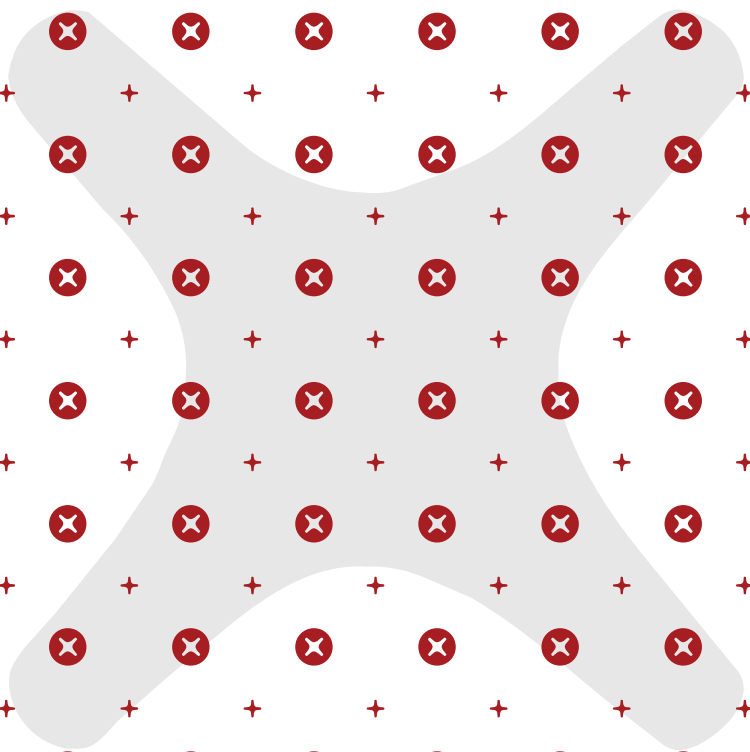




Toolkit to Support a Survivor-Centred Approach to Preventing and Addressing Conflict-Related Sexual Violence

Guidance Note | Scale for Survivor-Centred Integration



STOP RAPE NOW
UN ACTION AGAINST SEXUAL VIOLENCE IN CONFLICT

INTRODUCTION

UN Action has developed a global Toolkit to help ensure that initiatives, including activities, projects, programmes, policy documents, briefs, and other tools, to prevent and address conflict-related sexual violence (CRSV) apply a survivor-centred approach. The Toolkit aims to support practitioners working on the design, implementation and/or monitoring of such activities. The Toolkit consists of three parts:



1. GUIDANCE NOTE, the present document, which explains how to use the Scale for Survivor-Centred Integration, key definitions, and resources to help users understand what it means to take a survivor-centred approach in the context of CRSV.



2. THE SCALE FOR SURVIVOR-CENTRED INTEGRATION, which can be used throughout the development of an activity to assess the extent to which an initiative centres survivors.



3. PRACTITIONER'S GUIDES, which are a series of case studies on a survivor-centred approach across CRSV contexts, based on lessons learned and promising practices from across the UN Action Network over the past two decades of practical experience.

The Toolkit was produced by UN Action partners, led by UN Women, based on knowledge and resources gathered from across the 27 UN member entities comprising the UN Action Network.



The Toolkit is based on existing guidance that has helped policymakers and practitioners standardise, track, and assess gender-related initiatives such as the: Gender Equality Marker produced by the UN Sustainable Development Group (UNSDG)¹ for more gender-sensitive financial decision-making; Gender Tool Kit produced by the UN Office for the Coordination of Humanitarian Affairs (OCHA)² that strengthens a people-centred approach to humanitarian response; and the Gender Marker produced by CARE International, which measures gender integration in programmes³. It also builds upon survivors' knowledge and recommendations outlined in the Global Code of Conduct for Gathering and Using Information about Systematic and Conflict-Related Sexual Violence, produced by the Murad Code project⁴, best practices from the Holistic Care Handbook produced by the Panzi Foundation⁵, and testimonies from "In their own words: Voices of Survivors of CRSV and Service Providers" produced by the Office of the Special Representative of the Secretary-General on Sexual Violence in Conflict⁶.

PURPOSE

Security Council resolution 2467 of 2019, of the most recent in the series of Security Council resolutions on the CRSV mandate/Women, Peace and Security (WPS) agenda, calls for a survivor-centred approach in preventing and addressing CRSV⁷. This Toolkit addresses a gap in practical guidance for implementing a survivor-centred approach, identified by UN Action and developed under the strategic leadership of its Chair, the Special Representative of the Secretary-General on Sexual Violence in Conflict.

