

# FROM SURVIVOR CENTRED **TO** **SURVIVOR LED:**

Lessons from Promising  
Survivor-Led Gender-Based  
Violence Accountability Initiatives

Irish Consortium  
on Gender Based  
Violence

MOVING  
**BEYOND**  
FEAR



**Commissioned by:**

Irish Consortium on Gender Based  
Violence (ICGBV)

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**Irish Consortium  
on Gender Based  
Violence**



The Irish Consortium on Gender Based Violence (ICGBV) is an alliance of Irish humanitarian and development organisations, Irish Aid and the Irish Defence Forces. The Consortium was formed to address the high levels of sexual violence that was being perpetrated against women and girls in Darfur, Sudan, in 2005. Together we work to increase knowledge and understanding of gender-based violence, amplifying the role, participation and contributions of grass roots and women's rights organisations. We strive to ensure high quality programming and policy responses across the humanitarian and development contexts in which we work and to build leadership to support our shared vision of a world free from gender-based violence.

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# EXECUTIVE SUMMARY

Survivor-centred initiatives, dating back to at least the 1970s, have come to be regarded as the gold standard in Gender-based Violence (GBV) accountability across many parts of the globe, particularly since they were endorsed by the United Nations Security Council through Resolution 2467. However, recent research highlights the ambiguity of the concept of survivor-centredness and suggests that it is often not realised in practice. The Irish Consortium on Gender Based Violence (ICGBV) commissioned this project to seek evidence of established and emerging good practice, with which to inspire a pivot within policy and practice from survivor-centred to survivor-led gender-based violence (GBV) accountability initiatives.

## Scope

The research focused on survivor-led accountability initiatives in humanitarian, development, and peace support contexts, identified from accountability work at the global level as well as in Africa, Asia, the Middle East, South America, and Europe. They reflect GBV prevention, risk mitigation, and response efforts at the micro, meso, and macro levels and with regard to diverse forms of GBV, including Female Genital Mutilation/Cutting (FGM/C), childhood and adult sexual violence, and systematic and Conflict-Related Sexual Violence (CRSV).

## Findings

Heeding the warnings of various scholars and a United Nations Experts Group, the report eschews the use of 'best' or 'good' practice and, instead, characterises the initiatives presented as examples of 'promising' practice. Case studies of the Murad Code, national survivor networks accompanied by the Dr Denis Mukwege Foundation, SEMA Ukraine, and the Survivors Leadership Initiative are followed by a brief presentation of these eight initiatives: advocacy by the National Organization of Wartime Rape Victims on Nepal's Transitional Justice Bill, the Brave Movement, the Colombian Women's Truth and Memory Commission, the Global Survivors Fund, Men of Hope Refugee Association which became Men of Hope USA, Tearfund's 'A Shared Journey' training manual, the Rainbo Initiative Survivor Solidarity Group, and Women of Honour. The last two are emerging initiatives.

## Discussion

The wealth of literature on survivor-centred initiatives encountered during the research contrasts sharply with the paucity of material on survivor-led accountability initiatives, particularly in humanitarian, development, and peace support contexts. This research argues that a survivor-led approach carries greater transformative potential but requires survivor-centredness to realise this potential. As Dr Hussein (TGG-ALM) cautioned, *'In order to support a survivor-led space, you need a survivor-centred approach, or otherwise you could be putting that movement at risk'*.

### A. Survivor-centred versus survivor-led

*'The narrative around being survivor-centred should continue moving from "let's add them", "let's include them in the conversation because they are important" to "oh, these conversations cannot and must not happen without survivors being in the room".'* - Mukwege Foundation representative

The report presents survivor-led accountability efforts as an extension of survivor-centred GBV work and suggests that the former have both greater conceptual clarity and transformative possibilities than the latter. Research suggests that survivor-centred and survivor-led initiatives should be regarded as falling along a continuum with the following stages: survivor-blind, -aware, -informed, -centred, and -led. Although survivor-led approaches are the most transformative, at times, survivors need support or 'accompaniment' in order to begin to heal and to gain skills and resources to lead.

## **B. Voice, agency, and inclusion**

*'Nothing about us, without us - I ascribe to this ethic 100%. Not for survivors, but with survivors. It is so important that survivor voices are heard. Survivors tend not to be consulted, but no one knows their pain better than they do.'* - Tatiana Mukanire, SEMA member from the DRC (Dr Denis Mukwege Foundation and SEMA Network 2022, 45)

Redistributing power in order to truly hear survivors' voices and strengthen their agency begins with recognition of their status as experts based on their experience. Agreeing with survivors and others who argue that survivors are still not being heard, the report draws on the examples to demonstrate how survivor-led initiatives compensate survivors, facilitate their access to funding, and help them develop the skills required to effect change. However, the examples also depict a complex relationship between activism and healing. Furthermore inclusion was found to present additional challenges.

## **C. Overcoming challenges to survivor leadership**

*'Disclosing personal experience of violence is an individual choice that has the potential to bring healing, though it may not always be therapeutic. When my story was held with empathy, it brought healing. When I felt dismissed, it led to me shutting down.'* (Nevatia 2024, 8)

While context-specific challenges surfaced during the research, common challenges reported across contexts and regions include trauma, stigma, limited psychosocial support or stigma attached to seeking psychosocial support, challenges securing funding, insecurity, lack of technical skills required to influence policy and practice, and a desire to maintain secrecy. A key finding is that one way in which survivors have moved towards overcoming these challenges is through healing. Various sources mention healing through activism, psychosocial support, or research. Referencing anthropological debates, the report encourages additional reflection on the implications and effects of the use of psychiatric categories in non-Western contexts. Collective healing also featured prominently in the findings, which indicate that peer support and/or movement building have the potential to help survivors overcome some of the barriers they face to leadership.

## **D. Success/Impact of survivor-led initiatives**

*SEMA has been a school for me where I have learned from everyone how sexual violence is experienced in other countries, as well as how to demand responsibility from states and society for not having attended in time to the damage caused to the bodies of the victims, also to make the states aware of sexual violence. Thanks to SEMA, we have been able to make sexual violence visible, which has been an issue where no one wants to hear or listen.- Ángela María Escobar Vásquez, SEMA member & National Coordinator of Red de Mujeres Víctimas y Profesionales in Colombia (Dr Denis Mukwege Foundation 2023, 4)*

Most of the initiatives described may be too nascent to have been formally evaluated. However, advocacy initiatives by survivors have resulted in the tabling of a Bill in the Nepalese Parliament to recognise the right to reparation and relief for survivors of CRSV; securing a commitment from G7 leaders to fight child sexual abuse and exploitation, both on and offline; and the establishment of the Colombian Women's Truth and Memory Commission. Furthermore, survivors reported success in the establishment of support groups and registration of their associations. These findings and ICGBV's recognition that GBV accountability does not have an endpoint suggest the need to rethink conventional understandings of success.

## Conclusion

The report contends that survivor-led initiatives are both more transformative than and best realised in tandem with survivor-centred approaches. Given the failure to fully recognise survivors' expertise and the multiple challenges they face leading initiatives, NGOs and other related actors should take on the key, albeit temporary, role accompanying survivors in the progression from survivor-centred to survivor-led initiatives and should be guided by survivors in evaluating survivor-led initiatives.

## Recommendations

### Overarching recommendation:

In recognition of the strength of drawing on survivor expertise to foster a more effective and transformative response to GBV, states, policymakers, practitioners, donors, and researchers must actively fund, offer in-kind support to, provide necessary technical and organisation support to, facilitate survivor access to holistic care, and/or prioritise egalitarian engagement with survivor-led GBV accountability initiatives—as relevant to their mandate.

See Section IX for specific recommendations to states, policy makers, practitioners, donors, and researchers.



*'For me, the reason I've been such a big advocate, especially for this program...is because it's been everything I didn't have as a survivor when I was in this space, so unfortunately...looking back, I was exploited. I wasn't taken care of. I don't think those people meant it at the time. They didn't know any better, so I think that's why.'* – Dr Leyla Hussein, Global Advocacy Director, The Girl Generation – Support to the Africa-led Movement to end FGM/C



*As reported by survivors: 'We want to establish a network because no one else is listening to us or our needs. We think that people don't care about what we think, and we want to change our lives ourselves. We don't want to be reliant on humanitarian actors or be used by them or reliant on international aid. It's really demeaning and quite patronising to us.'* - Mukwege Foundation representative



*'We need to intentionally prioritize a culture of care, compassion, and solidarity [...] in our organizations, especially among those of us involved in this work.'* (Nevatia 2024, 11)

# I. INTRODUCTION

Survivor-centred GBV accountability initiatives have gained prominence across the globe, particularly in the wake of United Nations (UN) Security Council Resolution 2467 (UN 2019). Not only does this Resolution echo the Committee on the Elimination of Discrimination Against Women (CEDAW Committee)'s call for a survivor-centred approach to GBV (CEDAW Committee 2017, para. 28), but a preambulatory clause emphasises state responsibility to ensure that survivors receive appropriate care by stating that 'violations of the obligations on the treatment of victims can amount to serious violations of international law'. The Resolution broadly recognises the importance of meaningful participation by women, girls, and their organisations in the prevention and response to conflict-related sexual violence. More specifically, it urges states to facilitate survivor participation in transitional justice processes and to help strengthen the capacity of survivor-led organisations (UN 2019, paras. 16d, 20). In the Resolution, survivors are understood to be women and girls as well as men and boys (UN 2019, 32). The Security Council goes further and urges particular attention to 'groups that are particularly vulnerable or may be specifically targeted' (UN 2019, para. 16), which Chinkin and Rees suggest alludes to the inclusion of lesbian, gay, bisexual, transgender, queer plus (LGBTQ+) persons (n.d., 14).

