

Understanding the intersections and differences between GBV, Sexual Exploitation and Abuse, Sexual Harassment, and Safeguarding

Questions and Answers

1. Some organisations include Harassment in SEA as P/SEAH. Could you please clarify this?

Harassment is seen to be on a continuum of abuses along with Sexual Exploitation and Abuse (SEA). Many agencies, including the UK Foreign Commonwealth and Development Office (FCDO), add the “H” for Harassment as they want to be explicit that sexual harassment is also a form of misconduct when perpetrated within the community as well as when perpetrated against a colleague (by an employee/associated personnel). The definitions used in the webinar are below:

- **Sexual Exploitation:** Any actual or attempted abuse of a position of vulnerability, differential power, or trust for sexual purposes. This includes profiting monetarily, socially, or politically from sexual exploitation of another. Under UN regulations it includes transactional sex, solicitation of transactional sex and exploitative relationship.
- **Sexual Abuse:** The actual or threatened physical intrusion of a sexual nature, whether by force or under unequal or coercive conditions. It includes sexual assault (attempted rape, kissing/touching, forcing someone to perform oral sex/touching) as well as rape. Under UN regulations, all sexual activity with someone under the age of 18 is considered to be sexual abuse, regardless of the age of majority or consent locally. Mistaken belief in the age of a child is not a defence.

Sexual Harassment: This is “any unwelcome conduct of a sexual nature that might reasonably be expected or be perceived to cause offence or humiliation, when such conduct interferes with work, is made a condition of employment or creates an intimidating, hostile or offensive work environment.” Sexual harassment is perpetrated by someone that you work with, but it can occur outside the workplace and outside working hours, including during official travel, social functions related to work and/or online. Sexual harassment, for the UN, is handled separately to SEA. Other agencies may include sexual harassment against the community in their definitions, however, it is most often used in the context of employee-to-employee harassment.



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Sexual harassment can be found in the UN Secretary-General's bulletin (2019), Addressing discrimination, harassment, including sexual harassment, and abuse of authority, ST/SGB/2019/8

It may also include "outing" or the disclosure, or discussion of, an individual's sexual orientation or gender-identity without an individual's express permission. Sexual harassment can take the form of isolated incident or repeated incidents.

2. Is there any reason that SEA is limited to humanitarian settings in the definition? Global Health and Development not included?

The invitation and webinar were primarily for a humanitarian audience (which is why we have focused on PSEA) but the information on Sexual Exploitation and Abuse is relevant for all overseas development actors.

3. Do you see any fundamental difference between the terms of using PSEA as "protection from" and "prevention of"?

Prevention of, indicates that an organisation is primarily seeking to prevent SEA from occurring. This is often linked to work on organisational culture change. "Protection from" is broader and incorporates prevention, response, and mitigation of SEA.

4. What is the difference between the term victim and survivor? Qu'est la différence entre victime et survivant?

Survivor and Victim mean the same thing. The terms 'victim' and 'survivor' can be used interchangeably. 'Victim' is a term often used in the legal and medical sectors, while the term 'survivor' is generally preferred in the psychological and social support sectors because it implies resiliency. The IASC GBV Guidelines employ the term 'survivor' in order to reinforce the concept of resiliency. In French, the term victim seems to be used more often.

Survivant et Victime signifient la même chose. Les lignes directrices de l'IASC sur la VBG indiquent qu'une survivante est une personne qui a subi des violences sexistes. Les termes « victime » et « survivant » peuvent être utilisés de manière interchangeable. « Victime » est un terme souvent utilisé dans les secteurs juridique et médical, tandis que le terme « survivant » est généralement préféré dans les secteurs du soutien psychologique et social, car il implique la résilience. Ces Lignes directrices emploient le terme « survivant » afin de renforcer le concept de résilience. En français, le terme de victime semble être plus utilisé.

5. Do you think it would be helpful in the SEA definition to emphasize that this is about misconduct by people working for the organisation, whether it be in the humanitarian, development, or other context?

Absolutely – as definitions are developed it would be beneficial to do this.

