews must be done by or under the supervision of trained, skilled and ethical practitioners. A useful training exercise is to think of the worst experience you have ever had, and to try to describe it to a friend or colleague.

- How much can you remember?
- Can you trust this person?
- What do you want to reveal or conceal? or perhaps save for later?
- Do you experience shame, humiliation, inadequacy?
- Does it matter if the person is not really listening, not really interested, or in a hurry?
- What if you are interrupted mid-flow?
- Does it matter that you feel they care?
- What kind of questions feel acceptable?

CONDUCTING A RISK ASSESSMENT

A risk assessment helps determine whether documentation can proceed safely and what mitigation measures may be required to protect survivors, their families, communities and documenters. It is not a single action but an ongoing process that begins before any contact and continues throughout the interaction.

A risk assessment can be conducted as a 3-stage process: before, during and after contact.

1. BEFORE CONTACT: Assessing the Environment

Consider the broader context and any relevant information available, including:

- recent incidents or patterns of violence in the area,
- presence or movement of armed actors,
- likelihood of surveillance or community scrutiny,
- · availability of safe meeting locations,
- support services accessible to survivors, if needed,
- whether documenting at this time may provoke stigma, reprisals or pressure.

The Risk Assessment Template in the Tool kit Annex can be used to structure this review.

2. PREPARING: Assessing the Survivor's Situation

Consider what is known about the survivor and their circumstances, including:

- whether privacy can realistically be ensured,
- if the survivor may face stigma, reprisals or pressure if the meeting becomes known,
- whether the survivor appears ready and able to speak, based on initial observations,
- whether the survivor's immediate needs (e.g., health, safety, shelter) take priority,
- whether approaching the survivor may inadvertently expose them.

This assessment may be revised as more information becomes available.

3. DURING CONTACT: Dynamic Assessment

Risk continues to evolve during an interaction. Documenters should remain alert to:

- signs that the survivor is uncomfortable, distressed or unsafe,
- unexpected arrivals, changes in the setting or new information suggesting new risks,
- concerns expressed by the survivor about confidentiality or consequences

If risks increase or cannot be managed, documentation should be paused or discontinued - use the Risk Assessement template in the Annex to work through the risks.

Decision-Making: Mitigate - Proceed - Stop?

The risk assessment should support one of three decisions:

- Proceed, if risks are low or can be reduced to an acceptable level,
- Proceed with safeguards, if risks exist but can be mitigated,
- Do not proceed, or postpone, if risks cannot be reduced or if harm could be caused.

Review your decision making if any factors change or new information becomes known.



IDENTIFYING BEST APPROACHES

PLANNING SAFE WAYS TO INFORM AND REACH SURVIVORS

Before documentation begins, it is important to identify safe and appropriate ways for survivors to learn about the opportunity to participate. The approach should respect survivors' agency, minimise visibility, and align with local dynamics. The aim is not to select individuals for documentation but to create conditions in which survivors can decide for themselves whether they wish to engage. Survivors should not feel profiled or singled out. **Survivor-led dynamics are key to a survivor-centred approach.**

1. USING TRAINED AND TRUSTED INTERMEDIARIES

Survivors usually learn about opportunities through people and structures they already trust, such as:

- local civil society organisations,
- women's groups or networks,
- · community-based protection actors,
- protection actors or trained focal points.

Intermediaries may need training and should be briefed to share neutral, factual and accessible information, avoiding influence or pressure. Their role is to inform, not to recruit, and to ensure survivors can decline privately.

2. SUPPORTING SURVIVOR AGENCY

Information should allow survivors to make their own choices. The approach should allow survivors to come forward if they choose, and in a way that addresses their needs:

- they should know what the meeting is about before deciding to come,
- provision should be made to pay for transport, child care, food and water as well as compensation for lost work,
- messages should not create obligation, expectation or pressure.