This recognition of survivor expertise marks an important shift in humanitarian, development, and peace support work combatting GBV. However, research suggests that despite their well-meaning intentions and transformative potential, survivor-centred initiatives often paradoxically de-centre survivors and 'reinforce the paternalistic and colonial underpinnings of humanitarian protection' (Michelis, Makepeace, and Reis 2024, 2). The Irish Consortium on Gender Based Violence (ICGBV) has chosen to focus on accountability from the survivor perspective over the lifetime of the [2021-26 Strategic Plan, Amplifying Women's Voices](#) (ICGBV 2024). Seeking to better understand and strengthen survivor-centred accountability, the Consortium hosted a member workshop, followed by an external webinar. Both events focused on survivors' perspectives and emphasised the centrality of empowering survivors to pursue accountability. Subsequent desk research helped cement the ICGBV's decision to pivot towards a focus on survivor-led accountability.

In a critical endeavour to narrow the focus from 'survivor-centred' to 'survivor-led' accountability, the ICGBV commissioned research that aims to inform policy and practice with evidence of established and emerging good practice in GBV survivor-led accountability initiatives in humanitarian, development, and peace support work across the prevention, mitigation, and response trajectory.

## MAIN RESEARCH QUESTION:

**What recommendations can be drawn from the evidence or emerging evidence of survivor-led initiatives or practices that seek to prevent, mitigate and respond to GBV in humanitarian and development contexts and peace support?**

**The sub-research questions, which are subsumed under the themes in parentheses, are:**

- *Whose voices influenced the programming and policy strategies - both as originally designed and as the journey progressed? (**voice, agency, and inclusion**)*
- *To what extent have these attempts to achieve accountability been limited or blocked by formal and informal power holders? (**overcoming challenges to survivor leadership**)*
- *To what extent, in what circumstances, and for whom were these initiatives, practices and approaches successful and what enabled their success? (**success/impact of survivor-led initiatives**)*

In light of the breadth of information garnered from a literature review and interviews, these questions have been subsumed under the themes typed in bold in parentheses.

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### **From Survivor Centred to Survivor Led:**

Lessons from Promising Survivor-Led Gender-Based Violence Accountability Initiatives



## A. Survivor-led Accountability

The report presents *survivor-led* accountability efforts as an extension of *survivor-centred* GBV work and suggests that the former have both greater conceptual clarity and transformative possibilities than the latter. Desk research and interviews conducted with representatives of organisations working with survivors clarify understanding of survivor-centred and survivor-led approaches, suggesting that it is more useful to think of the two as positioned along a continuum of initiatives with different levels of engagement or non-engagement with survivors. Initiatives that do not engage with survivors are located on one end, and survivor-centred and survivor-led initiatives on the other. Using examples of survivor-led initiatives, the report demonstrates that practical considerations often mean that aspirational survivor-led initiatives might need to oscillate between survivor-centred and survivor-led on the continuum before becoming truly survivor-led. In this scenario, non-governmental organisations (NGOs) and similar institutions should play a facilitator role and champion survivor-centredness as they support survivor-led initiatives in gaining autonomy.

The report proceeds as follows: after briefly providing background details about the study and detailing its scope, limitations, and methodology, Section V explains the decision to characterise the examples shared as 'promising' rather than 'best' practice. Section VI shares four case studies and eight promising examples. In Section VII, the researcher discusses the findings. Section VIII concludes the report, and recommendations are made in Section IX.

## B. GBV Prevention, Mitigation and Response

**GBV Prevention:** action to address the unequal power relations among men, women, and non-binary persons as well as the beliefs, attitudes, and practices through which GBV is normalized

- *includes work in the policy, legal and financing spaces, in addition to cultural and social norm change work*

**GBV Risk Mitigation:** identification of risks and the development of risk-reduction initiatives

**GBV Response:** formal and informal provision of services and assistance to support victims'/survivors' recovery and resilience as well as initiatives to hold perpetrators accountable

- *includes laws, policies, practices and approaches from the local to the state, regional, and international levels*

| **Figure 1** - Working definitions of GBV prevention, risk mitigation, and response

## II. TERMINOLOGY – GBV, ACCOUNTABILITY, AND SURVIVOR-CENTRED

Four key terms are at the centre of this report, namely: ‘gender-based violence’ or ‘GBV’, ‘GBV accountability’, ‘survivor-centred’, and ‘survivor-led’. The concept of ‘survivor-led’, which provided the impetus for the research, is addressed in Section VII(A). In the meantime, this section focuses on GBV and GBV accountability—including GBV prevention, risk mitigation, and response—and survivor-centred. The report borrows the definition of **GBV** from the ICGBV’s Strategic Plan as follows:

‘[a]ny act of violence that arises from or is driven by inequalities, discrimination, roles, disparities or expectations based on gender. It includes any act that results in or is likely to cause physical, sexual, or psychological harm or suffering for an individual or group of people, including threats of such acts, coercion, or arbitrary deprivation of liberty, whether occurring in public or in private life.’ (n.d., 7)

Building on the understanding of GBV, **‘GBV accountability’** is understood to include but go beyond the effort to ensure that perpetrators of GBV are held accountable through legal or quasi-legal processes. The ICGBV considers interventions aimed at preventing GBV, mitigating against risk, and supporting victims/survivors in recovery and resilience, critical to GBV accountability. While there is some overlap between GBV prevention, mitigation, and response, the working definitions provided in *Figure 1* were used to categorise these three areas. In order to be meaningful, GBV accountability initiatives should be undertaken in an inclusive, locally grounded, and accessible manner while prioritising victim/survivor’s ‘safety, security and well-being’ (Inter-Agency Standing Committee 2023) but also recognising each victim/survivor’s collective identity (Michelis, Makepeace, and Reis 2024, 11; Dolan, Hovil, and Pasquero 2024, 10). At the same time, such initiatives should address underlying gender inequality, thereby exemplifying a gender-transformative approach (MacArthur et al. 2022; ICGBV, n.d.).

UN Security Council Resolution 2467 urged Member States to take a **‘survivor-centred’** approach, thereby

ensuring that prevention and response are non-discriminatory and specific, and respect the rights and prioritize needs of survivors, including groups that are particularly vulnerable or may be specifically targeted, and notably in the context of their health, education, and participation...(UN 2019, para. 16)

Prior to that, in 2017, the CEDAW Committee had made a similar recommendation to Member States in which it described a survivor-centred approach as one which

...acknowledge[s] women as right holders and promoting their agency and autonomy, including the evolving capacity of girls, from childhood to adolescence. In addition, the measures should be designed and implemented with the participation of women, taking into account the particular situation of women affected by intersecting forms of discrimination (CEDAW Committee 2017, para. 28).

For the ICGBV, in a survivor-centred approach, ‘survivors’ voices are heard, and their needs and rights are reflected in the design of humanitarian and development programmes on GBV prevention, risk mitigation and response’ (ICGBV, n.d., 8). These and other definitions of the approach place the survivor

at the centre and emphasise **autonomy, agency, respect, non-discrimination, confidentiality, safety, informed consent, and provision of support** (Nduna 2001, 4; UNFPA 2019; Mukwege and Berg 2016, 2; Global Survivors Fund 2022, 4; InterAction 2022; IDLO and The Global Women’s Institute 2022; Michelis, Makepeace, and Reis 2024). Although there might not be consensus on additional elements of a survivor-centred approach, Di Eugenio and Baines, for example, seek to ensure consideration of the constraints on survivor autonomy, survivors’ embeddedness within a broader community, and what they refer to as ‘structural and cultural violence’ (Di Eugenio and Baines 2021, 329). According to the Special Representative of the Secretary-General on Sexual Violence in Conflict, Pramila Patten, ‘A *survivor-centered, rights-based* response requires *tailored, contextual solutions*. It means giving voice and choice to survivors, restoring their agency, building their resilience, and enshrining their experience on the historical record’. Despite some differences of opinion or divergence in understanding, there seems to be consensus around the recognition of survivor dignity and on survivors’ positioning as experts in this approach to GBV. In Section VII(A), this approach is compared to a survivor-led one.

