Survivor support and reparations: a conversation starter

Introduction

International non-governmental organisations (INGOs) are struggling to find consistent information on how to manage some elements of survivor-centred support for people who have experienced sexual exploitation, abuse and harassment (SEAH). This includes reparations, which is sometimes seen as a taboo subject within the sector.

This tool provides safeguarding leads with some questions to consider when discussing their organisation's survivor offer and considerations on reparations. This tool, which aligns with InterAction's Core Standards for survivors of SEAH (as well as other reference material), will enable organisations to start internal conversations on their agreed approach to survivor support. This will help organisations to build a policy so they can offer consistent support from case to case instead of having multiple conversations on the topic as and when cases arise.

Survivor support is not only an ethical responsibility but a material reputational and operational risk for organisations of all sizes. While organisational funding may be tight, decision makers need to consider the risk of not providing consistent support.

Horizon scanning: the importance of having conversations about survivor support and reparations early

Cases of SEAH arise unexpectedly. Cases are intense and you will not have time to discuss tiers of support for those involved. Using the 'quiet' times or including survivor support plans in your annual strategic planning provide opportunities to influence key decision makers and boards to take a consistent approach to survivor support. This is essential for treating the communities you support with respect while also ensuring you are working within your organisation's means.

How to use this tool

1. Decide an objective for using the tool (i.e., agreeing principles for financial support or reparations; approving survivor-support mapping for Country X).
2. Select relevant discussion questions from the tool below.
3. Tailor the evidence. From the provided data and resources, collate the most relevant to your circumstances. Where you have offered survivor support in the past, collate data on what you offered.
4. Prepare a paper for decision makers on why this discussion matters for survivors and the organisation (e.g., dignity, risk reduction, reputational risk, legal duty, ethical), including the questions, resources and data.
5. Invite the people you need to influence to make the change (e.g., senior management, finance, HR/legal or board).
6. Go through the discussion questions that you selected from the tool to support a decision. Take notes throughout the session and capture key actions to hold people accountable.
7. Record the agreement to ensure that it can be referred to – this could be in an appendix to your safeguarding policy.

Sector data on survivor support

In 2026, the CHS Alliance provided Bond with the following data from the Harmonisation Reporting Scheme:
- Only 19% of SEAH incidents are reported directly by the survivor.
- Only 1 in 2 survivors receive support.
- Fewer than 1 in 3 complaints that are investigated are substantiated, and only a small fraction of those investigations results in redress for the survivor. (Only half of substantiated cases lead to the perpetrator receiving disciplinary action.)
- Mental health and psychosocial support are the most provided SEAH service (46%), followed by medical assistance (29%).
- Fewer than 20% of survivors receive legal or economic support.
- Around one-third (32%) of survivors did not receive any form of assistance:
    - in half of these cases, support was declined
    - in 13%, no support was offered
    - in 2%, assistance wasn't available.

ASSISTANCE PROVIDED

ASSISTANCE WAS NOT OFFERED TO 15% OF VICTIMS/SURVIVORS

This rises to 21% when victims/survivors are minors.

Bond member data on survivor support

Bond members were given the opportunity to share what kind of support they currently offer to survivors. The data below shows the percentage of organisations that provide various types of support to different groups of survivors (e.g., adults, children). The analysis is based on responses from eight organisations and highlights patterns, gaps and risks.

Respondents represent a range of organisation sizes, including small (1), medium (2) and large (5). This indicates that survivor support challenges are not confined to scale – gaps exist across the sector regardless of organisational size.

Several organisations report cases that have received media attention. This underscores the reputational risk of inadequate survivor support and strengthens the business case for proactive, survivor-centred approaches.

