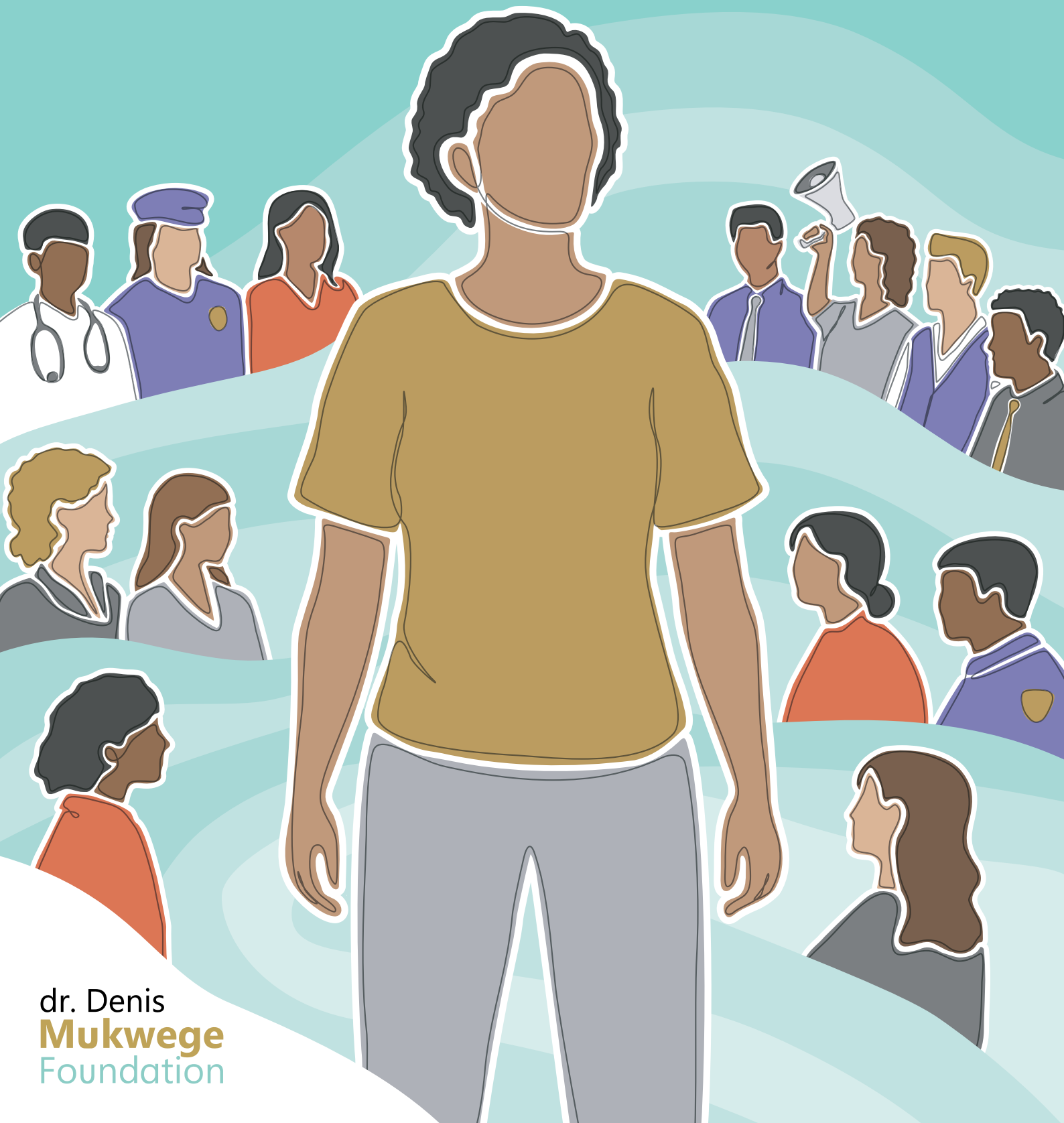
Practical guide to applying a survivor-centred approach



dr. Denis Mukwege Foundation

Practical guide to applying a survivor-centred approach

when working with survivors of sexual violence, including in conflict

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Contents

Foreword

Conflict-related sexual violence affects individuals, families, and communities around the world, leaving lasting physical, psychological, social, and economic scars. Yet those who experience it are more than their pain and trauma. They are survivors, with resilience, insight, and the power to shape the responses that affect their lives.

This Practical Guide was created to put survivors at the centre of action. A survivor-centred approach prioritises their rights, needs, and choices, and ensures their voices guide decisions, programmes, and policies. When survivors are meaningfully involved, services are more effective, trust is strengthened, and outcomes improve.

Developed by the Mukwege Foundation, in collaboration with survivor networks including SEMA, the Global Network of Victims and Survivors to End Wartime Sexual Violence, this Guide draws on over a decade of experience supporting survivors in conflict-affected settings. While the Guide is rooted in specific contexts, its lessons are global. It offers practical, experience-based guidance for NGOs, governments, UN agencies, donors, and care providers, helping them to embed survivor-centred approaches in every aspect of their work.

Our hope is that this Guide inspires action: to listen to survivors, amplify their voices, and partner with them in shaping responses; to strengthen care, justice, and accountability; and to support survivors in reclaiming their agency, dignity, and—if they choose—leadership as drivers of change. By placing survivors at the centre of our efforts, we create opportunities for their strengths to guide meaningful, lasting solutions. This ensures that support is not only provided, but shaped by those it is meant to serve, enabling survivors to influence decisions that affect their lives, lead initiatives in their communities, and realize their potential as agents of change.

Katrien Coppens

Executive Director of the Dr. Denis Mukwege Foundation

> **“Everything that is done for me without me is done against me.”**
>
> **– GUILLAUMETTE TSONGO**
> Member of SEMA, the Global Network of Victims and Survivors to End Wartime Sexual Violence, Democratic Republic of Congo

Glossary of key terms

- **Compassionate care**

Compassionate care is an approach that combines emotional presence, kindness, and a deep respect for the dignity and autonomy of the person receiving care. It means actively seeking to understand the survivor's experience (empathy) and going a step further to respond with care and a desire to alleviate suffering (compassion). While empathy is the ability to feel with someone - to emotionally understand and connect with their experience - compassion includes taking action to support, comfort, or protect the person in distress. In the context of caring for survivors, compassionate care means not only listening and validating, but also creating an environment of safety, trust, and support through tangible actions that respond to the survivor's needs and choices. Compassionate care is defined by its core principles: respect, non-discrimination, confidentiality, security, informed consent, self-determination.

- **Conflict-related sexual violence**

Conflict-related sexual violence is an umbrella term and refers to "rape, sexual slavery, forced prostitution, forced pregnancy, forced abortion, enforced sterilization, forced marriage and any other form of sexual violence of comparable gravity perpetrated against women, men, girls or boys that is directly or indirectly linked to a conflict. That link may be evident in the profile of the perpetrator, who is often affiliated with a State or non-State armed group, which includes terrorist entities; the profile of the victim, who is frequently an actual or perceived member of a political, ethnic or religious minority group or targeted on the basis of actual or perceived sexual orientation or gender identity; the climate of impunity, which is generally associated with State collapse, cross-border consequences such as displacement or trafficking, and/or violations of a ceasefire agreement. The term also encompasses trafficking in persons for the purpose of sexual violence and/or exploitation, when committed in situations of conflict" (UN report conflict-related sexual violence 2024).

- **'Do No Harm' approach**

This approach entails taking all necessary measures to ensure that humanitarian interventions do not expose individuals to further harm or exacerbate existing vulnerabilities, particularly among survivors of sexual and gender-based violence.

- **Resilience**

Resilience refers to the ability to adapt, recover, and regain stability. Resilience is not just an individual trait but is shaped by social, economic, and structural factors that support a survivor's capacity to rebuild their life. Resilience is not about withstanding hardship alone, but about having the resources, opportunities, and support systems to recover and build a fulfilling and autonomous life. Survivors who demonstrate resilience can navigate adversity while maintaining a sense of control, hope, and the ability to restore key aspects of their wellbeing, such as social connections, economic stability, and physical health.

- **Sexual and gender-based violence**

Sexual and gender-based violence (SGBV) is a broad term and is used for any harmful act that is perpetrated against a person's will and that is based on socially ascribed (i.e. gender) differences between males and females. It includes acts that inflict physical, sexual or mental harm or suffering, threats of such acts, coercion and other deprivations of liberty, which may occur in public or in private (Inter-Agency Standing Committee, 2015). Conflict-related sexual violence crimes are considered to be acts of sexual and gender-based violence.

- **Survivor vs Victim**

The term "survivor" focuses on the individual's strength, recovery, and capacity to move forward despite trauma; it tends to support the person by highlighting their agency and resilience. The term is often preferred by survivors as it shifts the narrative from one of victimisation to one of strength.

The term "victim" focuses on the harm and suffering the person has endured, that can imply a sense of helplessness, loss of control, and being overpowered by the perpetrator. It is often used in legal contexts where it helps to define the person who has been harmed in relation to the crime. In this Guide, the term "survivor" is used, rather than "victim".

- **Trauma-informed approach**

A trauma-informed approach recognises the widespread impact of trauma on survivors and integrates this understanding into practice in order to avoid re-traumatisation and promote healing, safety, and empowerment. Key principles of a trauma-informed approach include safety; trustworthiness and transparency; peer support; collaboration and mutuality; empowerment, voice, and choice. This approach acknowledges the significance of the impact of trauma as well as the differences in how individuals may experience a traumatic event, and it recognises that not everyone who was exposed to trauma needs clinical care. Trauma-informed care broadens the approach to intervention from "how can I fix you" to "what do you need to support your development and recovery?" (DeCandia, 2015). Trauma-informed practice is a core component of the survivor-centred approach: they are closely aligned, but not identical. A survivor-centred approach gives survivors control over their own journey; a trauma-informed approach makes sure the journey is as safe, compassionate and supportive as possible.

Introduction

A survivor-centred approach places survivors of sexual and gender-based violence, including conflict-related sexual violence, at the heart of all actions. It seeks to support survivors to regain agency by prioritising their rights, needs and choices. Rooted in the principles of compassionate trauma-informed care (i.e. respect, non-discrimination, confidentiality, security, informed consent, self-determination), it requires the participation of survivors in every process and decision that may affect their lives.

The Mukwege Foundation's decade-long experience working alongside survivors in diverse conflict settings has consistently shown that when survivors are truly at the centre of the response, they regain agency, and the programmes and services designed to support them become more effective. Conversely, responses designed without survivor input often fail to address their real priorities and may even cause unintended harm, re-traumatise them, or reinforce stigma. When survivors are recognised not only as beneficiaries but as partners, leaders, and experts in their own experiences, responses become more relevant and effective.

Why this Practical Guide was created

While the importance of a survivor-centred approach is now widely recognised, its consistent application in practice remains challenging. Translating its principles into day-to-day work often requires time, resources, and practical guidance.

This Practical Guide (the Guide) was developed to help bridge that gap. It supports individuals, teams, and institutions working with survivors — including non-governmental organisations (NGOs), care providers, United Nations (UN) agencies, governments, and donors — in putting a survivor-centred approach into practice. By translating key principles into concrete actions, the Guide aims to strengthen existing efforts and support more consistent, meaningful engagement with survivors. By translating key principles into concrete actions, the Guide aims to strengthen existing efforts and promote more consistent and meaningful engagement with survivors.