### III. SCOPE AND LIMITATIONS

Conducted remotely in just under a 10-week period (between June and August 2024), the research identifies 12 promising examples of established or emerging GBV survivor-led accountability initiatives featured in published and grey literature in English. Four of these examples are examined in greater detail and shared as case studies. The examples involve diverse forms of GBV, including Female Genital Mutilation/Cutting (FGM/C), childhood and adult sexual violence, and systematic and Conflict-Related Sexual Violence (CRSV). Although the research began by engaging the ICGBV Secretariat, ICGBV Learning and Practice Group, the Malawi ICGBV, and the Sierra Leone ICGBV Working Group, the geographical scope is broad, and examples were sought from organisations that work in humanitarian, development, and peace support contexts at the global level (meaning that they are being implemented by individuals or institutions across multiple continents and are intended to influence practice around the world) as well as in different regions of the world. The national-level examples detailed later in the report are from Africa, Asia, the Middle East, South America, and Europe. The examples reflect GBV prevention, risk mitigation, and response efforts at the micro, meso, and macro levels (i.e., from the grassroots to the district, state, and regional levels). Although the findings suggest that organisations did not necessarily organise or describe their work along the prevention, mitigation, and response dimensions, two or even three of those dimensions were evident in the examples.

Despite the effort to adopt a global geographical scope—which was only narrowed by the focus on development, humanitarian, and peace support contexts—the study has geographical and linguistic biases as well as other limitations. Examples are limited to initiatives either identified in published or grey literature available online in English or shared by representatives of civil society organisations (CSOs), UN agencies, private foundations, and networks in response to solicitation of recommendations by email. This means that the majority of examples are from English-speaking contexts or contexts where communication in English was possible. Although the ICGBV Secretariat and Members worked to provide interpretation and translation to represent non-English speaking contexts, the research was conducted in English for various reasons beyond our control. Moreover, conducting the study during the June-August leave period meant that representatives of some organisations were unavailable to contribute to the study, which resulted in a reduction in the number of case studies. While these examples and case studies should not be taken as representative, they should nevertheless be seen as offering a rich snapshot of some of the practices from which policymakers and practitioners can learn.

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1 This included an interview in Colombia that we had hoped to conduct with assistance from a Spanish interpreter

# IV. METHODOLOGY

A survivor-centred approach was taken in this qualitative study.

This section describes the research phases and the ethical considerations that informed the data collection.

## A. Research phases

The research was conducted in two phases, as detailed below.

### 1. Phase 1 – Desk research

The first phase involved a focused literature review with the objective of identifying survivor-led initiatives. The desk research by the ICGBV Secretariat provided a helpful starting point by referencing a few institutions that have done relevant work on survivor-centred accountability (e.g., USAID, OECD), highlighting a few studies that problematise the understanding and implementation of ‘victim-’ or ‘survivor-centred’ accountability (Michelis, Makepeace, and Reis 2024; de Waardt and Weber 2019) and Reis 2024; de Waardt and Weber 2019, and even presenting potential examples such as Colombia’s Victim’s Law and the Global Survivors Fund. Building on this work, both individually and together with the ICGBV Learning and Practice Group, the Malawi ICGBV, and Sierra Leone ICGBV Working Group, the researcher identified relevant sources from both published and grey literature.

As suggested in the call for expressions of interest, both works labelled as ‘survivor-centred’ and as ‘survivor-led’ were considered based on the assumption that the latter might be featured within the former. The tools used (i.e., search engines and databases) and sources are highlighted in Figure 2. Grey literature was selected primarily within a pool of material produced by women-led, women-centred, and feminist networks and CSOs, although not exclusively from within this pool. The researcher also contacted a select group of survivor networks and organisations, as well as CSOs working on GBV, academics, and funding institutions, via email to request recommendations for additional material. Coupling this with the snowball method (i.e., requesting that those contacted share the request with or recommend other relevant networks and organisations), a total of 34 networks, organisations, and academics were invited to share materials or links.

The review of the literature honed in on examples that fall within the scope of this research and have the potential to be considered ‘promising’, as elaborated upon below. The 12 examples presented were selected based on (1) geographical representation, (2) diversity of types of GBV, and (3) the range of strategies employed. In designing the research, the ICGBV developed a set of criteria, agreed upon by members in line with quality gender programming, that may be reflective of exemplary survivor-led initiatives. They are as follows:

- Have been proven successful (as determined by survivors)
- Ensure a holistic understanding of the impact of the violence and effects on the survivor, including medical, legal, psychosocial, economic, social, caring responsibilities, accommodation, family and community relationships
- Take into account the survivor’s agency and resources
- Recognise and respond to the intersectional identities of survivors (e.g., their ethnicity, ability, socio-economic status, marital status, age, race, refugee/internally displaced person/migrant status, sexual orientation, gender identity and expression, etc.)

#### Published literature

- *Google Scholar*
- *JSTOR*
- *ProQuest’s GenderWatch database*
- *ResearchGate*

#### Grey literature

- *ICGBV and Sister Consortia*
- *SHINE resource library*
- *Spotlight Initiative*
- *CSO, UN agency, and donor annual reports, best practices compendia, resource hubs*
- *ProQuest’s GenderWatch database*
- *Google*

| **Figure 2 – Tools and sources**

- Are cost efficient in low-resource settings
- Could be replicated or scaled up, and/or
- Take a gender-transformative approach.

Although we set out to identify examples based on these criteria, the dearth of examples identified within the scope of the research and the emphasis sources placed in other areas made it impossible to ascertain if the examples met all or even most of the criteria. Nevertheless, the examples presented and the literature review suggest that the criteria capture ideal practice. The case studies, in particular, reflected shared aspirations toward the realisation of at least some of the criteria and an additional criterion added to the list based on the research, namely, 'place emphasis on the "do no harm" principle'. Additional research should be conducted to determine the extent to which these eight criteria are associated with positive outcomes for survivors of GBV.

## 2. Phase 2 – Semi-structured Interviews

In keeping with the terms of reference (ToR), the researcher planned to conduct three to six virtual interviews about the initiatives identified through the literature review. Interviews were conducted with seven individuals<sup>2</sup> to delve more deeply into the initiatives listed in Figure 3, and information garnered from them is shared in the case studies presented in Section VI(A) of the report. The interviews were semi-structured based on an interview guide developed in collaboration with the ICGBV (see Annex 1). This means that although a basic script was followed, which included a set of main questions, the researcher sometimes diverted from the script to ask interviewees to elaborate on relevant issues that they raised in their responses, to leave space for interviewees to share other views, or to remain within the allotted time. Interviews lasted 45 minutes to one hour and were conducted in English on Zoom.

### B. Ethical considerations

Although interviews engaged survivors in their capacity as representatives of organisations or networks and did not solicit information about their experience of GBV, safeguards were put in place to ensure safe and ethical conduct. To properly exercise her duty of care towards survivors and other interviewees, the researcher observed both anthropological ethics principles as well as the Inter-Agency Minimum Standards for GBV in Emergencies Programming and, more broadly, ensured compliance with the Irish Data Protection Act 2018. The ICGBV made psychosocial support available to all survivor interviewees who did not have access to such support at no charge to them. Only personal data required for research purposes was collected, and the researcher ensured that all participants: (1) gave informed consent for the interviews; (2) were aware that they could opt to terminate the interview at any time; (3) were guaranteed that their responses will be treated confidentially; and (4) have access to the report findings.

Interviews were only recorded with consent, and identifying information was removed from the recordings and notes, which have been saved in a password-protected file. Interviewee quotes included in this report were vetted and approved by interviewees but have been kept confidential at their request. We received consent to attribute some of the quotes to the organisations the interviewees represented, and representatives of the projects, organisations, and networks featured in Section VI(A) were invited to review a draft of the case study of their initiative prior to the finalisation of the report.

- *Murad Code*
- *National Survivor Networks supported by the Dr Denis Mukwege Foundation*
- *SEMA Ukraine*
- *Survivor Leadership Initiative*

Figure 3 – Initiative case studies

<sup>2</sup> These individuals gave informed consent to the interviews and gave us permission to use their quotes and other information. However, they asked to remain anonymous.

## V. 'BEST'/'GOOD' VERSUS 'PROMISING' PRACTICE

Rooted in the field of management consulting, the concept of 'best practice' has been adopted in multiple arenas, including the non-profit sector. However, some scholars suggest that the term should be used with caution, if at all (García Leiva and Segovia 2014; Falconer 2011; Osburn, Caruso, and Wolfensberger 2011). Leiva and Segovia contend that it 'should never refer to definitive, timeless and universal actions' (2014, 100). Rather, its user should 'clarify why, for whom and in what circumstances' a particular action is exemplary (García Leiva and Segovia 2014, 100). The UN Experts Group<sup>3</sup> constituted to inform the UN Secretary-General's 'In-depth study on all forms of violence against women' (UN Women 2006) went even further in its 2005 report, writing:



*'Even at national level, describing any intervention as "best" practice is to make a very strong claim suggesting that it works in all locations and for all individuals. The last decade has taught us the danger of such claims especially with respect to groups who already are disadvantaged in asserting their rights - for example, women with disabilities and those with uncertain legal status. Caution is even more important in a global context. Throughout the present report the terms "good" and "promising" practices are preferred. Likewise, the examples provided are not exhaustive, universally applicable or suggestive of unchanging contexts. Rather they are examples of currently applied practices and interventions which activists and evaluation suggest are good and/or promising. As we learn more and as women's expectations change, some may be eclipsed by innovations and new insights that offer even more promise in efforts to prevent violence against women.'* (Expert Group Meeting 2005, 7)

While the initiatives presented in this report are regarded as laudable, the researcher heeds these scholarly warnings regarding description and categorisation. Each of the representatives interviewed for the case studies emphasised the importance of the context, the ways in which the intervention has changed and continues to change over time, as well as the diversity of survivors and of their experiences. Accordingly, in order to avoid implying objectivity, universality, and timelessness, **this report follows the Experts Group's example in eschewing use of 'best' practice and instead characterises the initiatives presented as examples of 'promising' practice.**

3

The list of officers and members of the Experts Group can be found on page 2 and Annex 1, respectively, of the report.