It aims to provide guidance to anyone developing policies, laws, strategies, programmes, and/or engagements with survivors of CRSV, although the Toolkit was primarily developed for UN operations aimed to advance the implementation of the CRSV mandate.

This Toolkit specifically targets both the UN and donors (Member States, International Financial Institutions, and others) as they develop programmes, strategies, and policies related to CRSV. It was developed to help mainstream a survivor-centred approach to CRSV in programme design, implementation, and evaluation, calls for proposals, funding strategies and/or criteria, and policy development. The Toolkit is not intended to set out minimum standards, but rather to guide the UN system and other actors on how to work towards increasingly centering the rights, needs and wishes of survivors.



DEFINITIONS

Survivors of CRSV have described their experiences as “physical and mental torture”⁸. One survivor described CRSV as a “brutal tactic designed to wipe out an entire population, or at least, dishonour it - to rip it of everything that entails human dignity: worth, respect, and pride”⁹. According to the successive annual reports of the Secretary-General on CRSV, the term **CRSV** 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 and boys, that is directly or indirectly linked to a conflict. This link may become evident through the profile of the perpetrator, who may often be affiliated with a State or non-State armed group, including those designated as terrorist groups by the Security Council; through the profile of the victim, who may frequently be an actual or perceived member of a persecuted political, ethnic and/or religious minority, or targeted on the basis of actual or perceived sexual orientation or gender identity; or through other existing circumstances, such as a climate of impunity; cross-border consequences, such as displacement or trafficking; and/or violations of the provisions 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 armed conflict.”*¹⁰

A person who has lived through any form of violence, including CRSV, can be referred to as a ‘**survivor**’. Each individual has the right to choose how they wish to be identified. The designation ‘survivor’ does not depend on recognition through a formal or judicial process. For UN Action, the term ‘survivor’ is based on the rationale that it emphasises an individual’s recovery and healing processes and focuses on their agency and resilience, without prejudicing their status as a victim for the purpose of international or domestic law.

The Inter-Agency Standing Committee on Gender-Based Violence programming endorsed a definition of a **survivor-centred approach** to gender-based violence (GBV), which has been widely accepted within the UN system: “A survivor-centred approach means that the survivor’s rights, needs and wishes are prioritised when designing and developing GBV-related programming”¹¹.

A survivor-centred approach is thus the cornerstone and cross-cutting principle that should guide all work on CRSV, especially for those directly interacting



with survivors. To adopt a survivor-centred approach to CRSV prevention and response means creating an empowering environment for survivors. This means that their rights, needs and wishes are respected, their safety is ensured, and they are treated with dignity and respect.

A survivor-centred approach recognises that survivors are unique individuals and empowers them by paying particular attention to intersecting identity markers, namely, ethnicity, religion, gender identity, sexual orientation, disabilities, age, political affiliation, perceived association with armed groups, among other factors¹². A survivor-centred approach further emphasises that those who experienced violence are the primary decision-makers; it recognises their ability to identify and express their rights, needs and wishes and respects their capacity to guide interventions to prevent and address CRSV¹³.

“Clearly, women living in conflict are not safe. The state, the home, the street, the digital sphere—it is an ecosystem of violence that needs an ecosystem of protection.”

Aya Chebbi

*Founder of the Nala Feminist Collective
Global Youth Champion for the CRSV Mandate*



**“SURVIVORS’ STORIES ARE
A BEACON OF COURAGE
AND A CALL TO ACTION.”**

Under Secretary-General SRSG-SVC Pramila Patten

Chair of the UN Action Network



PRINCIPLES

The four guiding principles outlined below must be considered when applying a survivor-centred approach. They draw upon and expand the principles of a Survivor-Centered Approach endorsed by Inter-Agency Standing Committee (IASC), while being specifically adapted for survivors of CRSV¹⁴.



Do No Harm refers to the minimum protective obligation of ensuring survivors are not exposed to further harm or suffering, both physical and psychological, including security considerations, re-traumatisation, stigmatisation, violence, and marginalization in recognition of a CRSV survivors' constant state of vulnerability, especially when they are placed at great risk when in public¹⁵. This can be reinforced in CRSV work through integrating human rights-based and community-based approaches into the design and implementation of interventions. This requires proactively identifying and mitigating risks and avoiding unintended negative effects, e.g. through participatory and gender-sensitive risk analyses¹⁶. These types of analyses should be undertaken at the planning stage and benefit from consistently being updated throughout the project cycle. This principle also includes ensuring the physical, psychological, and emotional safety and security of survivors, their families, witnesses, and those providing care and support. This includes culturally- and contextually-informed engagements, and could include informed, continuous consent, physical security, and/or mental health support¹⁷.