What is inside the Practical Guide and how to use it

The Guide is structured in four sections to help readers understand and apply a survivor-centred approach in practice. All readers are encouraged to begin with **Sections 1 and 2 before turning to the sub-section of Section 3 most relevant to them.**

Section 1 introduces the survivor-centred approach, outlining its definition and explaining why it matters.

Section 2 then sets out the core principles that should guide all engagement with survivors, including a practical overview of what to do—and what to avoid—when working with survivors.

Having established this foundation, readers can then proceed to the most relevant **sub-section(s) of Section 3**, which provides tailored, practical guidance for different types of actors and roles working with survivors. This section is the heart of the Guide, offering concrete advice and examples to support the application of survivor-centred principles in day-to-day practice.

Each sub-section includes key lessons learned from experience, a case scenario with practical tips, and examples of best practices:
3.1 Involving survivors in programming: "Nothing about us without us" – for everyone seeking to meaningfully involve survivors in decisions and initiatives that affect them
3.2 Providing survivor-centred care – for service providers
3.3 Amplifying survivors' voices – for organisations inviting survivors to speak, lead advocacy efforts, and influence change
3.4 Financing the survivor-centred approach and survivor-led initiatives – for donors and funders.

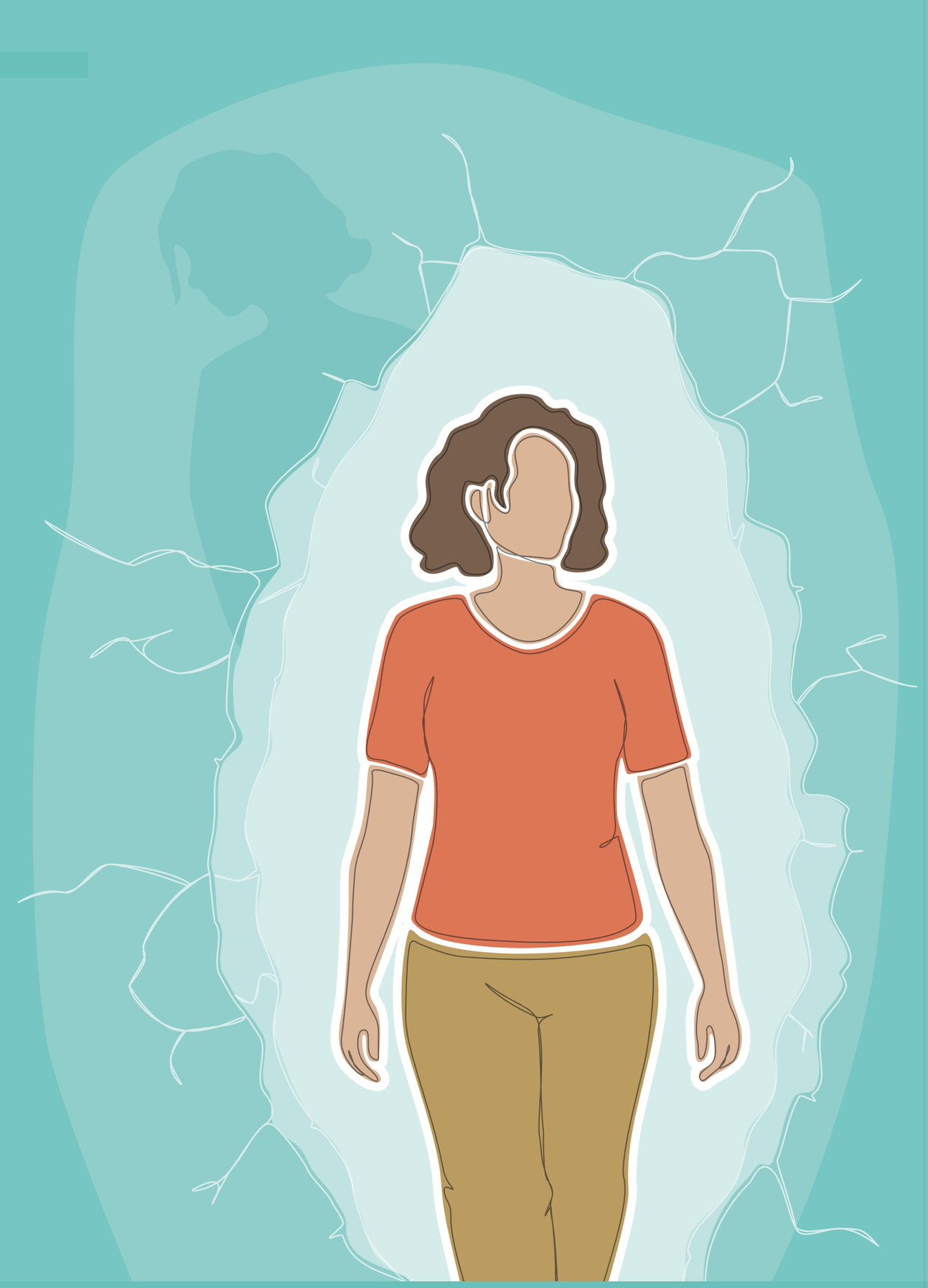
Finally, **Section 4** summarises the main takeaways and offers key recommendations on how to effectively use the Guide and apply its lessons in practice.

How the Guide was created

This **Practical Guide**, developed by the **Dr. Denis Mukwege Foundation**, is grounded in the Foundation's extensive experience in delivering survivor-centred and holistic responses to conflict-related sexual violence, and informed by the perspectives of survivors themselves. It draws on data collection and first-hand input gathered through key informant interviews with Mukwege Foundation staff; focus group discussions with two national survivor networks—from Ukraine and the Central African Republic (CAR); a survey completed by survivors from SEMA, the Global Network of Victims and Survivors to End Wartime Sexual Violence; and one-on-one interviews with several SEMA members.

These insights were complemented by an analysis of relevant resources on survivor-centred approaches, including literature, reports, and existing guidelines, as well as an extensive desk review reflecting ten years of the Mukwege Foundation's programming and engagement with survivors.

This Guide was developed with the support of the Centre de Crise et de Soutien of the French Ministry of Foreign Affairs, as part of Mukwege Foundation's programme to ensure access to holistic and survivor-centred care in Ukraine.



1

Understanding the survivor-centred approach

“The survivor-centred approach ensures that survivors’ needs, rights and voices guide all actions. It prioritises respect, empowerment, confidentiality, holistic support, access to justice, and flexibility, allowing survivors to regain control over their healing journey.”

– **SURVIVOR,** SEMA Network

1.1 Background of the survivor-centred approach

In conflicts around the world, sexual violence continues to be used as a weapon of war, devastating individuals, families, and entire communities, and leaving survivors to live with lifelong consequences. Because sexual violence remains deeply stigmatised, many survivors remain silent to avoid discrimination or rejection. This silence can prevent them from speaking about what happened, accessing the care they need, and seeking justice. It not only isolates them but also reinforces a cycle in which they remain unheard and excluded from shaping the responses meant to support them. It too often means that organisations and governments seeking to support survivors end up making decisions on their behalf. As a result, programmes and policies are often designed without sufficient consultation with survivors and may fail to address to their real needs and priorities.

Conflict-related sexual violence is a grave and widespread violation that must be eradicated and is now recognised as a distinct international crime requiring a specific response. **Key milestones include the explicit prohibition and prosecution of various forms of such violence as international crimes**—including crimes against humanity, war crimes, and acts of genocide—particularly before international criminal tribunals and courts.[1] This marks a significant breakthrough, as these acts were long regarded as an inevitable part of warfare (Askin 2017).

Since the 2010s, there has been a significant increase in protocols, standards, and guidelines addressing sexual and gender-based violence (SGBV), including conflict-related sexual violence, many of which emphasize— to varying degrees— the importance of a survivor-centred approach. These frameworks have been developed by a wide range of international and national actors, including civil society organizations working to prevent and respond to conflict-related sexual violence, as well as institutions such as the United Nations Population Fund, the Inter-Agency Standing Committee, and the United Kingdom’s Prevention of Sexual Violence Initiative.[2]

1 *Guidebook on State Obligations for Conflict-Related Sexual Violence* by Dr. Denis Mukwege Foundation, 2022.
2 United Nations Population Fund (2012); the Inter-Agency Standing Committee (2015, 2019); Preventing Sexual Violence in Conflict Initiative (2017).

In 2019, **UN Security Council Resolution 2467** for the first time explicitly recognised "the need for a survivor-centred approach in preventing and responding to sexual violence in conflict and post-conflict situations", and encouraged Member States to adopt a survivor-centred approach in preventing and responding to sexual violence in conflict and post-conflict situations, ensuring that prevention and response are non-discriminatory, respect survivors' rights, and prioritise their needs—particularly those of groups that are most vulnerable or specifically targeted, including in areas such as health, education, and participation.[3]

International and national civil society organisations, including the Mukwege Foundation and SEMA, the Global Network of Survivors, have been instrumental in advocating for the formal recognition of these principles. Foundational survivor-centred guidance has been articulated in key documents such as the Murad Code and the International Protocol on the Documentation and Investigation of Sexual Violence in Conflict.[4]

Today, the concept of survivor-centredness is increasingly embedded in global policy frameworks, guidelines, statements, and reports, including those published by the European Union (EU), World Health Organization (WHO), and the UN[5].

Although definitions of survivor-centredness vary, they share a common emphasis on paying attention to, and respecting, survivors' perspectives, and on recognising survivors who have traditionally been marginalised (Dolan et al. 2024). However, despite a strong wish among many individuals and organisations to adopt survivor-centred approaches in their daily work, translating these principles into practice has often proved challenging (Thomaz et al. 2025, Dolan et al. 2024, Clark 2021, ICRC 2020, Bouvier 2014).

3 *Resolution 2467* (para. 16a) by United Nations Security Council, 2019, United Nations.

4 Both the Murad Code and the International Protocol were drafted with the support of the Institute for International Criminal Investigations and the United Kingdom's Prevention of Sexual Violence Initiative as well as with input from civil society, experts and survivors.

5 European Union (2020); World Health Organization et al. (2020); United Nations, Office of the Special Representative of the Secretary-General on Sexual Violence in Conflict (2024).

1.2 Survivor-centredness according to the Mukwege Foundation

The Mukwege Foundation applies a definition of a survivor-centred approach based both on its own experiences and on what survivors have shared with them, as well as those of Panzi Hospital and Foundation in the Democratic Republic of Congo (DRC).

The survivor-centred approach seeks to restore the agency of survivors of conflict-related sexual violence by prioritising their rights, needs and choices and is rooted in the principle of trauma- informed compassionate care (i.e. respect, non-discrimination, confidentiality, security, informed consent, self-determination). A survivor-centred approach places survivors at the forefront of decision-making, support, and healing processes, prioritising their agency and wellbeing and enabling meaningful participation in all matters that affect them.

- The guiding principle is **"Nothing about us, without us"**; a powerful slogan that has been the motto of the disability rights movement for decades, and is now also the slogan used by the SEMA Global Network.[6] SEMA is Swahili for the verb "speak" and its network members, composed of survivors of conflict-related sexual violence from 29 countries, have collectively broken the silence, overcome stigma, improved victims' access to care, and held perpetrators and states to account.

- The survivor-centred approach underscores the importance of actively listening to survivors, respecting their individual experiences, and valuing their perspectives. It recognises that survivors are experts in their own lives and should have the primary voice in determining the course of their recovery journeys. Their experiences must be meaningfully reflected in decisions about their care.

6 See SEMA, the Global Network, and Charlton (1998).

- Survivor-centredness extends beyond empathy; it involves creating safe and inclusive spaces where survivors can **benefit from compassionate trauma-informed care**, share their stories without judgment, fear, or re-traumatisation. Organisations, including care providers, adopting this approach strive to offer choices and resources tailored to each survivor's unique needs, ensuring that support is flexible, responsive, and non-coercive.