3. WORKING WITH WOMEN'S GROUPS

Women's groups or networks often provide the safest pathways to survivors due to their knowledge of community dynamics, gendered risks and informal support. During preparation, they may help to:

- identify safe channels and messages to communicate with women and girls,
- understand potential stigma or barriers,
- anticipate who may need additional support or reassurance.

Their involvement should be shaped by their capacity and willingness, ensuring they are not exposed to additional risk.

4. COMMUNITY OR RELIGIOUS LEADERS

Community leaders may influence how documentation is perceived. It may be helpful to understand:

- what leaders' attitudes are toward CRSV survivors.
- if leaders are trusted by survivors or if they contribute to stigma,
- whether their awareness would reduce suspicion, stigma or increase visibility,
- whether their involvement might create pressure on survivors or compromise confidentiality.

CHECK LIST



- 1. What information will survivors receive, and who will share it?
- 2. Do intermediaries need training to understand survivor-centred approaches?
- 3. What support will survivors have access to if they decide to participate?

PART 3. WORKING PRACTICES

EXPLAINING PURPOSES OF DOCUMENTING

SUPPORTING SURVIVORS TO UNDERSTAND THEIR OPTIONS AND EXERCISE THEIR RIGHTS

Explaining why documentation is taking place is an important step in supporting survivors to make their own choices about participation. Survivors have the right to decide how their story is shared, for what purpose, and with which processes. This conversation should create space for questions, reflection and choice, enabling survivors to identify the options that feel safest and most meaningful to them.



PRESENT PURPOSES CLEARLY

Survivors should receive a simple explanation for:

- why documentation is being carried out and what processes it may feed into,
- who may use the information in different scenarios and how,
- what level of detail might be asked and shared with whom,
- if anonymity can be guaranteed.

SUPPORT SURVIVORS TO EXPLORE THEIR OPTIONS

Different survivors may value different outcomes. After hearing the purpose(s), survivors should have space to consider:

- whether they want their information used for monitoring, advocacy, accountability, or reparation processes,
- whether they prefer to share information anonymously,
- whether they wish to contribute now or at a later time, if then follow-up contact or no further engagement.

MANAGE EXPECTATIONS HONESTLY

Support a realistic understanding of what documentation can and cannot achieve:

- be honest about the limits of justice mechanisms
- be clear that documentation does not guarantee assistance or outcomes
- recognise that some legal processes may take a long time or progress slowly

EXPLAIN CONFIDENTIALITY IN RELATION TO DIFFERENT PURPOSES

Understanding confidentiality helps survivors exercise agency. Survivors should know:

- who will or could see their information and under what conditions,
- how their information will be protected,
- limits to anonymity in certain justice processes.

INFORMED CONSENT

Informed consent is essential for safe, ethical documentation. It is not a tick box or a signature — it is a process. Survivors must understand what participation involves, what the intended purpose(s) is, and be able to decide freely. Consent may be withdrawn at any time.

WHAT 'INFORMED' MEANS

Before collecting any information, survivors should have the chance to understand:

- why information is being collected and how it will be used,
- who may see it and under what conditions,
- what risks or limits exist, including limits to confidentiality,
- what options they have, including partial or anonymous participation.

Survivors should be encouraged to ask questions, take time to decide and discuss the decision.

CONSENT IS FOR A SPECIFIC PURPOSE

Consent must relate to defined uses of information. Survivors may agree to one purpose and decline another. Common options include:

- providing anonymous information for monitoring or advocacy,
- · agreeing to a confidential submission to a human rights body,
- sharing information for a legal complaint or criminal process,
- giving details relevant to a reparation claim, or agreeing to follow-up contact for referrals.

CONSENT IS ONGOING

Consent is never a one-time step. Survivors may withdraw consent at any moment, change what they are comfortable sharing, pause the interview or decide later that they do not want their information used in a particular process. Documenters should check in regularly, especially when moving to more sensitive topics.

RECORDING CONSENT

Consent can be recorded in different ways depending on what is safe. It can include verbal consent noted by the documenter, consent with a witness, or written consent. Victims do not need to be given a copy of their consent: this could put them at risk.