Table 1: The support Bond members provide to adults who experience SEAH

	The most common organisational response is shaded in green				
TYPE OF SUPPORT	SERVICE AND PERCENTAGE OF ORGANISATIONS THAT PROVIDED IT	SERVICE AND PERCENTAGE OF ORGANISATIONS THAT PROVIDED IT	SERVICE AND PERCENTAGE OF ORGANISATIONS THAT PROVIDED IT	SERVICE AND PERCENTAGE OF ORGANISATIONS THAT PROVIDED IT	SERVICE AND PERCENTAGE OF ORGANISATIONS THAT PROVIDED IT
Medical assistance	Referrals offered and paid for by organisation (75%)	Referrals offered but not paid for by organisation (12.5%)	Signposted to medical assistance (12.5%)		
Mental health and psychosocial assistance	Referrals offered and paid for by organisation (62.5%)	Provided by and paid for by organisation (25%)	Referrals offered but not paid for by organisation (12.5%)		

Legal assistance	Referrals offered and paid for by organisation (50%)	Referrals offered but not paid for by organisation (12.5%)	Signposted to legal assistance (37.5%)		
Physical protection	Provided by and paid for by organisation (14.3%)	Referrals offered and paid for by organisation (14.3%)	Referrals offered but not paid for by organisation (14.3%)	Not provided by organisation and referrals not made (28.6%)	Signposted to physical protection (28.6%)
Economic assistance	Provided by and paid for by organisation (14.3%)	Referrals offered and paid for by organisation (28.6%)	Referrals offered but not paid for by organisation (14.3%)	Not provided by organisation and referrals not made (28.6%)	Signposted to economic assistance (14.3%)
Shelter/accommodation	Referrals offered and paid for by organisation (42.9%)	Referrals offered but not paid for by organisation (14.3%)	Not provided by organisation and referrals not made (14.3%)	Signposted to shelter/accommodation (28.6%)	
Relocation	Provided by and paid for by organisation (14.3%)	Referrals offered and paid for by organisation (14.3%)	Referrals offered but not paid for by organisation (14.3%)	Not provided by organisation and referrals not made (42.9%)	Signposted to relocation services (14.3%)
Education assistance	Provided by and paid for by organisation (14.3%)	Referrals offered and paid for by organisation (14.3%)	Referrals offered but not paid for by organisation (14.3%)	Not provided by organisation and referrals not made (42.9%)	Signposted to education assistance (14.3%)
Transportation	Provided by and paid for by organisation (28.6%)	Referrals offered and paid for by organisation (28.6%)	Referrals offered but not paid for by organisation (14.3%)	Not provided by organisation and referrals not made (14.3%)	Signposted to transportation (14.3%)

Food	Provided by and paid for by organisation (28.6%)	Referrals offered and paid for by organisation (28.6%)	Referrals offered but not paid for by organisation (14.3%)	Not provided by organisation and referrals not made (14.3%)	Signposted to food services (14.3%)
Other	Provided by and paid for by organisation (16.7%)	Referrals offered and paid for by organisation (16.7%)	Referrals offered but not paid for by organisation (16.7%)	Not provided by organisation and referrals not made (33.3%)	Signposted to services (16.7%)

Table 2: The support Bond members provide to children who experience SEAH

TYPE OF SUPPORT	SERVICE AND PERCENTAGE OF ORGANISATIONS THAT PROVIDED IT	SERVICE AND PERCENTAGE OF ORGANISATIONS THAT PROVIDED IT	SERVICE AND PERCENTAGE OF ORGANISATIONS THAT PROVIDED IT	SERVICE AND PERCENTAGE OF ORGANISATIONS THAT PROVIDED IT	SERVICE AND PERCENTAGE OF ORGANISATIONS THAT PROVIDED IT
Medical assistance	Referrals offered and paid for by organisation (71.4%)	Referrals offered but not paid for by organisation (14.3%)	Signposted to medical assistance (14.3%)		
Mental health and psychosocial assistance	Referrals offered and paid for by organisation (85.7%)	Referrals offered but not paid for by organisation (14.3%)			
Legal assistance	Referrals offered and paid for by organisation (51.7%)	Referrals offered but not paid for by organisation (14.3%)	Signposted to legal assistance (28.6%)		