Confidentiality recognizes that survivors have the right to choose who they will, or will not, share information with, including testimonies, health information, and biostatistics¹⁸. Maintaining confidentiality entails not disclosing any information at any time to any party without the informed consent of the person concerned. It promotes safety, trust, and empowerment, and can be maintained through strict information sharing practices, such as treating personally identifiable information relating to CRSV incidents as confidential by default¹⁹; only sharing information that is



absolutely necessary with those involved in the survivor's case and only with the permission of the survivor; selecting a private and discreet space to meet the survivor; using password-secured systems to store data; and putting in place a confidentiality protocol²⁰.



Respect for Rights ensures survivors are the primary actors and rights-holders in processes around CRSV interventions. It is in accordance with the Universal Declaration of Human Rights, Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) and International Covenant on Civil and Political Rights. Others, including project implementers and policymakers, play a supporting role: all actions taken should be guided by respect for the rights, needs and wishes of survivors²¹.

Couched under this principle are the subjects of:

Autonomy and Independence: In all CRSV interventions, the unique needs of all individuals must be fully considered. Survivors should always be provided with honest, clear, impartial, complete and accurate information to allow them to exercise their right to make autonomous and informed decisions regarding their needs. Many survivors suffer from severe trauma and may require more intensive support systems, however, this should never be assumed. Survivors should be empowered to decide firstly if, and on which terms, they report and seek assistance. They must always have the right to decline support services and case management interventions. Considering the stigma attached to sexual violence, particularly in conflict settings, the potential risks of retaliation and further harm from families, communities, and relevant authorities make it especially important to avoid coercing or compelling survivors to engage without understanding associated risks.

Meaningful Participation and Engagement, or Co-Creation: Survivors must be able to effectively influence the design, implementation and follow-up aspects of an activity, specifically through access to decision-making settings that shape outcomes reflective of survivors' needs. "Nothing about us without us" is a slogan that marks the shift to treating affected persons as subjects, rather than



objects, of policy and interventions and authors of the decisions that shape their lives. It has become the motto of the SEMA Network, an organisation led by survivors with the support of the Mukwege Foundation—amplifying meaningful survivor involvement, with consultations taking place at every stage of the process²².



Non-Discrimination is a principle deeply rooted in international human rights law, that urges the fair and equal treatment of all individuals irrespective of any identity factor such as age, gender, race, religion, nationality, ethnicity, or sexual orientation, noting that

survivors are not a homogenous group. Those engaging with survivors should be aware of their own positionality and take active steps to prevent personal beliefs and biases from influencing their work²³. It is particularly important to be mindful of language, tone, body language, facial expression, and attitude, as well as local cultural customs, to avoid sending negative signals that may be perceived as discriminatory or judgmental. Working to address CRSV also requires an understanding of the fluidity of gender and sexuality, as with all gender issues. CRSV disproportionately and structurally targets and affects women and girls, as well as affecting and targeting men and boys in many contexts, with persons also being targeted for their actual or perceived identity. It is imperative to recognise the unique, multiple, and intersecting identities of survivors of CRSV, particularly if survivors choose to share this information with practitioners. It is important to use respectful and non-discriminatory language and be conscious of harmful stereotypes related to gender, race, and other identifying factors²⁴. These efforts should be informed by and adapted to the specific cultural context. A gender-transformative approach entails “addressing the causes of gender-based inequalities and working to transform harmful gender roles, norms and power relations”²⁵ to avoid reproducing the inequalities that gave rise to the violations.



NOTES:

[illegible]

ENDNOTES

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- 13 United Nations, Women and girls who become pregnant as a result of sexual violence in conflict and children born of sexual violence in conflict: report of the Secretary-General, [S/2022/77](#), para. 91 (a).
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SCALE FOR SURVIVOR-CENTRED INTEGRATION

The Scale for Survivor-Centred Integration includes step-by-step instructions for how to assess the extent to which an initiative has integrated a survivor-centred approach. The questions should serve as input from the earliest planning stages and have been deliberately designed to elicit YES or NO responses to allow for an assessment of where a programme falls on the scale.