CHECKLIST FOR EFFECTIVE CONSENT



The survivor has the opportunity to make free and informed decisions based on genuine explanations about:

- The purpose for collecting the information: including how, when and for what it will be used and stored,
- who will have access to the information,
- the risks, limits of confidentiality, and possible outcomes.



Has consent been recorded (verbal, noted or written)?



Is consent specific to the action (interview, note taking, photos, submission to specific legal entity, etc.)?



Has the survivor been reminded that they can withdraw consent at any time

SOURCES OF INFORMATION

While documenting information from victims is important, numerous alternative sources should also be explored, reducing pressure on victims and building a fuller picture of events, locations, perpetrators and impacts. All information should be collected only when it is safe, relevant and within the documenter's capacity to store securely.

INFORMATION FROM VICTIMS AND WITNESSES

Interviews with victims or witnesses are a key source of information: they provide first-hand and often timely evidence establishing facts on the ground. Information can include details of specific incidents, patterns of violence or displacement. Details about how violations were carried out can build a credible record. Testimonies can be compelling to establish a record and raise awareness.

Note that testimonies can constitute evidentiary material that may be subject to disclosure obligations in criminal trials. If supporting criminal trials is a purpose, seek advice before conducting interviews to avoid evidentiary issues. This is discussed further in *What Information to Collect* on page 19.

INFORMATION FROM COMMUNITY MEMBERS

Others may also hold valuable information on attacks during which specific violations occurred, such as raids or bombardment. Information from community members including 'hearsay evidence' can corroborate facts and fill in the contextual picture.

MEDICAL OR PSYCHOSOCIAL OBSERVATIONS

Where survivors have accessed services, providers may hold records of injuries, timelines of when care was sought, or information on psychological or social impacts. Documenters should avoid collecting sensitive medical files unless **chain of custody can be assured and secure storage** is available. Summaries of information may be sufficient.

PHOTOS OR VIDEOS USING SAFE UPLOAD AND ENCRYPTED TOOLS

Photos can help document injuries, destroyed property, or locations linked to attacks — but only when survivors consent and where it is safe to create, store and share them.

If photographs are taken or shared with the documenter:

- ensure informed, purpose-specific consent and explain risks
- avoid identifiable images unless essential and safe
- use tools designed for secure documentation (e.g., <u>eyeWitness to</u> <u>Atrocities App</u>) which store metadata, can be uploaded to a secure server and protect chain of custody
- never ask survivors to take photos themselves or share files if doing so could expose them to risk

PUBLIC, DIGITAL AND OPEN SOURCE DATA

A lot of information is posted to social media or shared on WhatsApp or Signal groups. These can significantly increase the credibility of victim accounts.

Documenters should never ask survivors or intermediaries to search or share digital files. Documenters should note any public material mentioned and retrieve these directly.

WHO SHOULD BE INTERVIEWED?

Not all information must come directly from survivors. Many details can be gathered from other knowledgeable sources, reducing the burden on survivors who may be dealing with severe trauma, safety concerns or ongoing distress. Careful planning helps determine when interviewing survivors is needed and when alternative sources are more appropriate.

1. RELYING ON OTHER INFORMANTS

In many cases, significant information can be gathered from other informants, including:

- family members or trusted supporters,
- community members who witnessed events or patterns of violence,
- healthcare providers who observed injuries or treated survivors,
- psycho-social workers who can speak to impacts and community needs,
- women's networks and local organisations.
- protection actors who monitor patterns.

2. LIMITING RELIANCE ON VICTIM TESTIMONY

These informants can often provide context, patterns, timing, locations, perpetrator behaviour and impacts without requiring survivors to recall painful details. This reduces the likelihood of retraumatisation and ensures that survivors are not repeatedly approached for information which is already available elsewhere.

Information that situates violations within a context is critical, especially to show that violations were committed as part of an ongoing armed conflict (potentially war crimes) or as part of a widespread or systematic attack against civilians (potentially crimes against humanity).