Physical protection	Provided by and paid for by organisation (14.3%)	Referrals offered and paid for by organisation (28.6%)	Referrals offered but not paid for by organisation (14.3%)	Not provided by organisation and referrals not made (28.6%)	Signposted to physical protection (14.3%)
Economic assistance	Provided by and paid for by organisation (14.3%)	Referrals offered and paid for by organisation (28.6%)	Referrals offered but not paid for by organisation (14.3%)	Not provided by organisation and referrals not made (28.6%)	Signposted to economic assistance (14.3%)
Shelter/accommodation	Provided by and paid for by organisation (14.3%)	Referrals offered and paid for by organisation (28.6%)	Referrals offered but not paid for by organisation (14.3%)	Not provided by organisation and referrals not made (28.6%)	Signposted to shelter/accommodation (14.3%)
Relocation	Provided by and paid for by organisation (14.3%)	Referrals offered and paid for by organisation (28.6%)	Referrals offered but not paid for by organisation (14.3%)	Not provided by organisation and referrals not made (28.6%)	Signposted to relocation services (14.3%)
Education assistance	Provided by and paid for by organisation (14.3%)	Referrals offered and paid for by organisation (28.6%)	Referrals offered but not paid for by organisation (14.3%)	Not provided by organisation and referrals not made (28.6%)	Signposted to education assistance (14.3%)
Transportation	Provided by and paid for by organisation (28.6%)	Referrals offered and paid for by organisation (28.6%)	Referrals offered but not paid for by organisation (14.3%)	Not provided by organisation and referrals not made (14.3%)	Signposted to transportation (14.3%)
Food	Provided by and paid for by organisation (28.6%)	Referrals offered and paid for by organisation (28.6%)	Referrals offered but not paid for by organisation (14.3%)	Not provided by organisation and referrals not made (14.3%)	Signposted to food services (14.3%)
Other	Provided by and paid for by	Referrals offered and paid for by	Referrals offered but not paid for by	Not provided by organisation and	Signposted to services (16.7%)

| | organisation (16.7%) | organisation (16.7%) | organisation (16.7%) | referrals not made (33.3%) | |

Table 3: The support Bond members provide to children born of SEAH

TYPE OF SUPPORT	SERVICE AND PERCENTAGE OF ORGANISATIONS THAT PROVIDED IT	SERVICE AND PERCENTAGE OF ORGANISATIONS THAT PROVIDED IT	SERVICE AND PERCENTAGE OF ORGANISATIONS THAT PROVIDED IT	SERVICE AND PERCENTAGE OF ORGANISATIONS THAT PROVIDED IT	SERVICE AND PERCENTAGE OF ORGANISATIONS THAT PROVIDED IT
Medical assistance	Referrals offered and paid for by organisation (28.6%)	Referrals offered but not paid for by organisation (14.3%)	Not provided by organisation and referrals not made (28.6%)	Signposted to medical assistance (28.6%)	
Mental health and psychosocial assistance	Referrals offered and paid for by organisation (28.6%)	Referrals offered but not paid for by organisation (14.3%)	Not provided by organisation and referrals not made (28.6%)	Signposted to mental health/psychosocial assistance (28.6%)	
Legal assistance	Referrals offered and paid for by organisation (28.6%)	Referrals offered but not paid for by organisation (14.3%)	Not provided by organisation and referrals not made (28.6%)	Signposted to legal assistance (28.6%)	
Physical protection	Provided by and paid for by organisation (14.3%)	Referrals offered and paid for by organisation (14.3%)	Referrals offered but not paid for by organisation (14.3%)	Not provided by organisation and referrals not made (28.6%)	Signposted to physical protection (28.6%)
Economic assistance	Provided by and paid for by organisation (14.3%)	Referrals offered and paid for by organisation (14.3%)	Referrals offered but not paid for by organisation (14.3%)	Not provided by organisation and referrals not made (28.6%)	Signposted to economic assistance (28.6%)