# VI. MAIN FINDINGS

## A. Four case studies of survivor-led GBV accountability initiatives

Four examples of survivor-led GBV initiatives are presented in greater detail below. Each section begins with an overview and then explains the following: (1) the role of survivors, (2) barriers to leadership reported by survivors, and (3) the assessment of success. The barriers and considerations are not exhaustive but pinpoint a few issues that featured more prominently in the research. Although bullet points are used in some of the sections for brevity, the ideas are further examined in Section VII.

### 1. Murad Code

<b>Location:</b>	Global
<b>Date established/initiated:</b>	2019
<b>Form(s) of violence:</b>	Multiple forms <sup>4</sup>
<b>Reported as:</b>	Survivor-centred
<b>Website:</b>	<a href="https://www.muradcode.com/">https://www.muradcode.com/</a>

The Global Code of Conduct for Gathering and Using Information about Systematic and Conflict-Related Sexual Violence, otherwise known as the Murad Code 'is a global consultative initiative aimed at building and supporting a community of better practice for, with and concerning survivors of systematic and conflict-related sexual violence'. The initiative, which is currently in its 6th phase and supported by the government of Canada through Global Affairs Canada, was initiated by the Institute for International Criminal Investigations (IICI) and co-founded by the IICI, Nadia's Initiative,<sup>5</sup> and the Preventing Sexual Violence in Conflict Initiative of the UK Government (PSVI) (Murad Code Project, n.d.-a). It emerged out of conversations that revealed CRSV practitioners' desire to better understand the minimum standards to which they needed to adhere while gathering information from survivors for investigation or other purposes. The Code was released in April 2022 and has now been translated into Arabic, Sorani Kurdish, French, Spanish, Bosnian, Ukrainian, Swahili, Tigrinya, Amharic, Burmese and Nepali (Murad Code Project, n.d.-b; 2022).

### Role of survivors

Survivors have been involved in every stage of the project—from providing insight about whether such an initiative would be useful in the first place and conceptualising the project to providing feedback on drafts of the Code. Approximately 72 survivors have participated in one-on-one meetings, roundtables, focus groups, and online workshops. They include survivors from Argentina, Bosnia & Herzegovina, Burundi, Canada, Colombia, the Democratic Republic of Congo, Iraq, Kenya, Liberia, Rwanda, Uganda, Ukraine, the UK, the USA, and Venezuela (Murad Code Project, n.d.-b). The Project's collated feedback report on a June 2020 draft of the Code includes the feedback they provided (Murad Code Project, n.d.-b).

4 Within the Code, 'Systematic and conflict-related sexual violence (SCRSV)' is defined broadly to 'include[] rape, sexual slavery, forced prostitution, forced pregnancy, forced abortion, enforced sterilization, forced marriage, trafficking in persons for the purpose of sexual violence and/or exploitation, and any other form of sexual violence of comparable gravity perpetrated against any person where that conduct is directly or indirectly linked to an armed conflict. It also includes such acts during peacetime or transitional phases when they are part of systematic, repressive, structured, or political violence, and when such violence is used to terrorise or destroy communities. SCRSV includes but is not limited to sexual violence which amounts to the international crimes of genocide, crimes against humanity or war crimes.'(Murad Code Project 2022)

5 After escaping from ISIS captivity, Nobel Peace Prize Laureate and UN Office of Drugs and Crime (UNODC) Goodwill Ambassador for the Dignity of Survivors of Human Trafficking, Nadia Murad, began to advocate for survivors of sexual violence in conflict settings and survivors of genocide. She started Nadia's Initiative in 2018 and collaborated with German Mission to the UN to influence UN Security Council Resolution 2647. (Nadia's Initiative, n.d.)

The IICI and its partners are currently working with survivors on a range of projects. One is the development of survivors' resources on the Code, including video and audio clips in which survivors speak to other survivors. Another is on pilot Code implementation projects in which the Project will provide funding for survivor communities in specific countries or situations to undertake a project of their choosing using the Code as a tool. Survivors will be asked to keep notes on their project so that they can be shared with other survivors and practitioners.

## Barriers to leadership reported by survivors

Barriers that are common to all examples are in bold

- Revisiting trauma
- **Stigma**
- Security
- **Loss of livelihoods (in some cases)**

## Assessment of success

The Murad Project has received a lot of positive feedback from survivors and, more recently, requests from survivors to provide more information on the Code and brainstorm with them on how they might use it. At the same time, Project partners recognise that not all survivors find it useful.

Although it is too early to assess the Code's impact, it has also garnered a lot of interest among practitioners and donors. In May 2024, the US State Department, for example, issued a call for proposals for projects that, among other things, 'advance and support Murad Code best practices, inclusive of building and bolstering a community of better practice for, with, and concerning survivors of CRSV' (Bureau of Democracy, Human Rights, and Labor 2024). The IICI and its partners are also working with funders to develop a guide for Code-compliant funding.

## 2. National Survivor Networks accompanied by the Dr. Denis Mukwege Foundation

<b>Location:</b>	Global; Central African Republic, Ethiopia, Iraq, Mali, Myanmar, Nigeria, Nepal, South Sudan, Uganda (including to a network of South Sudanese refugees living there), and Ukraine
<b>Date established/initiated:</b>	2017
<b>Form(s) of violence:</b>	CRSV
<b>Reported as:</b>	Survivor-centred/survivor-led
<b>Website:</b>	<a href="https://www.mukwegefoundation.org/connect-survivors-in-a-movement/national-networks/">https://www.mukwegefoundation.org/connect-survivors-in-a-movement/national-networks/</a>

In its efforts to provide 'holistic' and 'survivor-centred care' (Dr Denis Mukwege Foundation, n.d.-b) to survivors and support their efforts to seek justice, accountability, and an end to CRSV, the Mukwege Foundation brings survivors together through the Global Network of Victims and Survivors to End Wartime Sexual Violence (or SEMA, which means 'speak out' in Kiswahili)(SEMA, n.d.) while also providing support to survivor-led networks at the national level in the countries listed above in 2023. One of the networks in Uganda was established by South Sudanese refugees living there, and in 2023, the Foundation also took steps toward supporting survivors from Myanmar in several refugee settings in Asia



(Dr Denis Mukwege Foundation 2023). This section of the report focuses not on SEMA but on national networks of survivors of CRSV, some of which existed before the Foundation's engagement with them (e.g. Uganda) and others whose establishment was supported by the Foundation (e.g., Ethiopia). The subsequent section of the report focuses on the network in Ukraine. Although each national network sets its priorities, all the networks do the following:



*'...organise to **raise awareness** about the realities of wartime sexual violence, to **combat stigma and harmful myths** around sexual violence in conflict, to **advocate for survivors' rights**, and to commemorate and **recognise the victims of these atrocities** by creating a survivor-centred history of conflict through their lived experiences.'* (Dr Denis Mukwege Foundation, n.d.-a)

The Mukwege Foundation provides operational, technical, and financial support to the networks to varying degrees. It often partners with local organisations to do so (Dr Denis Mukwege Foundation 2023, 20).

## Role of survivors

The 'act of survivors wanting to come together to find solidarity and combat isolation is an organic one—it is a human need to be connected to others' whether in the form of networks, associations or small groups' (Interviewee). A Mukwege Foundation representative told us,



*For me, it's why I believe in the value of the work as well. It's really one of the few opportunities that I see in humanitarian and development ecosystems—because these are the conditions that national networks are operating in as well—where you have opportunities for survivors to lead their peers and their activism themselves and make their own decisions in matters that concern them.*

Network autonomy is a key goal, and the Mukwege Foundation prioritises accompanying networks in building their organisational resilience, engaging in organised activism, and amplifying survivor-led advocacy through workshops and constant accompaniment. The Foundation continuously reflects on questions like, 'What counts as maturity for a network? What is the path that they are taking, and what are the challenges that they have in becoming more independent and autonomous?'

The Foundation has developed a 'Maturity Model' to guide its work of supporting survivors in gaining the tools they need to make their own decisions. As such, in addition to serving as a safe space for building their individual resilience, the networks are also a space where survivors participate in peer exchanges and learning, benefit from mentorship and coaching, and receive skills training based on survivors' individual and collective needs.