6. Can you please clarify what are examples of SEA that are not GBV? For example, would a man with disabilities being sexually abused still be a form of gender-based violence, because it is an act of violence that is grounded in gendered identities even if that gendered identity happens to be male (i.e., "GBV" is not just violence against women)?

The IASC GBV Guidelines defines “gender-based violence” as an umbrella term for any harmful act that is perpetrated against a person’s will and that is based on socially ascribed (e.g. gender) differences between men and women. It includes acts that inflict physical, sexual or mental harm or suffering, threats of such acts, coercion and other deprivations of liberty.¹ These acts can occur in public or in private. The term “GBV” is most commonly used to underscore how systemic inequality between men and women, which exists in every society in the world, acts as a unifying and foundational characteristic of most forms of violence perpetrated against women and girls. The term “gender-based violence” also includes sexual violence committed with the explicit purpose of reinforcing gender inequitable norms of masculinity and femininity.

It is important to acknowledge that men, women, boys and girls all can experience violence, but to date GBV research, policymaking and programming has largely focused on women and girls, as structural and systemic gender inequality privileges men with greater power and resources which renders women and girls at greater risk of harm. GBV can occur anywhere.

Whilst all violence is gendered (in fact everything we do as individuals is, in some way, gendered), not all violence is based on the structural and systemic gender inequality which privileges men with greater power and resources than women and girls. Other inequalities exist and can be a root cause of violence (along with the perpetrator’s choice to abuse those power differentials). Sexual violence, like other forms of violence, can be perpetrated against an individual based on a number of forms of inequality. Sometimes, these inequalities intersect – meaning that an individual may be at increased risk of being targeted by a perpetrator. SEAH work considers all survivors of SEAH, whilst GBV work focuses primarily on the need of women and girls for the reasons underscored above. As women and girls are the most likely the survivors of SEAH, most often SEAH is a form of GBV (although not always).

¹ This definition was used in the [RSH publication](#). However, it should be noted that the UN glossary definition classifies all SEAH as GBV.

7. Do the rules of PSEA apply to volunteers?

Yes – the rules of sexual exploitation and abuse apply to all volunteers, staff, etc.

8. If the victim is a child, Child Protection service practitioners needs to be involved who are not the same as GBV practitioners and services.

This webinar is geared towards GBV and SEA so we have focused on that, but child protection specialists should always be involved with any child survivor. Other at-risk groups should also be included in service mapping. Since women and girls are most often survivors of both SEA and GBV, mapping of services to respond to women and girl survivors in their full diversity should be emphasized.

Psychosocial GBV services specifically set up for women and girls (specialist case management, safe space centres, resilience, reintegration, psychosocial support and other programming) should not be asked to include survivors who are not women and girls² as a part of work to respond to SEA. Rather, mapping should be expanded to include specialised services for other at-risk groups and where services for other populations at risk of SEA are not in place, SEA actors should advocate for specialised services to be set up whenever possible. Child protection actors, for example, may be able to offer similar psychosocial response services for boy survivors, ensuring that women's and girls' limited spaces without men and boys are not eradicated. Women and girl only spaces are the most likely places to receive disclosures, so the protection of these spaces is an important part of ensuring an effective reporting mechanism (for GBV and SEA).

A sample mapping tool can be downloaded [here](#).

9. What is meant by "no limitation on reporting"?

There should be no limit of time for reporting. We know that it can sometimes take a while for a survivor to feel safe enough to report and "limitations" or deadlines to report abuse are against the survivor-centered principles as we recognise that these timelines only benefit perpetrators who often go on to perpetrate abuse against others. Even old reports of SEA should be investigated as this can help to inform patterns of abuse by perpetrators and be used to stop them. Organisations should have specific protocols for handling historical allegations of SEA.

10. Is it realistic to expect all aid workers to be able to handle such sensitive disclosures like GBV and SEA? They may inadvertently cause harm. Isn't it better to have focal points for PSEA and GBV who are specialised and trained

² The authors of this document include transwomen within the definition of women and girls.



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staff within organisations who can safely receive and document these complaints, sharing service mapping and contact information to all staff?