Shelter/accommodation	Provided by and paid for by organisation (14.3%)	Referrals offered and paid for by organisation (14.3%)	Referrals offered but not paid for by organisation (14.3%)	Not provided by organisation and referrals not made (28.6%)	Signposted to shelter/accommodation (28.6%)
Relocation	Provided by and paid for by organisation (14.3%)	Referrals offered and paid for by organisation (14.3%)	Referrals offered but not paid for by organisation (14.3%)	Not provided by organisation and referrals not made (28.6%)	Signposted to relocation services (28.6%)
Education assistance	Provided by and paid for by organisation (14.3%)	Referrals offered and paid for by organisation (14.3%)	Referrals offered but not paid for by organisation (14.3%)	Not provided by organisation and referrals not made (28.6%)	Signposted to education assistance (28.6%)
Transportation	Provided by and paid for by organisation (14.3%)	Referrals offered and paid for by organisation (14.3%)	Referrals offered but not paid for by organisation (14.3%)	Not provided by organisation and referrals not made (28.6%)	Signposted to transportation (28.6%)
Food	Provided by and paid for by organisation (14.3%)	Referrals offered and paid for by organisation (14.3%)	Referrals offered but not paid for by organisation (14.3%)	Not provided by organisation and referrals not made (28.6%)	Signposted to food services (28.6%)
Other	Provided by and paid for by organisation (16.7%)	Referrals offered but not paid for by organisation (16.7%)	Not provided by organisation and referrals not made (33.3%)	Signposted to services (33.3%)	

Table 4: The support Bond members provide to other dependents of survivors

TYPE OF SUPPORT	SERVICE AND PERCENTAGE OF ORGANISATIONS THAT PROVIDED IT		
All types of survivor support	Referrals offered but not paid for by organisation (16.7%)	Not provided by organisation and referrals not made (33.3%)	Signposted to services (50%)

Table 5: The support Bond members provide to subjects of complaints

TYPE OF SUPPORT	SERVICE AND PERCENTAGE OF ORGANISATIONS THAT PROVIDED IT			
Medical assistance Physical protection Economic assistance Shelter/accommodation Relocation Education assistance Transportation Food Other	Referrals offered but not paid for by organisation (33.3%)	Not provided by organisation and referrals not made (33.3%)	Signposted to services (33.3%)	
Mental health and psychosocial assistance	Provided by and paid for by organisation (25%)	Referrals offered and paid for by organisation (37.5%)	Referrals offered but not paid for by organisation (25%)	Signposted to mental health/psychosocial assistance (12.5%)
Legal assistance	Referrals offered and paid for by organisation (14.3%)	Referrals offered but not paid for by organisation (28.6%)	Not provided by organisation and referrals not made (14.3%)	Signposted to legal assistance (42.9%)

Table 6: The percentage of Bond members that provided the same support during investigations as when cases are substantiated (per survivor group)

Adult survivors	62.5%
Child survivors	71.4%
Children born of SEA	42.9%
Other dependents of survivors	28.6%
Subjects of complaint	12.5%

Financial assistance

Among organisations that provide financial support, the amount and duration of support were influenced by:

- incident severity
- case status or investigative outcome
- the survivor's employment status
- whether the survivor was national or international staff
- the time elapsed since the incident.

The concern here is that many of these factors are outside the survivor's control. This needs to be addressed so that the survivor's needs are better considered, or this financial support risks feeling transactional or punitive to the survivor, rather than restorative. Reparations and support are not just a moral/legal obligation but a restorative opportunity for healing; providing it will build trust and an ethical culture within the sector.

The links between investigations and case status

- Support is often tied to investigations being ongoing or substantiated.
- Survivors whose cases are closed, unsubstantiated or unresolved may lose access to services and support.

Key findings from Bond's survey

The data that Bond obtained from its members indicates that:

- there is no consistent survivor support standard

- practices vary widely between organisations
- many organisations have ad-hoc or informal arrangements, rather than embedded policy.

This suggests that survivors' access to care depends more on where they report than on their needs.

Types of support

Consider what your organisation will offer when you are informed of the case, during the investigation, and any ongoing support (reparations) you may have to provide.

It is good practice to map survivor support for every project t you are delivering. This should include local services, where you can signpost and refer to. Undertake this mapping at the start of the project and check it regularly. Should a case arise, you can then refer to your support map. (Check out Bond's learning session on being incident ready to help with this.)