## Barriers to leadership reported by survivors

These barriers were reported by survivors from different countries:

- **Stigma and isolation**
- Not having had an opportunity or resources to heal or being in an early stage of healing
- Desire to remain anonymous or maintain secrecy when the context is too sensitive
- **Financial and other resource constraints to rebuilding their lives**
- Communication challenges and restricted access to service providers, civil society and human rights actors due to infrastructural deficits
- Government scrutiny
- Life transitions for survivors, their families and communities, including children born from wartime rape

## Assessment of success

Despite the varying stages and achievements of the networks, a Mukwege Foundation representative indicated that survivors generally view the networks as having realised successes. These include registration and recognition as an official entity (e.g. Iraq, South Sudan), establishment of youth groups whose members are children born in captivity or born of wartime rape and are tackling transgenerational issues (e.g. Uganda), establishment of a network in a context where there was a general view that survivors would not be willing to be visible or that they would be sidelined by other competing interests (e.g. Ethiopia and Iraq), increasing independence as survivors develop their own income generation projects and support other survivors (e.g. South Sudanese refugees in Uganda, Mali), and involvement of networks in critical national conversations including about transitional justice and reparations (e.g. South Sudan and Ukraine).

### 3. SEMA Ukraine

<b>Location:</b>	Ukraine
<b>Date established/initiated:</b>	2019
<b>Form(s) of violence:</b>	CRSV
<b>Reported as:</b>	Survivor-led
<b>Website:</b>	<a href="http://semaukraine.org.ua/en/">http://semaukraine.org.ua/en/</a>

SEMA Ukraine was established soon after its current leader was released from captivity in Donetsk. The Mukwege Foundation began accompanying the network in 2018 and it was registered as an organisation in 2023. The network describes itself as ‘a community of women who, having survived [SGBV and CRSV] in the Russian-Ukrainian war, managed to transform the traumatic experience into post-traumatic growth’ (SEMA Ukraine, n.d.). Currently convening about 50 members, the network provides support to female survivors of CRSV, conducts advocacy, and is collaborating with male survivors including a male survivor network named Alumni (Alumni, n.d.) which was established last year but has not yet been registered. Despite both being accompanied by the Mukwege Foundation, the female and male networks are separate entities based on the recognition of the gendered differences in their experiences. Their collaboration was highlighted at a forum of 150 participants held on 2 July 2024 in Kyiv, which SEMA Ukraine organised with support from the Mukwege Foundation and other partners in order to bring more attention to CRSV and emphasise ‘the potential for women survivors to build strength’ (Mukwege Foundation 2024).

### Role of survivors

SEMA Ukraine’s members, including its Board members are all survivors. As a Mukwege Foundation representative put it, ‘SEMA Ukraine is an example of the principle of “nothing about us without us”’. Over time the network has begun to manage some of its activities and funding.

### Barriers to leadership reported by survivors

- Finding work-life balance as they engage in activism
- Time and investment required for capacity building (as reported by some survivors)
- **Securing funding to support institutional development**
- Developing capacity to apply for and implement programme grants
- Using activism to avoid addressing the trauma through psychosocial care (for some)
- **Some (possibly generational) stigma around mental health care**
- Desire to remain private

## Assessment of success

It was reported that survivors generally view the network as successful. Not only has it grown from an informal network to a registered organisation, but its members are increasingly taking the lead in managing its activities and funding. Although the network was initially only funded by the Mukwege Foundation, other international donors are now also expressing interest in supporting its work. Earlier this year, the network and male survivors were invited by governmental agencies and CSOs to share their experiences, needs, and plans at a high-level conference in Kyiv.

### 4. Survivors Leadership Initiative (SLI)

<b>Location:</b>	Ethiopia, Kenya, Senegal, Somaliland
<b>Date established/initiated:</b>	2018
<b>Form(s) of violence:</b>	Female Genital Mutilation/Cutting (FGM/C)
<b>Reported as:</b>	Survivor led
<b>Website:</b>	<a href="https://thegirlgeneration.org/survivors-leadership-initiative/">https://thegirlgeneration.org/survivors-leadership-initiative/</a>

The SLI was a response to the articulation by a few survivors of FGM/C (who were also activists) of the desire for a survivor-only space in which they could receive training and address mental health issues. The initiative began as the Survivor Leadership Training (SLT), a programme developed within 'The Girl Generation: Support to the Africa-Led Movement to End Female Genital Mutilation/Cutting (TGG-ALM)'. The first phase of The Girl Generation (2014-2018) started to work with survivors in 2018 to support their emotional well-being as front-line activists. In 2022, although limited funding was available for the training which was organised in Kenya, more than 300 women responded to the invitation to the training for which 20 slots were available.

During the training, one survivor wrote:



*'I was so afraid of what happened to me and I could not even say it, because I was ashamed. But since I went through SLT I realized it was not my fault and that it's violence that happened to me. Through that, right now I can tell my story to impact others, and also help girls who have not gone through [FGM/C] yet to know the challenges and the effects.'* (TGG-ALM 2024a, 9)

This boost in confidence, improved emotional wellbeing, and commitment to continue to advocate against FGM/C was shared by many other participants (TGG-ALM 2024a). Responding to the clear demonstration of the need for the training as well as additional requests for follow-up, TGG-ALM subsequently launched the SLI in 2022 and organised another training in March, with a follow-up in November. TGG-ALM used the curriculum that had been developed with the survivors to expand the training to Ethiopia, Senegal, and Somaliland while also (1) expanding the initiative from training to a Training of Trainers in which survivors are equipped to conduct the training in their communities or countries; (2) establishing a Survivor Leadership Fund which provides flexible funding to support grassroots survivor-led organisations; (3) creating the Survivor Stories Series; and (4) supporting Survivor Networks through which the survivors support each other and advocate for change. In March 2024, TGG-ALM and survivors developed 'Guidelines for Engaging with Survivors of Female Genital Mutilation/Cutting' (TGG-ALM 2024b).

## Role of survivors

TGG-ALM continues to work with survivors to refine the curriculum, and the expansion of the SLT was a response to survivors' articulation of their needs. Not only are survivors returning to their communities to lead training sessions and conduct other activities, but the networks that they have created provide another avenue through which they are remaining attuned to their emotional and mental wellbeing while also collectively working towards eradicating FGM/C in their communities.

## Barriers to leadership reported by survivors

- **Stigma**
- Pushback from their communities
- Framing of FGM/C as culture
- Lack of safety when advocating against FGM/C
- **Lack of funding directly to survivors**
- Harassment from male government officials who are in charge of relevant funds (reported by some survivors)
- Limited mental health support when they return to their communities and stigma around psychosocial support in some contexts

## Assessment of success

TGG-ALM representatives relayed survivor views of the initiative's successes. One representative noted that engagement with the survivors since March 2022 has provided an opportunity to witness their growth. As the Communications Manager, Ann Njuguna put it:



*'...we remain in touch with the women, so we are able to see the changes through the season. That's why I would say it's a success. It's not touch and go, but it's also ensuring that they remain in a network where they can continue to encourage each other, to share learning, to heal together and to also make commitments for the next generation and the communities that they work in.'*

One survivor is writing a book, another recently climbed Mount Kenya, and even in contexts like Somaliland and Ethiopia, where it is difficult to speak openly about FGM/C, the survivors are doing inspiring work in their communities. Interestingly, survivors in Ethiopia have boldly taken up the use of the word 'feminist' even though TGG-ALM emphasised to the survivors that they do not have to use the word because they understand that it can place some women at risk. Survivors have continued to inform the training, and some donors have requested help from TGG-ALM with developing similar trainings for women and girls. Global Advocacy Director Dr Leyla Hussein emphasised the programme's strength, saying,



*'I think this framework could be implemented because fundamentally, it's "Let's hear that person who's been violated and let's create a safe space". That's really fundamentally what it comes back to.'*

## 5. Considerations before replicating

Interviewees suggested that individuals or institutions interested in attempting to replicate these initiatives should consider the following:

- Time:
  - for reflection, consultation, collaboration, growth, and inclusivity with survivors as equal partners, peers, and advocates
  - to build a network and create an environment for it to become autonomous
  - whether the timing of the intervention is appropriate
- Funding:
  - for institutional development in a survivor-centred manner
  - to ensure that survivors' costs are not only covered but that they are remunerated for their time and expertise
  - availability of long-term funding
  - direct funding for survivors' needs
- Need for clarity about objectives and goals
- Representation: to whom does one speak, and who speaks for whom?
- Language: costs, time, and complexity of working with different actors in multiple languages
- Mental health
  - assessment of survivors' level of trauma and the healing that they need in order to do no harm
  - the importance of quality psychosocial support, but recognition that some survivors might not want it because of stigma, avoidance, or other reasons
- Connections between the local, national, and international levels
- Acknowledgment of the challenges some survivors face in leading initiatives and willingness to redefine what success looks like
- Complexity of discussing and realising inclusivity in conflict and post-conflict settings
- Importance of managing expectations both of the survivors and the individuals/institutions working with them and willingness to play an ethical facilitation role in specific situations when these expectations are not met
- Uniqueness of the current Ukrainian context because of the availability of international support and funding as well as widely shared goals and the understanding that there is a common enemy
- Ability to dynamically provide appropriate mentorship and accompaniment to survivors as they work towards leading their initiatives themselves
- Requirement of the right team which has a shared vision and values with respect to working with survivors, understands the complexities of being survivor-centred, is reliable and honest with survivors and partners, and also includes a mental health professional with experience working on sexual violence or with survivors
- Importance of establishing partnerships (e.g. with medical practitioners, mental health professionals, lawyers, civil society etc.) rather than working in silos
- Willingness to be 'adaptive' both in response to survivor leadership and to the environment in which they are operating

## B. Additional examples of survivor-led GBV accountability initiatives

This section briefly presents eight examples of survivor-led GBV accountability initiatives that are characterised as promising.