  For example, while trauma-informed care is essential, not all survivors experience or frame their experience through a trauma lens. A survivor-centred approach should therefore avoid assumptions and prioritise individualised care, aligned with the survivor's wishes. Similarly, an intersectional perspective is crucial: survivors are not a homogeneous group, and a survivor-centred approach must be explicitly inclusive of those who face additional barriers to care and participation due to age, disability, ethnicity, socio-economic status, or other factors.

- Survivor-centredness recognises that **survivors are not passive recipients of assistance, but active participants in everything that concerns them.** The approach builds on survivors' existing coping strategies, social networks, and community knowledge. **Their voices should be amplified** so that they can meaningfully influence processes and decisions that may affect their lives, including the policies and programmes that aim to prevent and respond to conflict-related sexual violence.

  This includes participation throughout the project cycle, from design to implementation and evaluation. Regular consultations should be organised with survivors throughout the implementation of projects concerning them, in order to gather their feedback on the actions carried out on their behalf. Such participation should be ethical, voluntary, and supported, with measures in place to prevent tokenism, re-traumatisation, or exposure to risk.

- Adopting a survivor-centred approach reflects a commitment to fostering resilience, self-determination, and the restoration of dignity for those who have experienced trauma, **creating opportunities for survivors to become agents of change.** The approach also entails that it is important not to assume that all victims may become activists; some may choose privacy, safety, healing, family, spirituality, livelihood, and all choices are equally valid. Centring survivors means respecting the diversity of experience and the choices of each survivor.

Survivor-centred and survivor-led initiatives can be understood as existing along a continuum with the following stages: **survivor-blind, survivor-aware, survivor-informed, survivor-centred, and survivor-led**.[7] While survivor-led approaches are the most transformative, they build on earlier stages. Survivors need support and accompaniment in order to heal and to gain the competencies and resources to lead effectively and sustainably. **A survivor-centred approach is therefore a prerequisite for any initiative seeking to become survivor-led**.

Listen to the audio message from Daria, a survivor of conflict-related sexual violence from Ukraine, to hear in her own words what a survivor-centred approach entails.

TRANSCRIPT (ENGLISH TRANSLATION)

DARIA

"When communicating, the empathy should be demonstrated, but not too much: no unnecessary touching or, for example, hugging. Well, only with the person's consent. Because this can work as a trigger. In the process of communication, find out the needs of the survivor and provide the necessary assistance. And it is desirable to have some kind of support when providing this help. You know, if you need to visit a doctor or go to a lawyer. There should be some kind of support in person or by phone. That is, to provide a sense of need. To make the survivor feel needed. And perhaps also to help the survivor regain control over her life."

7 Irish Consortium on Gender Based Violence (2024).

1.3 Why use a survivor-centred approach?

A survivor-centred approach is essential for all actors responding to conflict-related sexual violence and sexual and gender-based violence. As a shared responsibility across all actors, it ensures that survivors' safety, dignity and choices are upheld at all times.

1 A survivor-centred approach supports survivors to regain control over their lives

It supports survivors in regaining control over their lives, whether that means accessing care, reconnecting with family, rebuilding self-esteem, speaking out for their rights or the rights of others, or simply feeling safe again. A survivor-centred approach restores a sense of control and ownership that the violence may have stripped away.

2 A survivor-centred approach has profound psychosocial — and ultimately socio-economic — impacts on survivors, their families and communities, and society at large

The psychosocial impact of survivor-centred care should not be underestimated. Think of improved emotional wellbeing, reduced stigma, greater trust, a stronger sense of connectedness, enhanced self-efficacy, and increased resilience. Such outcomes affect not only survivors themselves, but also their relationships with others (children, partner, family), and can contribute to stronger social cohesion at the community and societal levels.

In turn, improved wellbeing contributes to socio-economic development because healthy, resilient individuals are better able to participate in, contribute to, and benefit from economic and social activities.

3 A survivor-centred approach leads to more effective, relevant, ethical and sustainable policies, programmes and projects

Survivors know better than anyone else what they need and what works for them. Their meaningful participation is therefore essential at all stages of policy and programme development: during assessment and design (to understand their needs and expectations); during implementation (to ensure their safety and wellbeing, and the relevance of the programme to the local context and to their needs); and during monitoring and evaluation (to assess effectiveness and inform improvements).

As a result, policies, programmes and projects are more likely to be effective and relevant, ultimately benefiting all those involved.

4 A survivor-centred approach supports survivors in their journey from "victim" to "survivor" to "agent of change".

Some survivors choose to engage in efforts to address sexual and gender-based violence, including conflict-related sexual violence, and to improve support for others. For those who do, this involvement can provide a sense of meaning and purpose, helping to ensure that what happened to them does not happen to others—or that responses are stronger, more supportive, and more just. This pathway is sometimes described as a journey from "victim" to "survivor" to "agent of change." However, it is important to stress that this is a personal choice, not a requirement or expectation placed on survivors.

When survivors do choose to engage, their involvement can significantly strengthen access to services, including medical, psychosocial, socio-economic, and legal support. Survivors are often trusted by others with similar experiences, making it easier to speak openly without fear of stigma and helping to build trust and solidarity. They can also reach individuals within their communities in ways that external actors, including NGOs, may not be able to, thereby playing a vital role in connecting survivors to care and support.

5 A survivor-centred approach places survivors' voices at the heart of advocacy and awareness

Survivors' voices are powerful. As individuals with lived experience, they have unique expertise, and the topic of conflict-related sexual violence is often more compelling when spoken about by those directly affected. Their perspectives carry particular weight, making them powerful advocates.

By sharing their own stories, survivors can evoke strong emotions in their audiences — such as compassion, a sense of injustice, and anger — which can motivate action. They can also inspire other survivors to break the silence. These strong voices have the power to challenge deep-rooted taboos, stigmas and indifference.

A survivor-centred approach can come with a range of challenges. These include risks related to stigma and safety — such as survivors being shamed, ostracised, or even threatened for speaking out or for their activism — as well as practical constraints like limited financial and human resources. Ongoing conflict dynamics can further complicate the work, including by limiting access to survivors and increasing the risks of retaliation. Survivors may also be dispersed, displaced, or belong to marginalised groups, making it difficult to ensure that all survivors, regardless of background, location, or status, have access to care, protection, and a voice in decision-making.

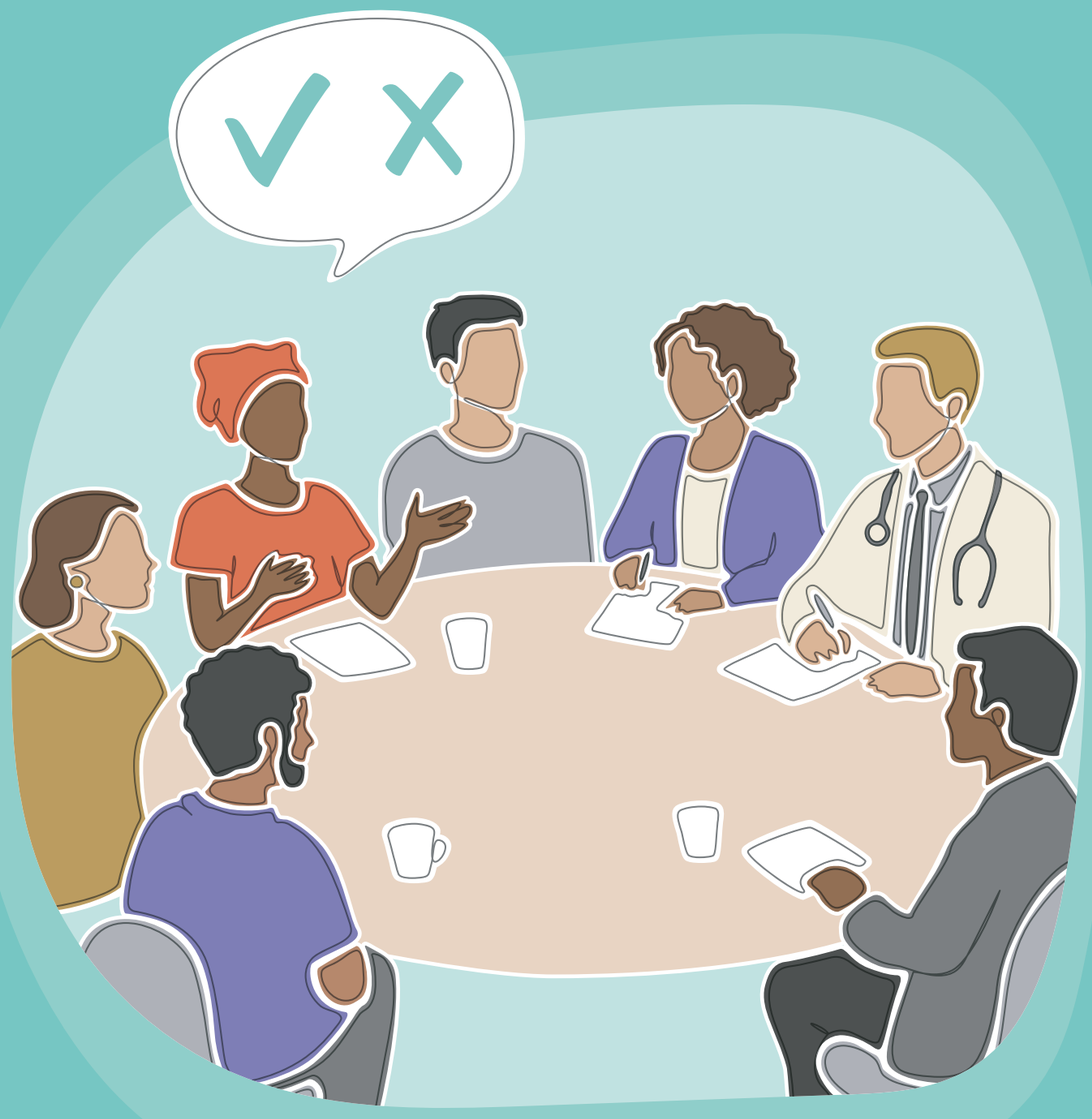
Fortunately, there are mitigation strategies that have proven effective, and sections 2 and 3 of the Guide provide practical tips and detailed guidance on how to address and overcome these challenges.

Watch the video of Myriam, a survivor of conflict-related sexual violence from Central African Republic, to hear in her own words why a survivor-centred approach is so important.

TRANSCRIPT (ENGLISH TRANSLATION)

MYRIAM

"Why is it important today to work with survivors? Because the survivors are at the heart of everything, and we are the ones that lived it. All the atrocities, these are the victims who have suffered. So we have to start by working with survivors, making decisions before, during and after with the survivors to ensure their involvement and to see what needs to be done. If reparations are to be made today, we must ask for the consent of the survivors so that they can decide for themselves what they are going to do or what they might do in the future so that peace can truly return."



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Guiding principles: the ‘non-negotiables’ when engaging with survivors

This section highlights the guiding principles—**respect, non-discrimination, confidentiality, security, informed consent, and self-determination**—which are non-negotiable when engaging with survivors.

The section defines each principle, explains why it matters, and offers practical guidance on what to do—and what to avoid— when engaging with survivors.

A survivor-centred approach is fundamentally rooted in **compassionate trauma-informed care**, and reflects the widely recognised "do no harm" principle in humanitarian practice and sexual and gender-based violence case management.[8] These principles are essential to ensuring that survivors feel safe, respected, and supported to regain their agency.