Safety	Medical care	Mental health and psychosocial support
Immediate and ongoing measures to protect the survivor from further harm or retaliation	Timely, confidential health services addressing injuries, sexual and reproductive health and preventive care	Emotional, psychological and social support to promote recovery, coping and well-being
Legal support	Education	Relocation
Information and financial assistance to help the survivor understand and access legal options, if they choose	Support to continue or resume learning without discrimination, disruption or financial burden	Temporary or permanent movement to a safer location based on the survivor's wishes and risk level
Physical	Economic assistance	Employment support
Practical support to address physical needs related to injury, disability or daily functioning	Financial aid to reduce economic vulnerability and dependency	Support to seek new employment if the survivor is relocated and their current work is based in their old location (i.e., selling produce in the community)
Transportation	Food	Shelter/accommodation
Safe and confidential transport to access services, work, education or relocation	Access to sufficient, nutritious food to meet immediate and ongoing needs	Safe, secure and survivor-appropriate housing, short or long term

Discussion questions		
Survivor support mapping • Are we aware of the support services available in and around the community that we operate in? • Are we confident that the services that we would look to refer or signpost to are still in operation, are trusted by the community and reach the expected standard that we want to offer? Whose responsibility is it to track this? • What survivor support mechanisms currently exist within our organisation and programmes (psychosocial, medical, legal, financial, livelihood, etc.)? • How are these services accessed and by whom? • Are these supports survivor led, culturally appropriate and available in all our operating contexts? • Do we have clear referral pathways to local service providers, and are they vetted for quality and safety? • How do we coordinate with other INGOs or local actors to ensure	**How much support? (What is too much or not enough?)** • What if organisation cannot afford to pay all the support costs? Is something better than nothing? Be aware: Supporting a survivor could financially wipe out a small organisation, so take the following into consideration: • Pre-natal, post-natal and other medical care for the survivor • Possible relocation costs for the survivor and their family • Possible education costs/livelihood for the survivor for 12 months • Psychosocial support costs for the survivor • Paediatric care for a baby (born as a result of SEA) for up to three years • Financial support for a child (born as a result of SEA) up to 18 years • What principles or frameworks should guide decisions around financial or material support for survivors (e.g., equity, fairness, needs-based)?	**Case consistency** • Does the organisation have good prevention measures in place (e.g., safe consultant recruitment, safeguarding training, signed code of conduct, risk assessment in place for the activities, etc.)? And did this make a difference to how the case was dealt with? • How can we ensure a consistent organisational approach to survivor support across different programmes, countries and donors? • What governance mechanisms or oversight systems exist to promote equitable decision making in survivor support cases? • How do we ensure that decisions are made transparently and recorded for accountability, while maintaining confidentiality? • Are we learning from past cases to inform future decision making? Are we doing an After-Action Review after each case?

complementarity services and support rather than duplication? • Where are the gaps – and who in the organisation is responsible for addressing them?	• Do we have a clear rationale for determining the scale or level of reparative support? • How do we avoid tokenism (offering too little) while ensuring sustainability and fairness across cases? • Should support differ depending on the nature, severity or context of harm? And if so, how do we document that rationale? • How do we align our approach with legal frameworks and survivor expectations? • How is support for survivors budgeted for and funded?	• Should there be a central reference group or committee that reviews survivor support decisions?
Who supports whom? • How do we support the subject of concern? We should not be expecting one person to support both sides of an allegation. • Who within the organisation is responsible for leading survivor support (e.g., safeguarding, HR, legal, programme teams, or a combination)?	**When subjects of concern are employees** • How do we balance duty of care to both survivor and alleged perpetrator when the subject of concern is a staff member? • What internal processes (e.g., HR, disciplinary, safeguarding) apply in these cases? How do these internal processes connect? • How do we manage power dynamics and confidentiality when both the	**Survivor centred vs survivor led** • How do we define "survivor-centred" in our context – and what would it look like to move toward "survivor-led"? • How do we meaningfully involve survivors in shaping their own support options and outcomes? • What are the risks of overburdening survivors with decision making in moments of trauma?