Six are established, and two are emerging.

Initiative	Location	Date est'd	Form(s) of violence	Survivor involvement	Brief description
Advocacy by the National Organization of War-time Rape Victims (NOWRaV) on Nepal's Transitional Justice Bill	Nepal	2021	CRSV	NOWRaV is an association of Nepalese women survivors of sexual violence.	NOWRaV has been working to inform the drafting of the country's Transnational Justice Bill and broader transitional justice processes (Dr Denis Mukwege Foundation 2023, 24; Human Rights Watch and Advocacy Forum 2024, 27–28). After NOWRaV's close engagement with the drafting subcommittee, provisions on CRSV that had previously been excluded but which recognise the right to reparation and offer interim relief to some victims/survivors were added to the bill tabled in parliament on March 19, 2023 (Dr Denis Mukwege Foundation 2023, 24; Human Rights Watch and Advocacy Forum 2024, 44; Nepali Times 2024). To date, the bill has not been passed.
<a href="#">Brave Movement</a>	Global	2022	Childhood sexual violence (including child sexual abuse and exploitation online)	Led by 15 survivors of childhood sexual violence from different countries	Only months after it was established, the movement successfully lobbied G7 leaders to commit to fighting child sexual abuse and exploitation online and offline (Moore, n.d.). According to the Brave Movement's Executive Director, Anna Macdonald, '...getting an actual commitment from some of the most well-resourced countries in the world to invest in preventing child violence was a first step towards a successful campaign to make this a worldwide initiative' (Chironda 2023).
<a href="#">Colombian Women's Truth and Memory Commission</a>	Colombia	2010	CRSV	More than 1,000 women victims/survivors were interviewed for this project and almost half of them self-identified as mestiza, 26.3% as Afro-Colombian, 5.7% as indigenous, and 21.2% as 'other ethnic identities' (Ruta Pacifica de las Mujeres 2017, 19). Women who were members of Ruta Pacifica—a network of 389 grassroots women's groups formed in response to violence women experienced in conflict areas in urban and rural Colombia—conducted all the interviews and during the first stage of the project, the network organised workshops to train women to take other women's testimony (Grau 2014, 1–2; Ruta Pacifica De Las Mujeres, n.d.).	The Commission, which was established by Ruta Pacifica de las Mujeres, 'collected the experience of women victims of violence with a methodology centered on the facts, the subjective experiences and the consequences of the violence, on the active attitude of the survivors, the meaning they give to the facts, as well as their demands and hopes' (Ruta Pacifica de las Mujeres, n.d., 1–2). It ultimately produced two reports, namely: (1) the two-volume La verdad de las Mujeres. Víctimas del conflicto armado en Colombia ('The Truth of Women. Victims of the Armed Conflict in Colombia') and (2) a document about the methodology entitled Memoria para la vida ('Memory for Life')(Grau 2014, 3).
<a href="#">Global Survivors Fund</a>	Global	2019	CRSV	The Fund works 'for survivors and with survivors', describing its efforts as 'co-create[d]' with survivors (GSF, n.d.). Survivors serve on the Fund's Steering Committee and, as Sabreen Shalabi, Senior Project Officer for Türkiye writes, 'The idea is simple enough: survivors can and must be actively involved in conceptualising, designing, and evaluating all elements of our interim reparative measures projects. Survivors are the heart of every discussion held and every action taken.' (Global Survivors Fund 2023, 12)	Advocacy by survivors, including the Global Network of Victims and Survivors to End Wartime Sexual Violence (SEMA) led Dr. Denis Mukwege and Nadia Murad to establish this Fund slightly under a year after they received the Nobel Peace Prize. The Fund works to advance the rights of survivors of CRSV to reparations.

Initiative	Location	Date est'd	Form(s) of violence	Survivor involvement	Brief description
Men of Hope Refugee Association (MOHRAU) / <a href="#">Men of Hope USA (MOHUSA)</a>	Uganda, USA, Canada	2011; 2023	CRSV	Both associations are led by survivors. In 2015, MOHRAU had 200 registered members (MOHRAU 2015, 3).	Noting the lack of services for male survivors of sexual violence in the Great Lakes Region, in 2011, the Refugee Law Project (RLP) invited three male survivors to meet and share their experiences with each other (Edström et al. 2016, 13). The men continued to meet over time and as other male survivors joined them, the group took the shape of a 'peer support and advocacy group' (MOHUSA, n.d.). In 2012, the members formalised what came to be known as MOHRAU by electing an executive committee (MOHRAU 2015, 3). After benefiting from technical and financial support from the RLP for a few years, MOHRAU became autonomous but maintained a relationship with the RLP (Edström et al. 2016, 14). In 2023, when former members of the association resettled in the USA and Canada, they established MOHUSA, which continues to provide support to survivors and their families and to advocate for holistic care tailored to male survivors (MOHUSA, n.d.).
<a href="#">Tearfund's 'A Shared Journey' Training Manual</a>	South Africa; global	2013	Sexual and gender-based violence (SGBV)	Survivors in research studies on SGBV that Tearfund commissioned in South Africa, Burundi, Central African Republic, Colombia, the Democratic Republic of Congo, and Myanmar in 2013 indicated that they wanted to have a space to meet, 'speak out', and collectively undertake healing (Poorter and Thomson 2020, 1). Consequently, Tearfund worked with survivors in South Africa to set up peer support groups and train their leaders (Poorter and Thomson 2020, 1). Based on this work in Kwa-Zulu-Natal, the organisation and survivors created a training manual for 'survivor champions' to facilitate peer support groups for other survivors (Poorter and Thomson 2020, 1).	The manual, which is entitled 'A Shared Journey: A Training Manual for Champions' is available in English, French, and Spanish (Tearfund 2020)"container-title":"Tearfund Learn","language":"en","title":"Working with and training survivors: A Shared Journey training manual","URL":"https://learn.tearfund.org/en/resources/series/working-with-survivors-of-sexual-and-gender-based-violence/journey-to-healing","author":{"family":"Tearfund","given":""},"accessed":{"date-parts":["2024",8,19]},"issued":{"date-parts":["2020"]}"},"schema":"https://github.com/citation-style-language/schema/raw/master/csl-citation.json"). The manual is described as a tool 'for trainers of champions, to guide champions through the process of forming and organising peer support groups, facilitating the journey to healing with survivors of SGBV, and learning how to report and monitor change for the purposes of project funding' (Poorter and Thomson 2020, 2). 'Survivor champions' are understood to be survivors who have undertaken or are undertaking their own healing journey, regardless of whether they have experience as counsellors or psychosocial support providers.

## Emerging Initiatives

Initiative	Date est'd	Location	Form(s) of violence	Survivor involvement	Current status
Rainbo Initiative Survivor Solidarity Group	2023	Sierra Leone	Sexual violence	About 70 survivors of sexual violence meet monthly with the Rainbo Initiative's support in order to 'advocate for their own well-being and amplify the voices of those still experiencing abuse'. (Bob Lamin, Communications and Advocacy Manager at Rainbo Initiative – Sierra Leone)	Although the group is still young (Lamin 2024), the Rainbo Initiative has committed to provide group members with training in 'advocacy, life skills, and organisational development' (Lamin).
<a href="#">Women of Honour</a> (Women Standing together in Solidarity for Justice and Truth; #Irish-militarymetoo)		Ireland and overseas <sup>7</sup> [There is a higher risk of rape and sexual assault incidents occurring while members are on overseas duties' (Independent Review Group - Defence 2023, 53)]	[Allegations of] sexual harassment, sexual assault, aggravated sexual assault and rape, and other sexual misconduct (Defence Forces Tribunal 2024b)	Initiative led by a group of survivors who are serving or former female officers in the Irish Army, Naval Service, and Air Corps ("Women of Honour," n.d.; Hannon 2021; Independent Review Group - Defence 2023)"	In January 2022, the Government established a judge-led, non-statutory Independent Review Group (IRG) and subsequently accepted all of the recommendations of the IRG report, including the recommendation to establish a 'statutory fact finding process [...] to identify systemic failures, if any, in the complaints system' (Independent Review Group - Defence 2023, 90). On the 20th of June 2024, the Government established a public Tribunal of Inquiry with Ms Justice Ann Power, a Court of Appeal Judge, as the sole Member (Defence Forces Tribunal 2024a; 2024b). The Tribunal, currently underway <sup>8</sup> will seek evidence in relation to the allegations raised to the IRG and examine in more detail, allegations that the grievance system failed them.