What do these principles mean in practice? Why do they matter? And, crucially, what should be avoided when working with survivors?

8 See Gender-Based Violence Information Management System Steering Committee (2017).

2.1 Respect

What it means:

- Acknowledge the survivor's dignity, choices, and humanity at all times.
- Foster a respectful attitude and comfortable environment: be open, listen carefully and use a calm tone of voice and supportive body language, and ensure privacy, calm and comfortable surroundings, and small gestures of care, like water, tissues, or seating options.
- Respect survivors' choices (even if you don't agree).
- Avoid making commitments that cannot be fulfilled.
- Never blame the survivor or reinforce harmful stereotypes.

Why it matters: Survivors must feel valued and treated as individuals and human beings, rather than as cases or statistics. A safe and supportive environment can help them feel emotionally secure and more in control, both of which are essential aspects of dignity. At the same time, while survivors have experienced sexual violence, it does not define them. It is only—albeit profoundly—one part of who they are.

Say

- *"You did what you needed to survive. I'm so sorry this happened to you"*
- *"Thank you for sharing this with me. I believe you"*
- *"What happened to you matters. It was a crime. You deserve support"*
- *"You are not alone. I'm here to support you in whatever way I can."*
- *"There is nothing you could have done differently. The blame is with the perpetrator."*

Don't say

- *"Why didn't you fight back or scream?"*
- *"You shouldn't have gone there/worn that"*
- *"Are you sure that's what happened?"*
- *"At least you are still alive"*
- *"You need to report this"*
- *"Why did you not tell anyone sooner?*
- *"I will help you get justice (if this cannot be guaranteed)."*

2.2 Non-Discrimination

What it means: Provide equal care and support regardless of gender, age, ethnicity, religion, disability, sexual orientation, legal status or any other factor. Respect each other's experiences and interact with people without judgment.

Why it matters: Ensures fairness and prevents further marginalisation or harm.

Say

- *"Thank you for coming forward."*
- *"If there are any cultural or religious practices you would like me to consider, please let me know"*
- *"Your legal status doesn't affect your right to support. You are safe here."*
- *"This can happen to anyone."*

Don't say

- *"Men don't usually report this kind of thing"*
- *"You don't look like someone who has been through that"*
- *"Your religion doesn't allow that, right?"*
- *"You are so young, are you sure you understand what happened?"*
- *"Are you really undocumented? That could be a problem."*

2.3 Confidentiality

What it means: Protect all personal information shared by the survivor in accordance with your organisation's policies, and only disclose it with their explicit, informed consent.

Why it matters: Builds trust and protects the survivor from stigma, retaliation, or re-traumatisation.

Do's

- Only share information on a strict need-to-know basis, and with informed, explicit consent of the survivor.
- Use private spaces where conversations cannot be overheard.
- Use anonymised, de-identified information wherever possible, and obtain consent before using any personal information.
- Follow strict data protection protocols (e.g. password protection, locked storage).
- Report any breach of confidentiality immediately and inform the survivor.

Don't

- Share survivor information with colleagues casually or "off the record", even if well-meant.
- Discuss survivors in public or shared spaces.
- Use identifiable details of survivors (e.g. names, locations, specific events) in reports, case studies without consent.
- Store survivor information unsecured.
- Ignore a breach of confidentiality.

2.4 Security

What it means: Ensure the survivor's physical and emotional safety throughout the process. Recognise that survivors are best placed to assess their own safety.

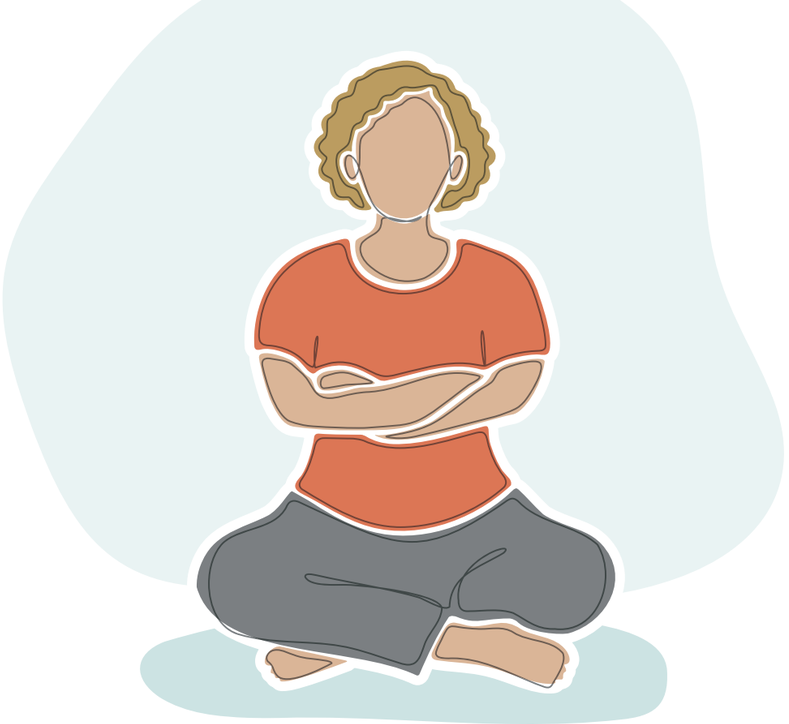
Why it matters: Survivors must feel safe in order to engage in healing or seek services without fear.

Do's

- Say:
  - *"What do you feel is safest right now? What do you need?"*
  - *"Are there people or places you want to avoid?"*
  - *"Are there people you do or do not wish to involve in this process?"*
- Help to create a safety plan based on the survivors' knowledge and comfort level.
- Respect silence or pauses and reassure them that sharing is voluntary.
- Create a calm, non-judgmental environment and offer psychosocial support, when available. Without psychosocial support to deal with trauma or stigmatisation, physical safety might be meaningless. Emotional safety and psychosocial well-being are essential to recovery, even when formal therapy is not available. In contexts with limited mental health services, scalable, evidence-based interventions and first-line basic psychosocial support (including psychological first aid, psychoeducation, grounding techniques) can be delivered safely by trained non-specialists.
- Respect survivors' choices in seeking specialised mental health care. A trauma-informed approach means recognising the potential impact of the experience and responding with empathy.

Don't

- Make safety decisions for survivors without involving them.
- Assume you know what "safe" is (e.g. going to the police) as this can be different depending on the context/situation/person.
- Pressure survivors to disclose or revisit traumatic experiences.
- Overwhelm survivors with unnecessary questions.
- Involve family or community members without the survivor's clear permission or reveal the survivor's location to anyone.
- Treat emotional safety as less important than physical safety.
- Assume pathology; while some survivors may experience lasting psychological impacts such as PTSD or depression, not all survivors need or seek psychological support.



2.5 Informed consent

What it means: Provide clear, accessible information about options, rights and processes so survivors can make free, informed choices. A simple "yes" is not enough.

Why it matters: Respects the survivor's autonomy and helps restore a sense of control.

Do's

- Use clear, simple language and provide interpretation where needed.
- Explain exactly what survivors are consenting to (i.e. whether they are consenting to the broad aims of the project, the use of photos/ illustrations, or their participation in focus group discussions).
- Read the consent form aloud and ask clearly, *"Do you agree to this?"* and make use of a written consent form for the survivor to sign. If the survivor cannot sign, they can use their fingerprint.
- Give survivors time to reflect and encourage them to ask questions to clarify things.
- Make sure they understand that they can withdraw their consent at any time without consequences.
- Explain and double check if survivors understand the potential implications of their participation.

Don't

- Use complicated, formal, technical language.
- Assume silence or a simple "yes" means (informed) consent.
- Rush the survivor in consenting.
- Present consent as a requirement for participation in a project or to receive services.
- Withhold information about possible risks, implications or consequences of their participation (e.g. re-traumatisation, stigma, use of data).
- Treat informed consent as a one-off or administrative step, even if survivors participate regularly in projects.

2.6 Self-Determination

What it means: Acknowledge that survivors have the right to make decisions about their lives, care, and recovery. Do not influence a survivor by expressing personal feelings.

Why it matters: Strengthens survivor's agency, supports healing, and avoids being patronising, paternalistic or coercive.

Do's

- Say: *"Here are some options. You can decide what feels right for you."*
- Respect survivors' timing and say: *"You have the right to report, but only if and when you choose."*
- Support survivors' reasoning: *"You know your situation best. I am here to help however I can."*

Don't

- Say *"If I were you, I would (...)."*
- Push survivors to report or seek justice.
- Speak for the survivor in meetings or interviews.
- Criticise their choices.

3

Putting principles into practice: guidance for actors working with survivors

This section is divided into four parts: section 3.1 provides guidance for all actors working with survivors, while sections 3.2 to 3.4 are tailored to specific groups.

- **3.1 For everyone — involving survivors in programming: "Nothing about us without us"**
  Focuses on ensuring meaningful survivor participation in decisions and initiatives that affect them.
- **3.2 For service providers — providing survivor-centred care**
  Focuses on those delivering medical, psychosocial, legal, or socio-economic support.
- **3.3 For organisations inviting survivors to speak or conduct advocacy — amplifying survivors' voices**
  Focuses on amplifying survivors' voices, including advocacy, public speaking, and influencing change.Focuses on amplifying survivors' voices, including advocacy, public speaking, and influencing change.
- **3.4 For donors and funders—financing the survivor-centred approach and survivor-led initiatives**
  Focuses on enabling and sustaining a survivor-centred approach and supporting survivor-led initiatives.

Each sub-section presents lessons learned from experience, followed by a case scenario with practical tips, and a best practice example for inspiration.

3.1 Involving survivors in programming: "Nothing about us, without us"

> **"Most NGOs just take their own decisions, without consulting the victims. They are imposing the program they designed when there is no opportunity to give input anymore. They involve us somewhere in the middle, when it is time to implement, but not in the initial stages."**
>
> – **SURVIVOR**, SEMA Global Network

What it means: "Nothing about us, without us" underscores that survivors should neither be sidelined nor spoken for — they must be at the centre of efforts intended to support them. This requires their regular and systematic involvement at all stages of activities, programmes, policy-making or services — including design, implementation, monitoring and evaluation.
Participation can take place through formal consultations (e.g. individual interviews, focus group discussions, regular consultations, satisfaction surveys) and through engagement within activities (e.g. prevention, advocacy and awareness-raising, training, and referral processes).

Why it matters: These processes and decisions directly affect survivors' lives. Having lived through sexual and gender-based violence, which may include conflict-related sexual violence, survivors are best placed to shape their priorities and solutions. Meaningful participation ensures that interventions are relevant, effective, and grounded in the realities of survivors' lives. It supports contextually relevant programming, reduces the risk of exclusion, and strengthens resilience by building on survivors' existing capacities and resources. Engaging survivors in this way also reinforces their sense of agency and recognition, as their voices are acknowledged and taken into account in decision-making processes.

3.1.1. Key lessons learned from experience

1 Proper contextual understanding and risk assessment are essential before engaging survivors.

- Familiarise yourself with the local context (e.g. security, educational level, literacy, economic situation, political context, language, stigma, gender norms, religion, cultural values, internet access).
- Assess the availability and accessibility of holistic care for survivors, including medical, psychosocial, socio-economic, and legal support, to understand existing gaps.
- Conduct a risk assessment before involving survivors, and whenever possible, do this jointly with them. Ask survivors directly:
  - *"What risks do you foresee?"*
  - *"What would help you feel safer?"*
  - Adapt your approach accordingly.