Gender-Based Violence in Emergencies specialists have been rolling out the GBV minimum standards and the [GBV pocket guide](#) for many years now and continue to train. All humanitarian personnel are required to have a knowledge on the referral pathway. As this is also needed for SEA – there are double the reasons to put this in place in each project site for all actors.

Additionally, it is important to train all aid workers to be aware of what they can do or not do when incidents of GBV or SEA are reported to them. Among Overseas Development Ais (ODA) actors, there are specialists who have specific training to handle cases appropriately. Therefore, staff members who are not specialists should not attempt to handle cases but should know where and how to refer cases whenever someone discloses and should understand internal reporting flows and policies.

All humanitarian aid workers should be familiar with the basics of psychological first aid and being able to link persons to support is a key aspect of humanitarian work.

11. Is there a standardised information sharing protocol for SEA available?

There is no standardised information sharing protocol for SEA yet (as far as the panel is aware). For GBV information sharing protocols, you can go to the GBV Coordination Handbook or see more from the [GBVIMS](#). There is also helpful information on [this website](#) on data protection.

SEA survivors are vulnerable, and their data needs to be protected. It is recommended that the PSEA network in humanitarian contexts includes language in the Standard Operating Procedures (SOPs), with guidance from GBV/Child Protection coordinators, to guide actors in how information is shared, with whom and for what purpose.

12. Why are "SEA actors" are not the same as "GBV actors"? If the SEA refers to HR practitioners, while GBV refers to psychosocial specialists, a survivor-centered approach would necessitate that a survivor should reach GBV actors first, and not after SEA actors.

SEA actors work to address SEA perpetrated by their organisations' staff members and associated personnel. GBV actors offer specialised prevention, mitigation and response activities and address GBV within the community. This is an important distinction to make.

When working to set up reporting mechanisms, GBV services can be identified as an entry point to reporting. Survivors and complainants should have access to multiple means of reporting. Specialised GBV case management, psychosocial, health and legal services

should also be identified in the referral pathway. This is covered within the webinar itself in more detail.

13. Is there an SOP on investigating SEA and SH? If yes, how can we have one?

We are not aware of a standardised SOP on investigating SEA and SH but there are few guidance/handbooks/toolkits on investigation. Here are some:

- [BOND Toolkit to Strengthen Safeguarding Report Handling](#)
- [CHS Investigation Guidelines](#)
- [ICVA Building Safer Organisations Training Handbook](#)
- [UNHCR Toolkit for Partners](#)
- [UNICEF PSEA Practical Guide and Toolkit](#)
- [InterAction Training Handbook](#)

14. It's important to remember that many "aid workers" are also "fellow citizens". They're just using their power as aid workers. Other specialists also need to be factored in addition to GBV specialists, especially when it involves hiring and selection procedures.

PSEA work focuses on different pillars including management/coordination, prevention/risk mitigation, response and community engagement. For each pillar, appropriate staff and actors should be involved. For example, HR should be included in management as well prevention/risk mitigation. They should be supporting with hiring and supporting internal mechanisms.

15. It is equally important to create alternative referral pathways that are accessible to women, boys and girls. I often find aid agencies merely focus on the referral pathways within development partners which is not sustainable approach. Do you have any ideas on how we can develop sustainable survivor-centred referral pathways?

Referral pathways should be developed with support from GBV/protection actors after mapping out existing services and capacities including needs and gaps through consultations. It is good to have a referral pathway but what makes it functional is consistent review of it, updating it appropriately based on needs and gaps, and consistently informing communities about available services. In humanitarian contexts it may be difficult to link with national actors due to displacement and disruption. Another factor to consider is that where a conflict is taking place, national actors may be limited in their capacity to work with survivors from different communities. However, wherever possible,



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national actors should be engaged and a sustainable approach taken. Here are some useful resources regarding reporting mechanisms:

- [IASC Guidance on Inter-agency reporting mechanisms](#)
- [Best Practice Guide: Inter-agency community-based complaint mechanisms](#) (for further reading)

16. What is the uptake of PSEA in government? Are some countries taking this on as a standalone or mainstream into existing systems?

The UN protocol on SEA for implementing partners exists which includes the government partners as well. The PSEA Taskforce and many partners are currently putting tools and guidance together to guide working with governments.