WHO SHOULD BE PRESENT?

Interviews should involve the fewest people possible to maintain privacy, confidentiality and comfort. In most cases, this means one documenter and the survivor. Any additional person should be present only at the survivor's request and with a clear role.

Possible support persons include:

- a trusted relative or friend, chosen freely by the survivor,
- a psychosocial worker or counsellor, if the survivor prefers additional emotional support,
- an interpreter, ideally of the same gender and trained in confidentiality.

SURVIVORS' CHOICES

Survivors should be given the opportunity to decide who should be present, and to request that no one else be present, even if a support person is offered.

The presence of authority figures, community leaders, security personnel, or anyone else who may create pressure or inhibit disclosure should never be permitted. Their involvement compromises confidentiality, autonomy and safety.



WHAT INFORMATION TO COLLECT?

After informed consent has been clearly established, documentation should focus on information that is essential for the intended purpose. Survivors decide what they wish to share. No further detail is necessary beyond what is relevant, safe, and has been consented to.

1. PERSONAL INFORMATION

Identifying information (eg. names) should be collected only when needed. Otherwise, anonymous identifiers like codes can be used. If safe, it is often useful to collect a contact number, or that of an intermediary, in case follow-up is required. Personal data, including age, gender, ethnicity, original residence location and current residence location, as well as languages spoken, can be useful to contextualise the incidents.

2. BASIC INCIDENT DETAILS

Information that helps clarify what happened, where, and when, is important. This does not need to come from the victim. Instead, it could come from a direct witness:

- approximate date or period,
- general location (town, village, checkpoint, road, facility),
- surrounding events or context (attack, displacement, arrest, raid),
- what forms of violence occurred,
- approximate duration (if known).

It is not usually necessary to record a full victim testimony for every victim. For the purposes of awareness raising and advocacy reports, a few emblematic stories will be sufficient to convey the realities of the violence. For the purpose of criminal proceedings, the recommendation is to **avoid** recording full testimonies, but rather to record *lead information* so that investigators can contact potential witnesses directly and take a statement directly.

The Office of the Prosecutor at the International Criminal Court has **discouraged** gathering full victims' testimonies and instead has developed an "information Gathering Form", which is available in different languages. The form should be completed with the assistence of persons who have been trained. The reasoning is that: a victim's testimony constitutes evidence which, once in the prosecution's possession, must be disclosed to the defence regardless of any later statements. To avoid inconsistencies between early accounts and subsequent investigative interviews, it is preferable to initially only collect basic screening information.

3. LIST OF VIOLATIONS SUFFERED

Include all violations suffered (e.g., rape, sexual slavery, forced nudity, forced pregnancy, etc.) as well as other violations such as loss of property, torture, killing of family members, etc. Survivors may experience multiple violations.

4. PERPETRATOR INFORMATION

If the survivor or other witness saw or came to know of details identifying the perpetrators, these can be important to record, including:

- affiliation (e.g., military, militia, police, group name),
- uniforms, insignias, colours,
- types of weapons used,
- vehicles (type, colour, markings),
- any identifying behaviours or language (e.g., accents, slurs, threats, racial or ethnic insults),
- use of aerial bombardment and type of aircraft (helicopters, drones, planes),
- involvement of children in the armed group.

6. IMPACTS

Ask about any impacts:

- Physical (injuries, disability, pregnancy, sexually transmitted diseases)
- Psychological (fear, depression, nightmares, trauma)
- Economic (loss of income, loss of home, school dropout)

7. NEEDS ASSESSMENT

Ask the survivor if they want help—medical, legal, psychosocial, or shelter referrals. If your team can offer support, explain clearly what is possible and how it works. Never promise something you cannot guarantee.

SAFE STORAGE AND SHARING

Information collected during documentation must be protected at all stages, with careful planning. Weak security can expose survivors, intermediaries and documenters to harm. **If safe storage cannot be ensured, the information should not be collected.** Before data is collected, plans must be put in place for storage and sharing, ensuring the following:

- where will information be stored?
- who will see it?
- wow will it be kept safe?