The questions are divided into the three main components:

1) Development and Design

2) Implementation

3) Evaluation, Follow-Up, and Sustainability

The third component allows for easy alignment to typical programme or policy development cycles.

The rationale for each question is outlined in the annex, providing a clearer understanding of what each question is intended to measure.



INSTRUCTIONS

1. Answer each question of the Scale for Survivor-Centred Integration.
2. Tally the number of YES responses.
3. Place your initiative on the scale provided.
4. Consider how your initiative could be improved, if relevant and needed, by examining questions where you responded NO, utilising resources from [UN Action's Digital Resource Library](#) to identify how to improve your initiative (filter by theme, country, or type).
5. Indicate in any advocacy materials or reports on your initiative that your project was assessed using the UN Action Toolkit to Support a Survivor-Centred Approach to Preventing and Addressing Conflict-Related Sexual Violence.



The following scale is a self-assessment tool for measuring the extent to which an initiative employs a survivor-centred approach. It was developed with the principles of a survivor-centred approach as laid out in the Guidance Note and in close consultation with survivors.



This scale does not purport to rank the efficacy of an initiative, but rather to provide an analysis of how far a survivor-centred approach could have or has been considered throughout the relevant activity cycle.





SELF-ASSESSMENT

DEVELOPMENT & DESIGN

YES NO

- | | | |
|--------------------------|--------------------------|--|
| ☐ | ☐ | 1. Was the intervention's initial concept directly derived from documented survivors' needs or feedback? |
| ☐ | ☐ | 2. Were the concerns of CRSV survivors and affected communities comprehensively considered? |
| ☐ | ☐ | 3. Were survivors actively leading the initiative's design and development process and compensated as experts where appropriate? |
| ☐ | ☐ | 4. Were comprehensive safety and security considerations for all potentially vulnerable participants, including survivors, CSOs and human rights defenders incorporated in the initiative? |
| ☐ | ☐ | 5. Was the initiative able to integrate appropriate mental health support and considerations, particularly for survivors of CRSV and service providers who are first-responders? |
| ☐ | ☐ | 6. Were risk mitigation measures and contingency plans systematically integrated into the initiative's design to address potential adverse outcomes? |



IMPLEMENTATION

YES NO

- | | | |
|--------------------------|--------------------------|--|
| ☐ | ☐ | 7. Was there a robust process for obtaining and documenting informed consent from survivors of CRSV and other vulnerable participants? |
| ☐ | ☐ | 8. Were robust protocols in place to ensure the confidentiality of all collected information and data? |
| ☐ | ☐ | 9. Were clearly defined indicators, to measure meaningful impact from a survivor-centred perspective, incorporated into the monitoring and evaluation process? |
| ☐ | ☐ | 10. Was there consistent and meaningful survivor leadership throughout implementation? |
| ☐ | ☐ | 11. Were feedback mechanisms available that allowed survivors to safely voice concerns or thoughts during implementation? |
| ☐ | ☐ | 12. Was there flexibility to adapt implementation based on emerging survivor needs and feedback? |
| ☐ | ☐ | 13. Were barriers to survivor participation, such as language considerations and accessibility for individuals with disabilities, adequately identified and addressed? |



EVALUATION, FOLLOW-UP, AND SUSTAINABILITY

YES NO

☐☐

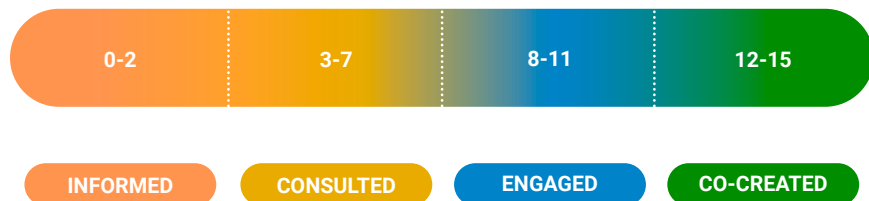
14. Did the evaluation involve survivors and systematically share findings about the initiative with survivors and affected communities in accessible, appropriate formats?

☐☐

15. Did the initiative include a sustainable exit strategy that considered long-term support needed by survivors of CRSV, such as contributing to building survivors' networks, organisations, or movements?