<sup>7</sup> Since 1958, the Irish Defence Forces have participated in peace support, crisis management and humanitarian relief operations in support of the United Nations and under UN mandate, including regional security missions authorised by the UN.

<sup>8</sup> as of 4<sup>th</sup> September 2024

## VII. DISCUSSION

This section is intended to highlight and discuss the main research findings presented in Section VI that might be of particular interest and salience to policymakers and practitioners. It begins by discussing the distinction between survivor-centred and survivor-led initiatives. The subsequent three sub-sections go further in-depth into survivor leadership by covering three broad themes under which the three research sub-questions have been subsumed. Of note, although the Mukwege Foundation is featured in several examples because of its extensive work with survivors across the globe, the discussion draws on all of the desk research and interviews.

### A. Survivor-centred versus survivor-led



*'The narrative around being survivor-centred should continue moving from "let's add them", "let's include them in the conversation because they are important" to "oh, these conversations cannot and must not happen without survivors being in the room".'* - Mukwege Foundation representative

*'Without [the survivors'] motivation, we would not be able to help them, but without our help, their motivation would not bring these huge results.'* - representatives of an international survivor-centred organisation

The wealth of literature on survivor-centred accountability initiatives encountered during the research contrasts sharply with the paucity of material on survivor-led accountability initiatives, particularly in humanitarian, development, and peace support contexts. This reflects the significant growth in the use of approaches described as survivor-centred since their introduction in the USA- and UK-based movements to end domestic violence in the 1970s (Michelis, Makepeace, and Reis 2024, 6). Consequently, while UN Security Council Resolution 2467 might have added to the approach's visibility and legitimacy, survivor-centredness predates the Resolution. However, as the literature reveals, its long history has not eliminated the concept's ambiguity. A diverse array of projects that involve survivors in different ways are characterised as 'survivor-centred' (Michelis, Makepeace, and Reis 2024; Dolan, Hovil, and Pasquero 2024). Perhaps more troubling are the concerns of survivors who participated in the 2023 CRSV Survivor Retreat, as well as conclusions emerging from research on survivor-centred GBV work or victim/survivor participation more broadly, which suggest that despite good intentions, aspirations to centre survivors are often not realised in practice (de Waardt and Weber 2019; Dolan, Hovil, and Pasquero 2024; Shapiro 2023; Michelis, Makepeace, and Reis 2024; Vidale-Plaza 2023) and Reis 2024; Vidale-Plaza 2023. This section draws on interviews and literature to examine the relationship between 'survivor-centred' and 'survivor-led'. **It argues that a survivor-led approach carries greater transformative potential but requires survivor-centredness to realise this potential.** As Dr Hussein (TGG-ALM) cautioned, 'In order to support a survivor-led space, you need a survivor-centred approach, or otherwise you could be putting that movement at risk'.

The interviews provided helpful distinctions between the concepts of 'survivor-centred' and 'survivor-led'. According to a Mukwege Foundation representative,



*'...survivor centred is where we accompany survivor's activism to determine their priorities and agendas [...] Our aim is to play the role of a facilitator and create a safe and enabling environment within which the conversations are going to occur. To be survivor led then, would mean that survivors are creating these spaces, priorities and decisions completely by themselves. It would mean that they are regaining their agency and forging their path to healing and recovery on their own – which should always be the goal right?'*



'Survivor-led for me,' said a representative of an international NGO, 'is something in which survivors play a leading role in conception, implementation, and follow up.' Despite these articulated differences between the two approaches, they seem to be somewhat more difficult to distinguish in practice. One interlocutor suggested that the concepts 'are difficult to put in two separate boxes', and another suggested that a described project had both survivor-led and survivor-centred aspects. The idea of initiatives existing along a continuum or spectrum arose a number of times during the research. For example, representatives of an international survivor-centred organisation contended that '[t]here are also times when it's not so straight-forward for an initiative to only be survivor-led'. They suggested that despite the aspiration for initiatives to be survivor-led, there may be a 'need to go back and forth between the two'. This notion of a continuum is helpful as we consider how practitioners might shift from a survivor-centred to a survivor-led approach.

Almost all of the examples shared in Section VI point to the facilitation role, or, in one interlocutor's words, 'accompaniment' provided by NGOs as they promote survivor leadership. Through this relationship, survivors can be supported and resourced so that they lead the movement. TGG-ALM, for example,



*'[...] recognise[s] [that] any large movement globally is led by those affected, but we need to equip those at the forefront very well--whether it's financially, emotionally, physically. We need to make sure that's done because unfortunately, in these movements we've exploited survivors where we just bring them to come and tell a story crying and then there's no aftercare before or during.'* (Dr. Hussein)

As several interviewees and sources described, this should be an egalitarian relationship characterised by 'co-creation'. Organisations in this role have significant responsibility and, as an international NGO representative urged,

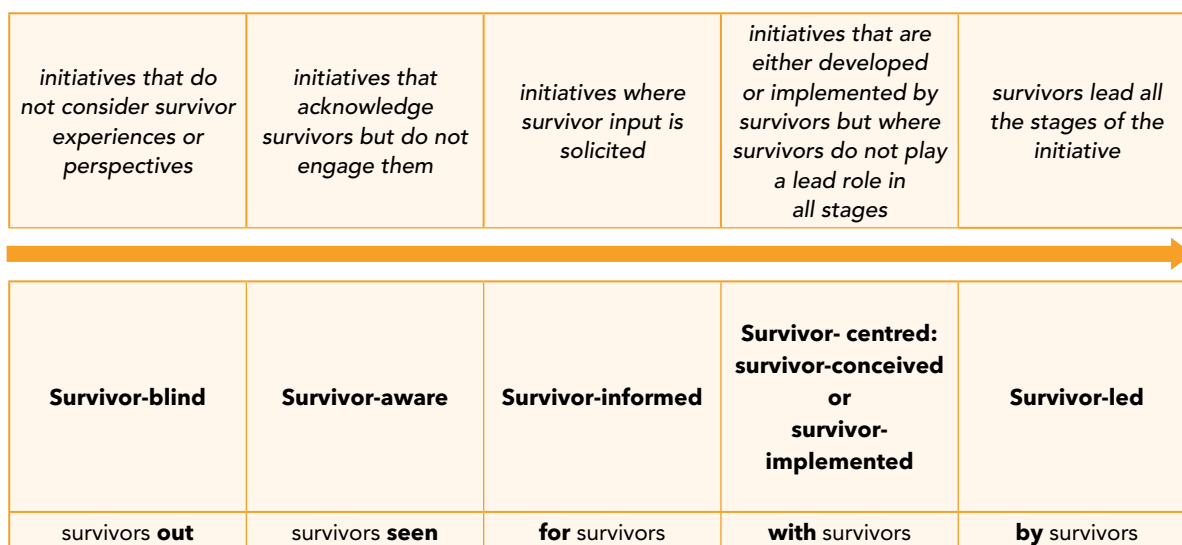


*'We keep hammering on 'you have to plan and plan and plan' and planning includes, you have to understand the context. You can't understand the context unless you not only understand macro level stuff but also particular individuals [...]'*

At the same time, as argued in subsequent sections of this report, NGOs and other actors in the GBV accountability space should challenge the power dynamics that prevent, hinder, or render survivor-led GBV initiatives invisible.

However, facilitating or accompanying NGOs and other institutions should not be seen as having a permanent direct role in survivor-led initiatives. Rather, their role should be regarded as temporary until the survivors take up the mantle themselves. The relationship between MOHRAU and the RLP (see Section VI[B]) and the Mukwege Foundation and National Survivor Networks (see Section VI[A]) reflect this intention, which can be situated along a continuum somewhat reminiscent of the WHO Gender Responsive Assessment Scale (GRAS)(WHO 2011, 41–42; UNFPA 2020). The scale has five levels for classifying and assessing programmes and policies intended to promote gender equality, namely: (1) gender-unequal, (2) gender-blind, (3) gender-sensitive, (4) gender-specific, and (5) gender-transformative. The UNFPA tweaked the scale in order to create what it calls the 'gender equity continuum' in which levels 3 and 4 are gender-aware and gender-responsive, respectively (UNFPA 2020, 1). Inspired (based on a suggestion from ICGBV Programme Coordinator Róisín Gallagher) by this scale and continuum as well as Lewin et al.'s categorisation of girl-led programmes as 'for, with, and by girls' (2023), the researcher suggests that interventions involving survivors might be seen as falling along the following continuum:

## Survivor-led Continuum



Initiatives on the far left (i.e., **survivor blind**) are the least transformative and are, in fact, detrimental to survivors because they disregard them. The next stage of the continuum describes initiatives that are **aware** of survivors but do not engage them. **Survivor-informed** initiatives are situated in the middle of the continuum and, based on the research findings, **survivor-centred** initiatives are described as initiatives developed or implemented by survivors. At the aspirational end of the continuum are **survivor-led** initiatives. Borrowing from Vidale-Plaza’s description of what she terms ‘survivor-centred holistic care’, initiatives at the far end of the continuum might be imagined to be survivor-led as well as ‘agile, comprehensive, person-centred yet socio-ecologically rooted, responsive, participatorily-led, and ultimately, transformative’ (2023, 3). The next sections will explain why practical concerns about survivor healing and skills might mean that initiatives oscillate between the last two stages before settling into the final one.