2 Participation must be safe, supportive, and voluntary.

- Ensure informed consent of survivors participating (see section 2.5)
- Hold consultations in a survivor-friendly environment including interpretation, accompaniment, and practical arrangements, such as access to a private room, with comfortable seating and water.
- Use culturally and contextually appropriate methods and language.

3 Engagement should be inclusive and meaningful for all survivors.

- Involve survivors at all stages: planning, implementation, and evaluation.
- Use inclusive approaches to reach diverse and marginalised groups (e.g. organise separate small group meetings with them). Always consider intersectional factors of discrimination, and avoid engaging only the most visible or vocal survivors.
- Adapt methods to survivors' realities and access:
  - Use appropriate formats (e.g. surveys, interviews, calls, visual tools for non-literate survivors) based on survivors' needs.
  - Recognise that many survivors may only have access to a mobile phone, and not to a computer/laptop, and may have limited internet access.
  - Tailor communication channels accordingly (e.g. phone calls, messaging, voice messages, in-person visits, radio announcements, community meetings, printed materials, and visual aids).

4 Communication with survivors should be timely, clear, and transparent.

- Invite survivors well in advance to allow for preparation and logistical arrangements.
- Recognise that survivors have their own lives, responsibilities, and constraints.
- Be clear about the purpose of the consultation and how their input will be used.
- Be honest about limitations (e.g. compensation, follow-up actions).

5 Respect and responsiveness are key to building trust and effective engagement.

- Take all feedback seriously and express gratitude for survivors' input.
- Ask survivors what methods and language feel safe and appropriate (e.g. what words not to use? How best to talk about sexual and gender-based violence, including conflict-related sexual violence, within a community?).
- Use respectful and supporting words when communicating with survivors.
- Follow up: share how their input influenced decisions or explain why it didn't.

6 Power should be shared, giving survivors genuine influence over decisions.

- Give survivors real influence in shaping research, analysis, policies, and strategies, rather than being included as a 'tick-box' exercise.
- Recognise survivors as subject-matter experts, not merely as sources of personal testimony used to stir emotional responses without real influence.

7 Compensation and support must be provided to enable meaningful participation.

- Provide fair compensation, transport, per diem, or other support.
- Budget for survivor participation from the start.

8 Engagement is strengthened when consultations are connected to existing survivor networks.

- Consultations are more meaningful when they involve survivors who are ready and able to engage. In many contexts, this readiness is supported by their participation in survivor networks.
- Engaging through such networks can provide a broader perspective, as survivors may reflect both their own experiences and those of others in their network.
- Linking consultations with existing networks can also support continuity and trust.

3.1.2. A case scenario with practical survivor-centred tips

Context

This case scenario explores the ethical, logistical, and emotional considerations of involving survivors of conflict-related sexual violence in international justice processes and forums. It aims to challenge actors - whether they are UN agencies, governments, or NGOs - to think critically about what it means to be truly survivor-centred by assessing the possible gap between intention (being survivor-centred) and implementation.

Case scenario

An organisation invites a survivor of conflict-related sexual violence from the Democratic Republic of the Congo (DRC) to speak at a high-profile meeting on justice for conflict-related sexual violence survivors. The goal of the meeting, which is being held in Geneva, is to centre survivor voices and experiences.

The invitation is sent just two weeks before the meeting. The survivor is asked to share her personal story in front of an international audience. She is responsible for arranging her own travel and logistics. There is no mention of interpretation, psychological support, compensation for her time, or other issues that may be relevant to the survivor.

Question/Problem

What should the actor have considered before inviting the survivor, so that the invitation as well as the experience of participating in the meeting for the survivor would have been more survivor-centred?

Survivor-centred tips

1. Give **advance notice** (at a minimum 6-8 weeks) **and ideally also support in obtaining the necessary documents.** Applying for a visa, passport or other travel documents, takes a lot of time. In some countries, the inviting country may not have an embassy, and this may require travel to another country to apply for a visa. Two weeks may not be enough time for someone to prepare mentally, emotionally, and logistically for international travel. Short notice may prevent participation and create unnecessary stress, creating expectations that cannot be met (international travel and participation in a decision-making process, with all the hopes this may entail).

2. Offer clear explanations about the purpose of the meeting and **allocate time to support preparing for the event**. Take time to help the survivor prepare for the event during one or more meetings, including helping the survivor understand the goal of the meeting, the topic, the audience present, and providing support on speaking points.

3. Offer **full logistical and financial support** (flights and other transport, visa, hotel, per diem). Don't assume or expect that the survivor (or the organisation the survivor works for, or the network the survivor is a member of) will be able to cover these expenses. Be sure to budget for these costs.

4. Offer a **stipend**. A survivor comes and shares time and expertise to contribute to policy-making. Make sure to budget for these costs, and have ways to channel payment to the survivor.

5 Provide **other options besides giving a testimonial** such as:

- Pre-recorded message or written statement, allowing for review/editing beforehand and control of time.
- Panel participation co-led by (a) survivor(s).

6 Involve survivors in **setting the agenda** or **co-designing** the event sufficiently in advance. This has the best chances to result in meaningful and impactful results and recommendations. Of course, this requires the organisation to also implement the recommendations. **It is important to avoid "tokenism"**, i.e. the survivor's presence is symbolic, without real influence. Survivors should be co-creators and have a say in how and where their voices are shared.

7 Ensure **protective measures** are in place during the meeting, if needed. For example, **anonymous storytelling**, perhaps read aloud by an advocate or actor, **audio and video recordings** with voice and image distortions, and **photos** with image distortions to protect identity.

Safety: Physical safety must be prioritised over institutional goals. Assess potential risks, including stigma, backlash, or isolation from family members, friends or the community (especially for survivors from more conservative and rural communities)? This is especially important for survivors who may face personal, legal, or security consequences for speaking publicly. Survivors must be fully aware of and understand these risks. If they choose to proceed, ensure an appropriate risk mitigation plan is in place, including safe return and post-travel security. This could include follow-up psychosocial support, legal advice, or coordination with protection actors.

8 **Psychological readiness**: Speaking publicly about conflict-related sexual violence can be emotionally demanding and re-traumatising. It is essential to assess whether a survivor feels emotionally safe and supported. Survivors should never be expected to relive traumatic experiences for the sake of awareness-raising or fundraising; their dignity and agency must be respected at all times.

Ensure that **trauma-informed briefings and debriefings** are conducted before and after any event that may be stressful and potentially triggering. These should follow structured approaches to prepare and support a survivor, with a focus on emotional safety and minimising harm.

In general, trauma-informed briefings aim to reduce anxiety (by explaining what to expect), build trust (by being transparent and respectful), empower survivors (by providing choice and information), and normalise emotional responses. Trauma-informed debriefings create space for safe reflection and expression, help survivors feel heard, support emotional regulation, normalise reactions (e.g. shock, anger, sadness, numbness), identify any support needs or signs of distress, and avoid re-traumatisation or pressure to disclose more than the survivor wishes.

9 Ensure **interpretation**, if needed, not only to ensure that the survivor's input is translated to the audience attending, but also so the survivor can actively participate and engage in the whole meeting. Language barriers should be addressed as they may lead to misunderstandings or feelings of isolation.

10 Provide (a) **named support person(s)** to guide a survivor through the entire process. This may be, for instance, someone who accompanies a survivor while travelling (which may be stressful), provides psychological support, mentors and guides the survivor to prepare for the event beforehand, and/or answers questions concerning logistics and financial support. These persons should be trusted individuals, and could include psychologists, counsellors, or other survivors.

11 Ensure sufficient **financial, time and human resources are available** for the above activities. Without appropriate resources, a survivor-centred approach is difficult, if not impossible, to implement.

3.1.3. A best practice example for inspiration: formalising survivor engagement in policy and coordination processes in Ukraine

In Ukraine, consultations with survivors of conflict-related sexual violence and other forms of sexual and gender-based violence conducted in 2023–2024 found that 68% of respondents had never been consulted on the content or focus of the support provided to them. Since then, efforts to involve survivors more systematically have increased. Survivors are now not only consulted, but are increasingly involved in shaping wider responses to conflict-related sexual violence.

This has been made possible, in part, through the Inter-Agency Working Group on the response to conflict-related sexual violence in Ukraine. This platform includes representatives from key survivor-led organisations and aims to support the more systematic inclusion of survivor perspectives in the development and implementation of responses.

This engagement can be illustrated by the development of the 2019 Law on Legal and Social Protection of the Rights of Victims of Sexual Violence Related to the Aggression of the Russian Federation against Ukraine (No. 10132). Survivor-led organisations contributed through engagement with policymakers, technical input, and the sharing of survivor perspectives, which supported the inclusion of provisions on legal recognition, interim reparations, and expanded access to support services for survivors.

This shift has been supported, in part, by the establishment of the SEMA Ukraine network, a prominent survivor-led organisation in Ukraine, in 2019, prior to the full-scale invasion in 2022. This early establishment allowed survivors to access capacity strengthening, psychosocial support, and opportunities for coordination over time, helping to create the conditions for more meaningful participation in consultations and decision-making spaces from the outset of the full-scale invasion.

3.2 Providing survivor-centred care

> **"The survivor-centred approach should be implemented in the whole system, because now it may be present only in some places or received only from some specialists."**
>
> – **SURVIVOR,** SEMA Ukraine

What it means: A survivor-centred approach to care is holistic, addressing medical, psychological, legal, socio-economic and/or spiritual needs, while respecting the survivor's choices, safety, and dignity. It ensures that care is compassionate and trauma-informed.

Survivors are actively involved in decisions about their care and, where they choose, may contribute to supporting other survivors. It is not just about what is done, but *how* it is done - with survivors, not for them.

Why it matters: Conflict-related sexual violence affects many, interconnected aspects of a survivor's life. Coordinated, compassionate, trauma-informed, survivor-centred and holistic care supports healing and promotes resilience.

Integrated service delivery (e.g. one-stop centres) can reduce stigma and re-traumatisation. When survivors actively participate in their care, trust is strengthened, agency is restored, and care is improved over time.

3.2.1. Key lessons learned from experience

1 Ensuring access to survivor-centred holistic care is essential to support healing.

- Offer medical, psychological, legal, and socio-economic support as part of one coordinated approach (e.g. a one-stop centre). Where care is not provided under one roof or by one actor, good referral mechanisms must be put in place.[9]
- Don't assume medical or another single support alone is enough - neglecting other areas can delay healing.
- Ensure referrals are made with the survivor's informed consent, ensuring that they have access to a range of service providers. Prior to any referral, it is essential to confirm that the requested service is available.
- Coordinate with referral partners to reduce the need for survivors to repeat their stories.
- Ensure medical and psychological care is confidential, accessible, compassionate, trauma-informed, and responsive to the needs of survivors.
- Consider using community-based outreach (like mobile clinics) to reach survivors in remote areas.
- Acknowledge that holistic care integrated within a health facility is sustainable and helps reduce stigma against survivors.

2 Promoting survivor agency, choice, and participation strengthens both the individual and the programme

- Let survivors guide their own healing journey and be part of decision-making
- Take time to engage in a constructive dialogue with survivors to explain care options.
- When survivors express a medical treatment preference, not part of the medical recommendation, it is important to balance evidence-based quality care with a survivor-centred approach, and answer questions survivors may have. Don't allow time pressure or status to override respectful, informed dialogue with survivors.
- Include survivors in designing, delivering, and evaluating care.

9 For more information on the Panzi model of care and advantages of providing care under one roof, see Dr. Denis Mukwege Foundation et al. (2019); Vidale-Plaza et al. (2023); Vidale-Plaza (2023).