• How do we ensure survivors are not retraumatised by being passed between departments? • What role should external partners play in the survivor support process? • How do we provide emotional and professional support to staff involved in survivor care and decision making? • Are there clear lines of responsibility for both case management and survivor follow-up?	survivor and subject of concern are part of the same workforce? • How do we avoid conflicts of interest, especially when leadership knows the individuals involved? • What messaging and support structures are needed for affected teams and colleagues?	• How do we ensure survivor choice, dignity and agency are respected at every stage? • Are there ways to integrate survivor feedback mechanisms or advisory input into organisational policy? Remember, in some cases a survivor-led approach could lead to a survivor marrying their abuser. But if a survivor is a child, they are not able to give informed consent to marriage. Questions to consider in such cases include: - Who is driving the decision: the survivor or their family and community? - What are the risks of the organisation opposing the marriage compared with not opposing it? - How, if at all, does this outcome impact the types and levels of support the organisation needs to provide?
Reparations policy pros and cons: what to consider? • Should our organisation develop a formal reparations policy? What	**When are we providing support?** • At what points in the case lifecycle should community support be considered (e.g., allegation,	**Considerations for faith-based organisations** • What additional obligations flow from our religious identity? The betrayal of spiritual

would its scope be if so (financial, symbolic, service-based, etc.)?

- What are the ethical, operational and legal implications of offering reparations?
- How do we balance individual reparations with systemic or community-level responses?
- Could a reparations policy set precedents that are difficult to sustain or manage?
- How do we ensure equity across cases and contexts? How do we avoid perceptions of bias or favouritism?
- How can we use reparation discussions as an opportunity to strengthen organisational accountability and survivor trust?
- Who is responsible for paying reparation costs? For instance, is it the UK-based organisation, the local partner or the perpetrator?

investigation, outcome, after case closure)?

- How do we assess whether community support is needed while an investigation is ongoing?
- What interim measures can we provide to communities without prejudging outcomes (e.g., safeguarding messaging, reassurance, access to services)?
- What additional responsibilities do we have toward affected communities when allegations are substantiated?
- How do we recognise and respond to community impact and provide support, even when allegations are unfounded or unsubstantiated?
- Should community-level support still be considered in cases where harm or disruption occurred regardless of the outcome?
- How long should survivor and community support remain available after a case is closed?

authority has unique consequences for a survivor's identity and faith.

- How will we prevent spiritual or cultural pressure, such as pressure to forgive, and ensure participation is optional, supported and safe?
- Do we recognise "mishandling" as a secondary harm?
- How will our organisation respond when communities (not only individuals) have been harmed?
- Do we need independent oversight of reparations?

Resources to build better survivor support	
[Building Equitable Partnerships Case Study: Supporting Survivors of SEAH (S2S) | Social Development Direct](#)	[Evidence Brief: Financial Compensation Practices for Sexual Exploitation, Abuse, and Harassment | Social Development Direct](#)
[Putting Victims and Survivors First | CHS Alliance](#)	[Core Standards for Survivor-Centered Support of Sexual Exploitation, Abuse, and Harassment | InterAction](#)
[Tip sheet: How to implement a survivor-centred approach | Safeguarding Resource and Support Hub](#)	[How-to note: Survivor-centred safeguarding investigations | Safeguarding Resource and Support Hub](#)
[Tip sheet: Engaging survivors of Sexual Exploitation, Abuse and Harassment (SEAH) | Safeguarding Resource and Support Hub](#)	[Tip Sheet: Feminist and survivor-centered principles and supporting survivors who choose not to report GBV to police | Social Development Direct](#)
[Complementary ways of working between GBV and Protection sectors to support GBV survivors | Social Development Direct](#)	[Taking a trauma-informed approach (TIA) in programming | Safeguarding Resource and Support Hub](#)

*Note that the term 'survivor' has been used in this tool – other terms such as 'victim/survivor' are frequently used in the sector.