1. STORING THE MINIMUM NECESSARY INFORMATION



Only information that is relevant to the purpose, and consented to by the survivor, should be stored. This includes:

- · collecting only what is needed,
- · avoiding unnecessary identifying details,
- deleting sensitive information that is no longer required,
- separating identifying data from incident notes where possible.

2. KEEPING INFORMATION SECURE AND CONTROL ACCESS

Information should be stored in ways that minimise the possibility of access, loss or misuse.

Digital security:

- using encrypted devices, password protection and updated security settings
- storing files in secure folders or approved encrypted applications.
- avoiding cloud services unless vetted and secure,
- disabling automatic backups or syncing to personal accounts.

Physical security:

- keeping notebooks, forms and devices locked and out of sight,
- limiting the number of people with access to this information,
- transporting information discreetly and only when necessary.

Access to information should be limited to the smallest number of people necessary by:

- assigning clear roles for who can handle, review or transmit information,
- keeping internal sharing on a "need-to-know" basis.

3. USE SECURE CHANNELS TO SHARE FOR AGREED PURPOSES

When information must be transmitted, it should be sent through secure, agreed channels such as:

- encrypted email accounts or secure file-transfer systems
- locked physical transport if paper files are used
- approved secure applications (e.g., where metadata protection is built in)

PART 4. FOLLOW-UP CARING FOR SURVIVORS AND DOCUMENTERS



Documentation can be emotionally demanding for survivors and for those who carry out this work. Caring for both is essential to ethical practice. After an interview, survivors may need support, reassurance or connection to services, while documenters may experience stress, secondary trauma or feelings of responsibility. Thoughtful follow-up helps ensure safety, dignity and sustainability.

1. CARING FOR SURVIVORS AFTER AN INTERVIEW

a. A Safe Ending

Interviews should end in a calm, grounded manner. Survivors may need time to steady themselves, ask questions, or reflect. A psychosocial support person should be available to greet and support the interviewee afterwards, allowing the documenter to also have a break.

b. Offering Support and Referrals where available.

Planning for support and referrals should be in place. Some survivors may wish to access services after sharing their experience, including medical assistance, psychosocial or counselling support, legal information or protection services.

2. CARING FOR DOCUMENTERS

Documenting CRSV can expose documenters to traumatic stories, feelings of helplessness or guilt, cumulative stress, burnout, emotional exhaustion, or personal risk.

a. Recognising Signs of Stress

Documenters may experience:

- irritability, low mood or difficulty concentrating,
- sleep disturbance or intrusive thoughts,
- emotional numbness or withdrawal,
- tension, headaches or fatigue,

Normalising these reactions and identifying early signs helps prevent escalation.

b. Peer and Team Support

Where possible, teams should:

- debrief together after difficult interviews and discuss challenges confidentially,
- support each other in managing workload,
- build a culture of mutual care rather than individual responsibility.

c. Personal Strategies for Wellbeing

Documenters may benefit from taking breaks between interviews, limiting the number of interviews per day, and grounding and relaxation techniques. Maintaining boundaries between work and personal life is also key. Professional support should be provided when needed. Wellbeing is not a personal weakness; it is an ethical requirement.

ANNEX. TOOL KIT

- 1. CODE OF CONDUCT
- 2. MURAD CODE CHECKLIST
- 3. RISK ASSESSMENT TEMPLATE
- 4. CHECKLIST FOR CONSENT

TOOL 1. CODE OF CONDUCT

COMMITMENTS

As a member of the documentation team, I commit to the following principles and behaviours:

1. People First

I will prioritise the dignity, safety, rights and well-being of survivors, witnesses, colleagues and communities above any information or reporting needs.

2. Respect and Non-Discrimination

I will treat all people with respect, regardless of gender, ethnicity, religion, age, disability, identity or status.