- Recognise survivors as experts in their own experiences.
- Where survivors wish to engage as advocates—such as addressing stigma, referring other survivors, or leading peer-support activities—ensure they have the resources, guidance, and support needed to do so safely and effectively.

3 Ensuring accessibility and inclusivity in care is critical for reaching and supporting all survivors.

- Make care safe, accessible, and stigma-free.
- Ensure privacy and confidentiality at all times.
- Adapt care services to survivors' social realities, e.g. survivors may come from remote areas with limited access to or resources for transport. They may have other mobility limitations. They may have caring responsibilities or disrupted living conditions; prefer to talk to a care provider of a certain gender; come from a community with particular needs for adaptation in protocols.
- Provide transportation support for survivors coming from remote areas.
- Ensure access to a safe shelter for those who are unable to return immediately to their community of origin.

4 Building supportive systems to maintain quality care.

- As much as possible, secure adequate, flexible, and long-term funding to support/provide sustainable, high-quality holistic care.
- Develop plans for transition or integration into existing programmes or public systems.
- Create referral systems, manageable caseloads, and supportive supervision for staff.
- Don't expect change without appropriate investment in staff, capacity-building or infrastructure.
- Coordinate and leverage synergies with other existing actors, including public services.

5 Investing in skills and continuous capacity-building ensures staff can provide truly survivor-centred care.

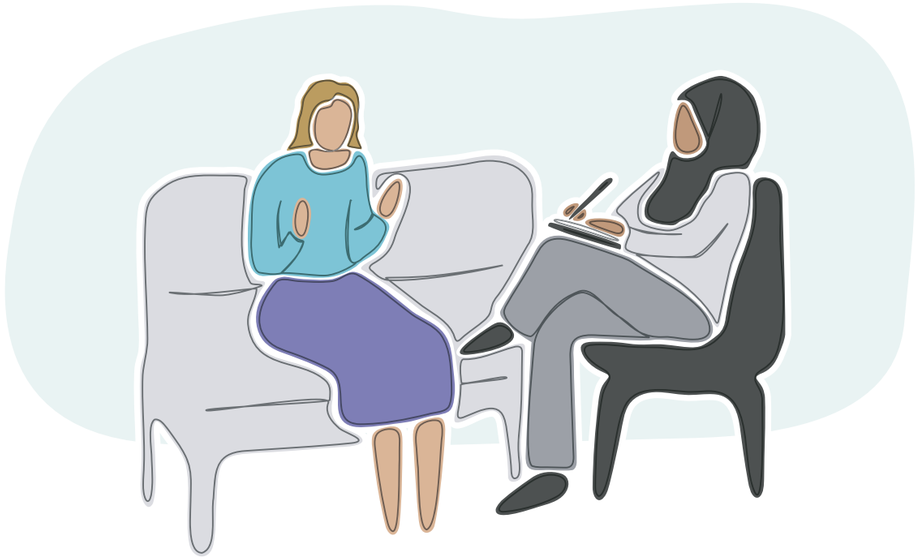
- Don't assume that professional status equals expertise in working with survivors of sexual violence - training and accompaniment are essential. Continuously build the capacities of care providers.

6 Fostering trust, compassion, and confidentiality is the foundation of all survivor-centred work.

- Build trust by listening, showing empathy, respecting confidentiality and other best practices and boundaries.
- Respect the survivor's pace and wishes throughout the care process. Don't rush survivors to share or heal - respect their timing.
- Have strong communication competencies in the care and support of survivors (see 3.2.3. A best practice example for inspiration: doctor-patient conversation)

7 Preventing vicarious trauma and supporting staff wellbeing is crucial for sustainable survivor-centred work.

- Schedule regular discussions about vicarious trauma among staff to address emotional toll (e.g. peer-to-peer intervision). Burnout, chronic stress, compassion fatigue and feelings of helplessness or guilt are common when working in this area.
- Foster a supportive work environment that promotes wellbeing, open dialogue, and resilience. This requires that staff wellbeing is reflected in organisational policies (encouraging rest and work-life balance, providing confidential mental health support, promoting a culture of appreciation, and team-building activities).
- Encourage self-care and stress management strategies for staff.



3.2.2. A case scenario with practical survivor-centred tips

Context

This case scenario explores the different considerations of care providers in providing care to survivors of sexual and gender-based violence, including conflict-related sexual violence. It aims to challenge actors - whether they are UN agencies, governments, NGOs, care providers, or otherwise - to think critically about what it means to be truly survivor-centred by assessing the possible gap between intention (being survivor-centred) and implementation.

Case scenario

To access social services, such as cash or humanitarian aid, a care provider requires survivors of conflict-related sexual violence to attend online sessions with a psychologist - something survivors had not asked for. If survivors choose not to participate, they will be denied care. The psychologist was assigned by the care provider and lacked sensitivity and professionalism.

During a session, when one male survivor shared that he had begun drinking to cope with stress, the psychologist dismissed this by saying it was an unhealthy response and suggested he try going to the gym instead. The survivor then shared that he had been tortured and sexually violated in a gym, but the session ended abruptly.

Question/Problem

What should the care provider have done differently in order to provide survivor-centred care?

Survivor-centred tips

1. **Access to multisectoral services is a right and should never be made conditional by service providers.** Making support conditional can retraumatise survivors, violate their dignity and autonomy, undermine trust, and create barriers to accessing crucial care.

2. **Survivors should be given the option to choose a psychologist, where possible.** The therapeutic relationship is deeply personal. Having options allows survivors to find someone they can trust and connect with (this also relates to gender and language preferences), which is essential for effective support. In settings where access to a psychologist is limited, trained psychosocial assistants, nurses, midwives, or peer supporters can provide basic psychological support. Building trust and respecting survivor preferences matters more than professional titles.

3. **Survivors should receive safe, competent psychosocial support - whether from specialists or trained non-specialists.** In many conflict-affected or rural settings, access to psychologists is extremely limited, and therefore scalable, evidence-based interventions (such as Psychological First Aid, Problem Management Plus, and Group Interpersonal Therapy) can offer a suitable alternative. These can be delivered by trained non-specialists in primary health care, community centres, or safe spaces. Where possible, survivors with complex or severe mental health conditions (e.g. psychosis, suicide risk, PTSD not improving) should be referred to specialists where available. If not, such care must be built over time through capacity-building and health system support. In general, negative experiences with psychosocial support can cause harm to survivors and influence others not to seek care. Survivors may disengage from support if they feel unsafe or misunderstood. Starting a first session with a focus on positive memories - rather than immediately discussing the traumatic event - can be helpful, depending on the individual's needs and preferences.

4 **Offer survivors flexibility in how and where counselling takes place (e.g. online, in-person, both online and in-person, and in venues that feel safe).** Different formats work for different people. In-person sessions can help build rapport, while online sessions may feel safer or more private, or they may be more accessible, depending on the survivor's context. For in-person sessions, the choice of venue also matters - spaces that resemble sites of past incidents (e.g. prisons or gyms where survivors experienced conflict-related sexual violence) can be retraumatising. Survivors should be consulted on what feels safe and accessible. Over time, build in options like tele-mental health, group therapy, community peer groups, or home-based follow-ups, when feasible.

5 **Funding for care providers should be flexible and sustained, respecting survivors' choices and long-term capacity strengthening**[10]**.** Funding should respect survivors' choices regarding the services they wish to access, recognising that needs vary and rigid programming can be disempowering. Funders should be informed about the complex impacts of conflict-related sexual violence and the importance of survivor autonomy in recovery. Funding approaches should therefore support both survivor choice and the integration of services within broader health and protection systems.

Donor support should also prioritise training non-specialists to deliver scalable interventions, integrating mental health into primary care and protection services, investing in long-term system strengthening (not just short-term projects), and ensuring care is free, confidential, and inclusive.

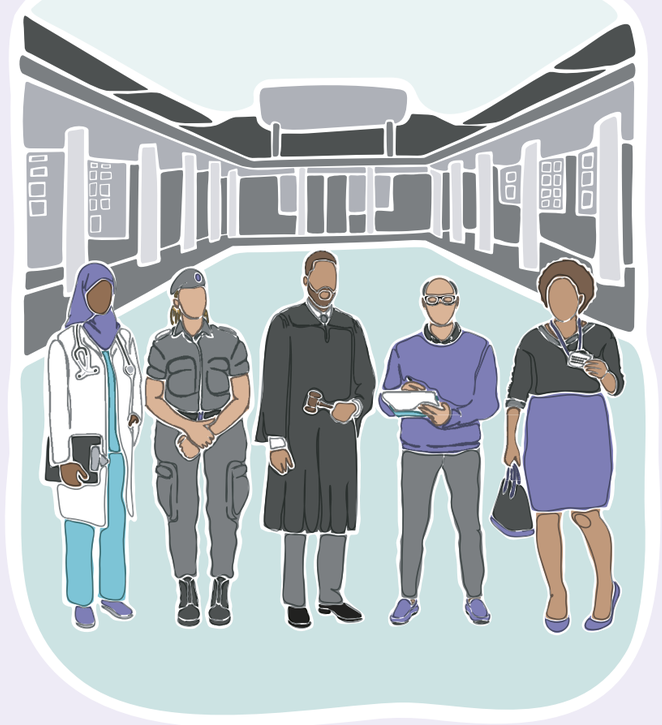
6 **Survivors should be actively involved in programme design, implementation, monitoring and evaluation.** Survivors are the experts in their own experiences. Involving them throughout the process ensures that services are relevant, respectful, and truly responsive to their needs.

10 See section 3.5 (Survivor-centred funding) of this *Practical guide to applying a survivor-centred approach*.

Listen to Halyna Tyshchenko, a SEMA Ukraine member, calling for survivor-centred care in a video made for a side event at the 53rd session of the UN Human Rights Council in Geneva in June 2023.

HALYNA states in part:

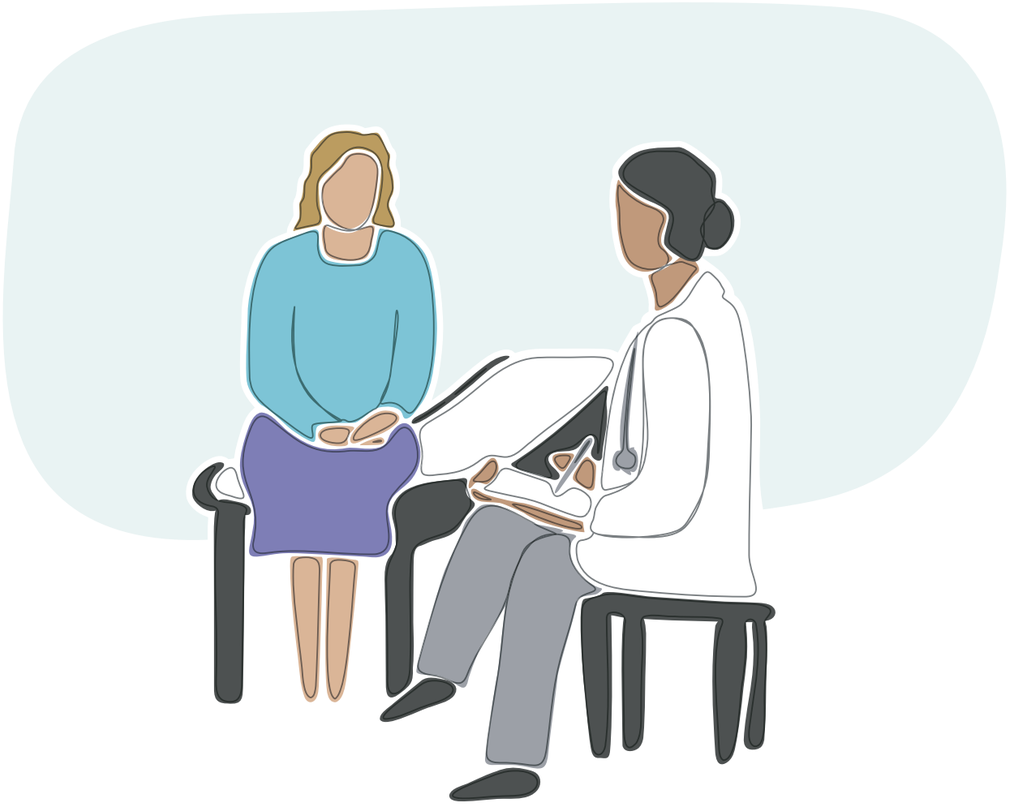
"In Ukraine there are many state bodies and organisations that survivors can turn to for help. But there is not always a sufficient level of coordination between them. It is important that the survivors who seek help receive the care they need here and now. And at the same time, it is very important that this care is unconditional and that the survivors have the right to choose. The provision of care should not be linked to the application to law enforcement agencies and the investigation of crimes."