TOTAL # OF 'YES' RESPONSES:

Circle the placement of your initiative on the scale provided below:



RESOURCES

UN Action's Digital Resource Library is equipped with an array of guidance documents, policies, tools, and other materials developed by member entities across the humanitarian-development-peacebuilding nexus that support the implementation of your initiative at all points during the project cycle. UN Action also continuously develops short policy briefs ('Practitioner's Guides') on a survivor-centred approach in different country contexts and on various topics. UN Action is available to provide support on advocacy for action, knowledge building, and in-country operational impact.

UN Action thanks survivors, women human rights defenders, and service providers who shared testimonies, knowledge, and feedback with us for our work on a survivor-centred approach to preventing and addressing CRSV.



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The Guidance Note and Scale for Survivor-Centred Integration were published in 2026 by UN Action on behalf of its 27 member entities, as part of the Toolkit to Support a Survivor-Centred Approach to Preventing and Addressing Conflict-Related Sexual Violence.



“The survivors I have spoken with are like hummingbirds. They are always moving, always fighting, even when the whole world seems against them. We must be the wind on their backs, not the storm they battle.”

Speaker from Myanmar Civil Society Organisation

Stop Online Harm



ANNEX

Rationale for Questions in the Scale for Survivor-Centred Integration

Development & Design

Was the intervention's initial concept directly derived from documented survivors' needs or feedback?

Asks about the origins of the initiative, and whether it was developed through direct conversations with survivors or a gap identified through previous engagements with survivors.

Were the concerns of CRSV survivors and affected communities comprehensively considered?

Assesses how the initiative actively responds to recognised gaps in the CRSV response for both survivors and their communities in any given context.

Were survivors actively leading the initiative's design and development process and compensated as experts where appropriate?

Assesses the extent to which survivors were engaged in the development and design process, recognising the value of survivor perspectives at different levels of participation. Survivors should never be left out of initiatives due to costs, and initiatives must ensure that survivors are duly reimbursed for any costs incurred by their participation (transportation, child care, accommodation and other costs).

Were comprehensive safety and security considerations for all potentially vulnerable participants, including survivors, CSOs and human rights defenders incorporated in the initiative?

Asks whether the initiative considers the safety implications of engagement for vulnerable groups, beyond individual safety.



Was the initiative able to integrate appropriate mental health support and considerations, particularly for survivors of CRSV and service providers who are first-responders?

Considers whether mental health support was included in the design of a project, indicating a holistic, systematic approach evaluated through this question.

Were risk mitigation measures and contingency plans systematically integrated into the initiative's design to address potential adverse outcomes?

Assesses whether a proactive rather than reactive approach was taken and examines organisational preparedness.

Implementation

Was there a robust process for obtaining and documenting informed consent from survivors of CRSV and other vulnerable participants?

Emphasises survivor agency and protection and signals the importance of documentation.

Were robust protocols in place to ensure the confidentiality of all collected information and data?

Examines the systematic protection of sensitive information.

Were clearly defined indicators, to measure meaningful impact from a survivor-centred perspective, incorporated into the monitoring and evaluation process?

Focuses on concrete measurement of impact to allow evaluation and adequate reporting.

Was there consistent and meaningful survivor leadership throughout implementation?

Asks about the presence of active leadership and participation of survivors from the development through implementation stages.

Were feedback mechanisms available that allowed survivors to safely voice concerns or thoughts during implementation?

Considers whether a feedback loop was established to allow for improvements to be made, considering any lessons learned.

Was there flexibility to adapt implementation based on emerging survivor needs and feedback?

Recognises that activities typically are not implemented perfectly to plan, particularly in conflict affected contexts, and thus require flexibility and ability to quickly adapt.

Were barriers to survivor participation, such as language considerations and accessibility for individuals with disabilities, adequately identified and addressed?

Assesses the extent to which the initiative adopted a substantive equality/‘leave no one behind’ approach. This aims to ensure that the measure of success is informed not only by who the initiative is reaching but how it dismantles the barriers for those it does not yet reach.

Evaluation, Follow-Up, and Sustainability

Did the evaluation involve survivors and systematically share findings about the initiative with survivors and affected communities in accessible, appropriate formats?

Highlights communication channels between survivors and their communities across all stages of development and implementation. Draws attention to channels of communication for further engagements.

Did the initiative include a sustainable exit strategy that considered long-term support needed by survivors of CRSV, such as contributing to building survivors' networks, organisations, or movements?

Survivors have repeatedly expressed to the international community that long-term support is more impactful in preventing further harm, as well as preventing the recurrence of CRSV. This question recognises the role that survivors' groups play as their own advocates.

NOTES:

[illegible]



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