I will use sensitive, non-judgmental language.

3. Informed Consent

I will ensure that participation is voluntary, and that people understand who I am, why information is being collected, how it may be used, and any risks.

I will respect their right to stop or decline at any time.

4. Do No Harm

I will plan and act in ways that minimise risk and avoid retraumatisation.

I will pause or stop documentation if there is distress or danger.

5. Confidentiality & Data Protection

I will protect personal information and identities, share data only on a strict need-to-know basis, and store materials securely.

6. Professional Conduct

I will act with honesty, care and responsibility.

I will not make promises I cannot keep.

I will seek guidance or referral where needed.

7. Survivor Agency

I will allow survivors to lead — choosing what they share, what they skip and when they stop. I will never coerce, pressure or manipulate testimony.

8. Integrity & Accuracy

I will document accurately and truthfully.

I will not alter, exaggerate or distort testimony.

9. Well-Being & Referral

I will pay attention to emotional needs and distress.

Where appropriate, I will share available referral options for support.

10. Accountability

I will report any misconduct, breaches of confidentiality, exploitation, harassment or abuse.

DECLARATION

I have read and understood this Code of Conduct. I agree to follow it in all my work related to documentation. I commit to upholding these principles and to act in a way that protects people, promotes dignity, and strengthens ethical documentation.

Name:	_
Organisation/Team:	
Role/Position:	
Signature:	Date:

TOOL 2.MURAD CODE CHECKLIST

A. BEFORE YOU START



Purpose: To guide safe, ethical, survivor-centred documentation.

Survivor comes first	
- Am I prioritising their dignity, safety, comfort, and rights over informati	on needs?
Do no harm planning (risk assessment)	
- Is the time and place safe, private, and appropriate?	
- Have I considered possible risks for the survivor?	RECALL
- Have I planned around survivors' needs?	REGALL
My skills and limits	 Consent is ongoing, not a
- Am I trained in trauma-sensitive interviewing?	one-off signature — it can be
- Do I know when to stop, seek support, or refer?	withdrawn at any time.
Approach and Informed consent	Stop if there is harm,
– Do intermediaries need training, will they promote survivor agency?	distress, or risk.
- Have I clearly explained:	 Protecting people matters
• who I am?	more than collecting
 why information is being collected? 	information.
how it may be used?	 Survivors lead — your job is to
• potential risks and limits?	listen, not to push.
– Have I checked they understand and freely agree to continue?	
- Do they know they can pause or stop at any time?	
B. DURING DOCUMENTATION Trauma-sensitive behaviour - Am I calm, respectful, patient, and attentive? - Am I letting the survivor set the pace? - Am I avoiding intrusive or judgemental questions? Do no harm in practice - Am I watching for signs of distress? - Am I prepared to pause or stop? Respect survivor choice and agency - Am I allowing them to decline questions, correct me, or redirect the co	nversation?
C. AFTER DOCUMENTATION	
Confidentiality & privacy	
- Have I stored notes, recordings and personal details securely?	
- Is access limited to authorised people only?	
Safe and agreed use of information	
- Am I using material only for the purposes explained and agreed?	
- Have I reassessed safety risks before reporting, publication, referral, o	r sharing?
Transparency & accountability	

- Have I avoided promising outcomes I cannot guarantee?

- Have I documented key decisions (e.g., consent, risk assessments, protection measures)?

TOOL 3SAMPLE RISK ASSESSMENT TEMPLATE

Risk type	Risk description	Risk level	Mitigation measures	Outcome
Context Risks: Are there armed actors, militia or authorities active in the area? Are incidents of violence, threats, surveillance or harassment currently reported? are there safe meeting places?				
Have specific purposes of documentation and their implications been made clear? Are members of the team experienced?				
Physical Risks: Could being seen with documenters expose survivors or community members to reprisals? Are survivors currently experiencing distress, fear or unsafe living conditions? Can exposure be prevented?				
Psychosocial Risks: Could being seen with documenters expose survivors to stigma? Do victims display signs of trauma? Is psychosocial support available? Have intermediaries been trained on trauma? Could confidentiality be compromised?				
Are safe data collection tools being used? Is safe storage available? Do team members have training on data collection tools? Is there sufficient internet on the ground to upload data from the field?				
Have referral services been scoped? Have referral pathways been established?				