3.2.3. A best practice example for inspiration: doctor-patient conversation

Dr Myriam is a doctor in a one-stop centre in a conflict-affected area, treating many survivors of conflict-related sexual violence. One afternoon, a young woman, Maria (age 21), arrives at the centre. Maria is very quiet and withdrawn, showing signs of anxiety. The doctor is quite overwhelmed with meetings and treating patients that day already, even before Maria came in, but nevertheless makes time to talk to her.

What could a survivor-centred conversation between doctor and patient look like (including an explanation of why it matters)?



Survivor-centred conversation between doctor and survivor (patient)

After entering the premises and being received in a dignified and kind manner by a receptionist, the doctor and Maria enter a private consultation room and, while speaking with a gentle calm voice, the doctor says:
"My name is Dr Myriam. You're safe here. I'm here to help in any way you're comfortable with. I am here to listen to you, if you wish to speak (...).I am very committed to listen to what you have to say. I should let you know that we have about thirty minutes today and during that time, I am here for you."

Why this matters? Which survivor-centred principles are important here?

- Reception of survivor in a kind and welcoming way is important for the survivor to feel safe.
- Ensuring privacy, non-discrimination, safety and informed consent, building trust and rapport.
- In case there is limited time, it is important to mention this in an open, yet conducive way, so that it does not impact on building trust and rapport with the survivor.
- Of course, lack of dedicated time will in most cases be an issue, especially in conflict zones. Ways to mitigate these constraints can be more secured funding, hiring more staff or less workload per day. A good practice may be, for instance, 30-40 minutes per patient; 15-20 minutes recovery time (e.g. rest, refreshment). Supervision mechanisms within the organisation would allow for better planning of case load and referral pathways.

Before asking any questions, Dr Myriam explains what the consultation will involve and reassures Maria that she does not have to answer anything she doesn't want to: *"You don't have to tell me everything. We can talk only about what's most important for your health today. And if you want to stop at any time, just let me know."*

Why this matters? Which survivor-centred principles are important here?

- Establishing safety and control/autonomy/self-determination, reducing risk of traumatisation.
- During a first consult, a survivor may not already wish to disclose everything that happened as this can be too painful.

Doctor: *"Would you like to talk about what happened?"*

Maria: Hesitates, but nods, and explains briefly she was raped by three different men.

Doctor: *"I am so sorry this happened to you. Thank you for telling me. It was not your fault."*

Why this matters? Which survivor-centred principles are important here?

- Using sensitive language, ask open, non-leading questions, without pressing for graphic details, and use active listening, show respect.
- Validate the survivor's experience, avoid judgment, and foster dignity, compassion.

Dr Myriam explains Maria's options for medical care (e.g. emergency contraception, sexually transmitted infections prevention, wound care), letting Maria choose what she wants: *"There are some treatments we can offer to help prevent infections and pregnancy. Would you like me to explain these and you can decide what feels right for you?"*

Maria: Has several follow-up questions about the different kind of treatment, in particular she wishes to know more about the negative and positive aspects of it and whether alternative treatment should be considered.

The doctor takes time to explain more about the different forms of treatment and when things are settled to everyone's agreement (Maria agrees to receive HIV post-exposure prophylaxis (PEP) and wound care), the doctor says: *"We also have someone you can talk to if you'd like emotional support. There's no pressure. You can decide when you're ready."*

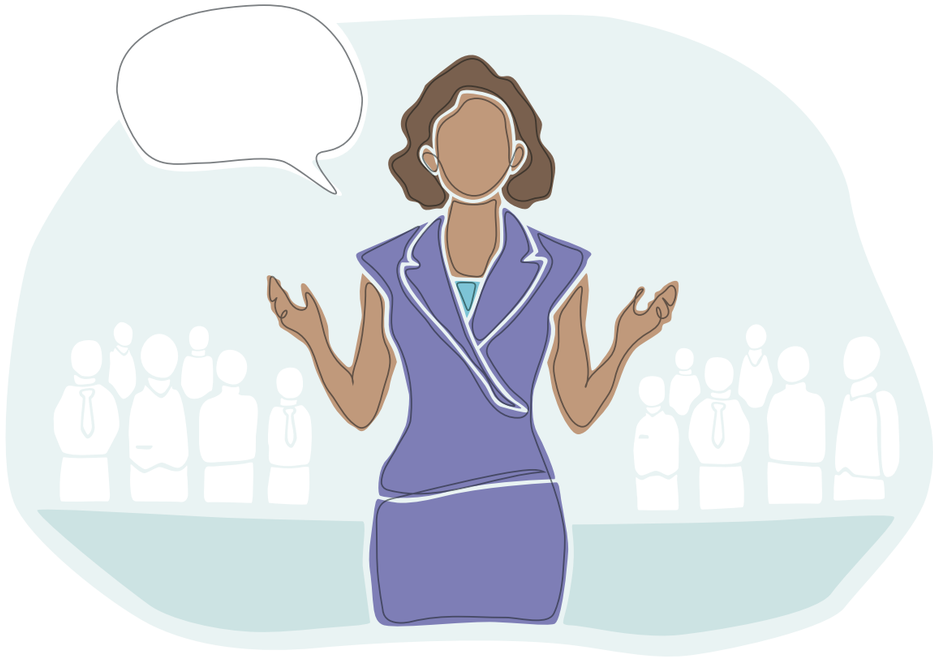
Why this matters? Which survivor-centred principles are important here?

- Providing medical and psychological care options, with clear explanation, without pressure. Enabling the survivor to control the choices that can be made (self-determination); avoiding assumptions about what the survivor should do.
- Creating space for the survivor to ask questions about the medical care offered (e.g. what the positive and negative aspects of the treatment suggested are) or invite them to ask questions (or ask them to summarise what has been said to check their understanding), as things may not be clear to them.
- Even in situations where a doctor may find a survivor "demanding" (e.g. too many questions, requests that are not part of the doctor's medical recommendation), it is still important to balance evidence-based quality care with a survivor-centred approach, and answer questions survivors may have.
- Survivors are stressed because of the physical injuries and other chronic and secondary diseases they may have developed because of conflict-related sexual violence, which also impact their mental health. They are inquiring to understand better what options they may have. Ask, for example, "What is making you feel that this test is important right now?"
- Note: Even with sufficient or a lot of time spent talking to survivors, they may not be pleased. This can be the case. Yet, what remains important is *how* time is spent.

Dr Myriam checks if Maria has a safe place to stay and arranges a follow-up visit, while offering information on legal and socio-economic support services: *"We'd like to see you again to check how you're doing. Would it be alright if we scheduled a follow-up?"*

Why this matters? Which survivor-centred principles are important here?

- Following up, safety planning and offering other support services, i.e. legal and socio-economic support (trusted referral options); continuity of care.
- At a later stage, offer the opportunity to evaluate the support services offered, to make sure survivor input is taken up in improving service provision.
- Explain the need for follow-up, and with consent, schedule a follow-up appointment or make another arrangement according to their preferences.



3.3 Amplifying survivors' voices: support survivor-led advocacy

What it means: Amplifying survivors' voices involves creating safe, supportive spaces where survivors can share their experiences, connect with others, and speak out together. It includes supporting survivor-led networks that enable survivors to shape the decisions and policies that affect them and drive collective action for change. Through national and global connections, survivors from different backgrounds learn from each other and join forces to advocate for their rights. At its core, it is about supporting survivors to lead, express themselves, and shape their own futures.

Why it matters: Amplifying survivors' voices restores dignity, agency, and power to those who have been silenced by violence, stigma, and exclusion. When survivors are heard and respected, it leads to more relevant, ethical, and effective responses. It challenges harmful norms, breaks the cycle of silence, and inspires others to seek support and speak out. Most importantly, it ensures that survivors are seen as experts, leaders, and change-makers — and not only as victims.

3.3.1. Key lessons learned from experience

1 Survivors should lead, be involved in, and influence all advocacy, policy, and programme decisions.

- Ensure survivors are leaders in the advocacy, policy discussions, and programmes related to conflict-related sexual violence and sexual and gender-based violence.
- Recognise survivors as experts of their own experiences and give them decision-making power.

2 Fostering solidarity and peer support strengthens survivor networks and collective healing.

- Create safe spaces where survivors can share experiences and offer solidarity to one another.
- Promote self-reflection and open dialogue within survivor networks to maintain a supportive environment. Acknowledge that survivors are human beings who have experienced traumatic events and that when survivors come together, as in all groups, there are group dynamics that can be exacerbated due to their experiences of conflict-related sexual violence, the realities of conflict, and so on.

3 Using creative platforms for advocacy can amplify survivors' voices while supporting healing.

- Use art, music, poetry, and storytelling to amplify survivors' voices in creative, impactful ways that also foster healing. Don't exploit survivors' stories in creative projects without their input or clear consent about how they are portrayed.
- Involve survivors in shaping how their stories are told, ensuring they have control over their representation.
- Don't push survivors into creative advocacy work if it is not aligned with their healing journey or personal choices.

4 Collaboration with partners should follow survivor-centred processes.

- Ensure clear and transparent communication and respectful processes for all parties involved. Don't always say "yes" to every request; explain procedures (e.g. finances, timeframes, reimbursements) clearly to manage expectations.
- Distinguish between open-ended sharing sessions (e.g. sharing experiences) and strategy-focused discussions. In case of the latter, use structured, strategy-oriented meetings to keep discussions focused on actionable outcomes. Don't blur the lines between different types of meetings (e.g. sharing vs. strategy meetings).

5 Providing emotional support and mentoring is essential for survivor well-being and resilience.

- Ensure psychologists or counsellors are available when survivors share sensitive stories. Or, if not available or feasible, try to ensure community-based, peer-led, or informal support structures.
- Offer mentoring and skills training to support survivors in their advocacy and personal life.
- Train staff to recognise and respond to re-traumatisation when working with survivors.
- Understand how specific actions, words, or situations can retraumatise survivors. Don't lose sight of the seriousness of conflict-related sexual violence; stay mindful of the trauma survivors face.
- Provide compassionate, trauma-informed and effective support, ensuring the survivor's wellbeing is prioritised (see section 3.2).

3.3.2. A case scenario with practical survivor-centred tips

Case scenario

An international organisation partners with a local survivor-led NGO to "break the silence" around conflict-related sexual violence. Without proper consultation, it launches a global media campaign using quotes, images, and footage from survivors - some taken from earlier private interviews. The local NGO and survivors were not involved in shaping the content or messaging.

As the campaign gains visibility, survivors face stigma and backlash in their communities. The NGO's trust and safety are compromised, and no follow-up support or accountability is provided by the international partner.

Question/Problem

What should have been done to amplify voices of survivors in a survivor-centred manner?

Survivor-centred tips

1 Co-create the campaign
- Involve the local survivor-led NGO and survivors from the start in designing the campaign - its goals, messaging, and platforms.
- Ensure survivors choose how, when, and if their stories are shared, and in what format (e.g. anonymous quote, video, creative expression).

2 Ensure informed consent and safety
- Obtain clear, informed, and voluntary consent, in a language survivors understand, explaining potential risks and where the material will appear.
- Offer the right to withdraw their consent at any time.
- Assess and address potential risks of backlash, stigma, or re-identification, and provide options for safe anonymity.

3 Respect the local context
- Work with the local NGO to understand cultural sensitivities, levels of stigma, and the safest ways to break the silence without causing harm.
- Avoid one-size-fits-all messaging like "Speak out now" — instead, emphasise choice and dignity.

4 Provide emotional and practical support
- Ensure survivors have access to psychosocial support before, during, and after sharing their stories.
- Offer training, coaching, or preparation if they choose to speak publicly.

5 Strengthen local leadership, don't instrumentalise it
- Ensure the local NGO is a full partner, credited and resourced to lead.
- Provide long-term support for the NGO's work, not just short-term visibility.

6 Create feedback loops
- Share drafts of campaign materials with survivors and the NGO for review and approval.
- After launch, update them on the campaign's impact, and gather feedback on what went well and what could be improved.

3.3.3. A best practice example for inspiration: supporting networks of survivors

A best practice example of amplifying voices is the Mukwege Foundation's approach to survivor-led advocacy through its VOICE programme, supporting networks like the Global Network of Victims and Survivors to End Wartime Sexual Violence (SEMA) and national survivor networks. These networks empower survivors to lead and advocate for their rights , pushing for policy reforms related to sexual violence in conflict. The Foundation provides psychological support and capacity-building training, alongside platforms for survivors to share their stories. Survivors are also encouraged to use creative media like music and art to advocate, raise awareness and challenge societal narratives. By involving survivors directly in advocacy and policymaking, the Mukwege Foundation ensures their voices drive real change. This approach fosters collective empowerment, helping to shift public attitudes and influence international policy on sexual violence.

A concrete example has been the SEMA Virtual Memorial, a unique space dedicated to preserving and sharing the collective memories of survivors of conflict-related sexual violence. The memorial brings together collective memory initiatives created by SEMA members or to which they have contributed. These initiatives are organised by different forms of artistic expression and the memorial currently includes more than 80 initiatives spanning 18 countries. This interactive platform contributes to shaping an alternative narrative around conflict — one where voices that have long been silenced and ignored are placed at the forefront. By contributing to a living archive, the memorial serves not only as an educational resource but also as a powerful tool for healing, recognition, and justice.

3.4 Funding the survivor-centred approach

Donor support is critical in enabling effective, ethical, and survivor-centred responses to conflict-related sexual violence. This section provides guidance to donors on how funding can better support healing, justice, and survivor empowerment.

"There is a disconnect on the policy level and the funding eligibility rules. On the policy level, the correct language, such as survivor-centred and trauma-informed approaches, is oftentimes used, which is very good. But when it comes to the eligibility rules on funding, the space is closed. For example, there is no budget allocated for the actual hours it takes to train survivors on certain skills, such as project monitoring and evaluation, or survivors are not being paid for their time. If the implementing organisation really wishes to apply a survivor-centred approach, it is important that there are far fewer rigid rules. Perhaps we, as implementing organisations, should all strive to be more transparent about this, talk to donors, and explain them what these restrictive rules mean in practice."

– **STAFF MEMBER,** Mukwege Foundation

3.4.1. Key lessons learned from experience

1 Long-term funding is essential to support survivors' healing, justice, and systemic change.

- Healing, justice, and systemic change (e.g. across areas such as healthcare, community attitudes, legal systems) take time.
- Survivors need sustained, long-term care and support.
- Short-term funding can interrupt care and undermine progress, while long-term and multi-year funding enables continuity, strategic planning and trust with survivors and partners.
- Sustained funding is particularly important for survivor-led networks, allowing them to grow at their own pace, strengthen their autonomy and sustain impact.
- It also helps local organisations — and their international partners — to maintain stability, retain staff, and respond effectively to evolving needs.

2 Flexible funding allows organisations to respond to survivors' real-time and evolving needs.

- Enables organisations to respond to survivors' real-time, diverse needs.
- Supports adaptable programming in volatile or changing contexts. Earmarked funding creates bottlenecks (e.g. a lot of paperwork) and harmful delays for survivors.
- Allows for holistic, cross-sector work avoiding rigid budget silos.
- Strengthens local leadership and innovation.

3 Funding survivor-led or survivor-centred initiatives ensures programmes are relevant, safe, effective, and transformative.

- Survivors should be fully involved in designing, guiding and evaluating programmes that affect them, ensuring interventions are relevant, effective and respectful. Funders should allow sufficient time and resources for survivor consultation, including covering the costs of scoping and engagement, and adaptation of programmes based on the findings.
- These approaches help restore agency, dignity, safety, and psychosocial wellbeing. They can transform survivors' lives, enabling them to progress in their healing journey and supporting them in becoming agents of change. While this may not be the case for every survivor involved in a project, for some, the transformation is profound and life-changing.
- Survivor input strengthens the relevance, safety, and ethical grounding of programmes, ensuring they are trauma-informed and responsive to real needs.
- Promotes inclusivity (e.g. for male, LGBTQIA+, or disabled survivors).
- Encourages ethical partnerships and shared ownership rather than top-down decisions, which may not reflect survivors' realities.

4 Funding should support both local and international actors to strengthen survivor-centred responses.

- Survivor-centred approaches benefit from collaboration between local organisations, survivor-led networks, and national and international actors. Adequate funding should enable these actors to work together to strengthen capacities, facilitate knowledge exchange, and support coordination.
- This includes providing the necessary resources for technical support, accompaniment, and partnership-based approaches that reinforce local leadership over time.

5 Funding should prioritise measurable, survivor-centred impact to ensure programmes truly benefit survivors.

- Focus on outcomes that matter to survivors (e.g. what has actually been improved for survivors), not just outputs.
- Use both quantitative (e.g. number of survivors who participated in capacity building) and qualitative (e.g. sense of safety) indicators.
- Ensure measurement guides and methods are trauma-informed, ethical, and culturally relevant (e.g. think of contextualised terminology - survivors may describe their experience as "a heavy heart" or "thinking too much" rather than refer to "depression" or "trauma"). Measurement methods may include focus group discussions, interviews, surveys, testimonies, storytelling, photovoice, community mapping.
- Involve survivors in defining and assessing impact.
- Emphasise long-term change and learning, not just (short-term) success reporting.

6 Maintaining an open dialogue on funding constraints and ethics is crucial for a survivor-centred approach.

- Maintain an open dialogue between donors and implementers about funding constraints which impact on effectively applying a survivor-centred approach.
- For implementing organisations: always verify that funding sources align with survivor-centred values and ethics.

4

Key takeaways and recommendations for practice

4.1 Important takeaways

A survivor-centred approach is grounded in the non-negotiable principles of compassionate trauma-informed care: respect, non-discrimination, confidentiality, security, informed consent, and self-determination. Upholding these principles is essential in every interaction with survivors, ensuring they are treated with dignity, their voices are heard, and their choices are prioritised.

The principle of "Nothing about us, without us" means that survivors must be actively involved in shaping programmes, policies, and decisions that affect them. Their lived experience and insights are critical to ensuring that responses are relevant, respectful, and effective. Meaningful participation goes beyond one-off consultations and **involves survivors in planning, implementation, monitoring and evaluation.** Survivors must be supported to participate safely, with appropriate care, compensation, and trauma-informed practices. It is also crucial to include a diverse range of survivor voices, especially those often overlooked. When **survivors lead and are treated as partners rather than beneficiaries**, responses become more ethical, inclusive, and impactful.

Survivor-centred care requires a **holistic approach** that addresses medical, psychological, legal, and socio-economic needs. Survivors should play a **leading role in decisions** about their care and in the design of services. Care providers must be **trauma-informed, compassionate, and culturally sensitive**, creating safe and supportive environments. Services must be **accessible, flexible**, and supported by long-term funding, while care providers require ongoing training and support. Collaboration across services and respect for **privacy and confidentiality** are essential for effective survivor-centred care.

Amplifying survivors' voices must be **survivor-led and safe,** and not extractive or symbolic. Survivors should shape messages, decisions, and outcomes—not merely share their stories. **Informed consent, emotional readiness, and confidentiality** are essential to prevent harm and re-traumatisation. True inclusion requires reaching diverse voices, not only those who are most visible or vocal. Most importantly, amplification must result in **meaningful influence, healing, and tangible change**.

Flexible and long-term funding is essential for survivor-centred responses to conflict-related sexual violence. Donors should prioritise investment in organisations rather than short-term, project-based funding. Long-term support enables strategic planning, continuity, and responsiveness to evolving survivor needs. Because survivor-centred work requires time, care, and flexibility, survivors must be **involved at every step**. Open dialogue between donors and implementers is crucial to **co-create funding solutions** that prioritise meaningful impact rather than compliance.

4.2 Recommendations on moving forward with a survivor-centred approach

This Practical Guide was created to help all those working with survivors of sexual and gender-based violence and conflict-related sexual violence translate a survivor-centred approach into everyday practice. However, its existence is not enough - what really matters is *how* it's used. When applied thoughtfully, it can lead to real, meaningful change; if not, it risks becoming just another document with good intentions and little impact.

To make sure this Guide supports real change in practice, here are some suggested next steps:

1 Get to know the Guide

- Share it widely with staff, partners, and donors to build a shared understanding of what a survivor-centred approach means — both in general and for their specific roles.
- Use it as a reference in communication and advocacy to explain survivor-centred values clearly and consistently.

2 Embed the Guide within your organisation

- Integrate it in key documents like your Code of Conduct, staff contracts, partnership agreements, or ethical protocols, so everyone agrees to uphold these standards before starting the work.
- Embed its principles in key strategies and tools, such as your theory of change, annual reports, and funding proposals.

3 Use the Guide in meetings, trainings and capacity-building

- Facilitate discussions with staff, partners, and donors to deepen understanding of a survivor-centred approach really means and to make sure everyone is on the same page.
- Organise trainings — within your organisation or with partners — to explore, practice and reflect on survivor-centred approaches together.
- Engage experienced survivor-centred organisations, such as the Dr. Denis Mukwege Foundation, to support training and implementation.

4 Monitor progress and keep improving

- Appoint focal points or champions within your team to promote consistent application of the Guide.
- Track use and impact — for example, how many people have been trained and how it has influenced their work. Include input from survivors whenever possible.
- Regularly review and update approaches based on new learning and evolving needs.

Putting survivors at the centre of our work requires sustained commitment. A survivor-centred approach is not a one-off effort, but an ongoing process of listening, adapting and improving. By applying this Guide actively and thoughtfully, organisations and practitioners can move beyond intention to action ensuring survivor-centred principles are translated into meaningful, consistent practice. In doing so, they contribute to responses that are safer, more supportive, more inclusive, and more just.

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(a selection)

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