TOOL 4BASIC CHECKLIST FOR INTERVIEWS

Before the interview:

- Seek advice, training or support on legal avenues to access justice if necessary.
- Identify clear purposes for documentation and relevant sources of information.
- Conduct a risk assessment to plan for safe documentation logistics
- Identify who has valuable information other than victims (e.g. context, patterns).
- Train intermediaries on survivor-centered approaches, and victims' rights.
- Support intermediaries to reach and discretely inform survivors about the opportunity to meet without creating pressure.
- Create and ensure training on safe data collection tools such as Kobo Toolbox
- Ensure a private and safe space has been secured.
- Ensure consent forms are ready in the appropriate language.
- Explain the purposes of documentation and discuss the options to access justice with victims as rights holders, encourage questions and discussion.
- Regularly remind victims that participation is voluntary.
- Ensure victims' needs in accessing meetings are catered for including transportation, child care, water and meals as well as compensation for lost income.
- If survivors need to bring their babies or child(ren) ensure a space is provided and needs are catered for.
- Identify psychosocial support to be present during and/or after interviews.

During the documentation process:

- Explain the purpose of documentation again and ask if there are concerns
- Ensure that realistic information is given about any legal processes including prospects for success, delays, time frames and risks.
- Explain victims' rights emphasising they are not obligations: participation is voluntary, they can refuse for any reason, they can stop at any time
- Explain confidentiality and its limits (in relation to criminal proceedings or certain other legal processes).
- Explain options for partial consent (e.g., share story but not name).
- Obtain and record consent for specific purposes.
- Discuss impact of harms and ongoing needs as appropriate.

After documentation

- Ensure psychooscial support is available to greet and reassure
- Facilitate referrals as possible
- Discuss how frequently updates should be expected
- Maintain contact and provide regular updates as agreed

GLOSSARY OF TERMS

Attempted Rape: Trying to commit rape but not completing the act.

Conflict-Related Sexual Violence (CRSV): Sexual violence that is committed in connection with conflict, war, or political instability. It can be used as a tactic of war, punishment, or to terrorise communities.

Forced Marriage: When a person is made to marry against their will, often under threat or violence, even if the marriage is not official.

Forced Pregnancy: When a person is made to become pregnant and kept pregnant against their will.

Forced Sterilisation: When someone is made unable to have children without their consent.

Gender-Based Violence (GBV): Harmful acts directed at someone because of their gender. This includes physical, sexual, psychological, and economic violence.

Perpetrator: The person or group who commits the act of violence.

Rape: Penetration of the body (vaginal, anal, or oral) without consent, using force, threats, or coercion.

Sexual Assault: Any unwanted sexual contact or act that does not include penetration, such as groping or forced touching.

Sexual Exploitation: Taking advantage of someone in a position of vulnerability, power, or trust for sexual purposes (for example, demanding sex in exchange for food, shelter, or protection).

Sexual Harassment: Unwanted sexual advances, comments, or behaviour that makes someone feel unsafe or humiliated.

Sexual Slavery: When someone is forced to engage in sexual acts as if they were property, often repeatedly and under captivity.

Sexual Violence: Any sexual act carried out without consent. It includes rape, sexual assault, sexual slavery, and other forms of abuse.

Survivor / Victim: Both words describe a person who has experienced sexual violence. "Survivor" is often used to show strength and resilience, while "victim" is more common in legal contexts.



We are all Human. Yet around the world we see minority groups being discriminated, demonised, dehumanised, their rights eroded – paving the way to mass atrocities.

This isn't a new story. It's predictable. It's also preventable.

-Rights for Peace

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