### B. Voice, agency, and inclusion



*‘Nothing about us, without us - I ascribe to this ethic 100%. Not for survivors, but with survivors. It is so important that survivor voices are heard. Survivors tend not to be consulted, but no one knows their pain better than they do.’ - Tatiana Mukanire, SEMA member from the DRC (Dr Denis Mukwege Foundation and SEMA Network 2022, 45)*



*‘All of us are part of the movement but [survivors] are our insight. They are the actual intelligence we have in terms of how this is going to end.’ Dr Hussein*



*We must avoid ‘the foregrounding of what might be termed “trophy survivors” on occasional high profile platforms. The latter is a work of optics that has little to do with reconfiguring and validating the real expert power of survivors from within their own stories, and much, we would argue, to do with an unethical practice of seeking vicarious credibility and legitimacy in the halls of power.’ (Dolan, Hovil, and Pasquero 2024, 20)*

**Redistributing power in order to truly hear survivors’ voices and strengthen their agency begins with recognition of their status as experts based on their experience.** Although survivor-centred and survivor-led approaches are similar in this respect, the latter go further. Survivor experts would be understood to have access to funding to run their own programmes. Survivor-led initiatives, including the TGG-ALM Survivor Leadership Fund, some Mukwege Foundation funding initiatives, and the anticipated Murad Code pilot projects are all examples of this.

However, ensuring access to funding is not a concern limited to NGOs; it involves governments and donors. As described by TGG-ALM, for example, some survivors of FGM faced harassment while trying to access government funds. Another interlocutor described how a survivor-centred organisation played a kind of 'intermediary' role between survivors and donors in which they would ask donors for a budget line for survivor-led activities. Unfortunately, such requests could only be made to particular donors and, even then, were not always successful. Recognition of survivor expertise is reflected in other sections of budgets. In one of the interviews, a representative of an international organisation suggested that the **organisation's budget and that of similar survivor-centred/survivor-led organisations look different from other organisations because survivors are remunerated for their expertise and time.** The Brave Movement, for example, has an Honoraria Policy that seeks to ensure recognition of the contributions of survivors of childhood sexual violence who take on leadership roles or participate in certain advocacy activities (Brave Movement, n.d.). SEMA Ukraine also developed a policy ensuring that survivors are compensated when they are invited to speak about their experiences at events.



*This section refers to both voice and agency because, as Dolan et al. write, '[s]imply putting survivors in the room is inadequate [...] Survivors need to be enabled to acquire the technical language and expertise that is used to shape the field in which they wish to have influence. Without that, they will necessarily remain excluded from the policy and practice positions through which to exert informed influence.'* (2024, 21–22)

Not only are the acquisition of technical language and skills essential for survivor-leadership, but, as our interlocutors and other research suggest, so is healing from GBV. The quotes below are shared in order to illustrate some of the complexity around healing:



*'The fact that we have focused on empowering the survivors to pursue their healing journey and to also reach out to survivors and also to ensure that whatever we do, we are using a survivor-centred approach, we are very sensitive—a trauma-informed approach—it has worked very well because the minute they are—for lack of a better word—sorted emotionally and psychologically, they'll be able to engage with the work and take the front line in fighting FGM. For me, I find that approach very helpful and I can say I can see it's part of the success of the programme.'* – Alice Ngari, Movement Building Lead, TGG-ALM



*'You see that once people understand that FGM is a form of violence and once they acknowledge that what they went through is violence, they now seek ways to heal, and they also seek ways to protect the next generation from the trauma that they went through.'* – Ann Njuguna, TGG-ALM



*'Sometimes it seems that they are actively involved in something just not to revive and remember their traumas, but it is something that they need to overcome in a healthy manner, so psychological assistance is also an obstacle.'* – representatives of an international survivor-centred organisation

The last speakers described how some survivors in one context used activism to avoid getting psychosocial support because they did not want to revisit their trauma and, as such, may not have been well placed to continue the work. However, the two other speakers, who work specifically with survivor activists, emphasised survivors' need for healing first. The next section will return to this question of healing.

This analysis of voice and agency would be incomplete without mentioning representation and inclusion or, in other words, asking, 'Who speaks for whom?' and 'Who is invited to the conversation?' Using an intersectional lens reminds us of the diversity of survivors' identities, experiences, and perspectives. One survivor cannot speak for all, but, as Tatiana Mukanire contends, **survivors are far better placed to speak on these issues than non-survivors**. Survivor leadership would leave answers to the questions in survivors' hands to the extent that they are granted access to various governance platforms and have the resources to cover costs such as travel and translation.

Nevertheless, like healing, inclusion might present challenges. An interlocutor indicated that various survivor-led groups with which they were familiar had mainly addressed questions of inclusion with regard to age and gender. Although there are an increasing number of male survivor groups, even just among the National Survivor networks that the Mukwege Foundation accompanies, male survivors often remain isolated and marginalised (Edström et al. 2016) and, unfortunately, the literature review revealed little about initiatives led by people with diverse sexual orientations, gender identities and expression and sexual characteristics (SOGIESC) within the scope. Writing about MOHRAU, Edström et al. briefly describe a difficult discussion group members had regarding membership by homosexual men (2016, 11, 14). Existing members who were struggling to dispel assumptions that they were gay because they had been raped did not want to invite the stigma (and likely also criminal penalties) associated with homosexuality in Uganda and some of their home countries.

Referencing a post-conflict context, an interlocutor described how survivors from one ethnic group associated another group with perpetrators and, as such, excluded victims/survivors from that ethnic group from participating. In another case, survivors raised concerns about 'fake survivors', individuals whom survivors did not think manifested characteristics which they associated with the status or others who—though allegedly not survivors of sexual violence—were in a precarious situation and sought to get access to reparations or other benefits. Although inclusion is an ideal and a human rights principle, survivors, policymakers, and practitioners must reflect further on how to handle it in survivor groups.

### C. Overcoming challenges to survivor leadership



*'When you are raped you lose control over your life, but in the peer-to-peer counselling you get that control back. You see the actions of others; this inspires you to earn an income and support [your] family [...] People are finding the strength to refocus again and to see themselves again playing a leadership role [...]' - Alain Kabenga (Edström et al. 2016, 30)*



*'Disclosing personal experience of violence is an individual choice that has the potential to bring healing, though it may not always be therapeutic. When my story was held with empathy, it brought healing. When I felt dismissed, it led to me shutting down.'* (Nevatia 2024, 8)

Some of the challenges reflected in the findings were context-specific. However, many similar challenges were reported by survivors and their advocates from different parts of the world. These include trauma, stigma, limited psychosocial support or stigma attached to seeking psychosocial support, challenges securing funding, insecurity, lack of technical skills required to influence policy and practice, and a desire to maintain secrecy. A key finding is that one of the ways in which survivors have moved towards overcoming these challenges is through healing. **Several sources mentioned individual journeys and the role of activism, psychosocial support, or research in individual survivors' healing** (Kumar 2017; TEDx Talks 2023; Nevatia 2024). There is an unresolved debate within anthropology about the universality of psychiatric labels that originated from the West, such as trauma or post-traumatic stress disorder (Torre et al. 2019; Hinton and Good 2016; Fassin and Rechtman 2009; Abramowitz 2014). Although even attempting to outline this debate is both beyond the scope of this report and the expertise of the researcher, it may be prudent to at least consider the findings of Torre et al.'s research in Northern

Uganda inasmuch as it cautions against the uncritical importation/exportation of ‘trauma discourses and conceptions of suffering based on Euro-American notions of the “traumatized individual”’(2019, 5). This should not be taken to suggest that psychosocial support has no place in non-Western contexts. My point is simply to suggest additional reflection on its forms, sources, alternatives, and possible unintended consequences.

**Collective healing also featured prominently in the findings.** The Tearfund’s training manual for peer-support group leaders, SEMA and the national survivor networks, Women of Honour, and MOHRAU/MOHUSA, Survivor Networks within the SLI, and the Rainbo Initiative Survivor Solidarity Group all attest to the value of peer support and/or movement building. As reflected in the two quotes above, groups and movements carry the potential to help survivors heal and take on leadership roles. Vidale-Plaza describes ‘survivor groups [in Central African Republic, Colombia, DRC, Guinea, and Uganda] as sites of care and caring, wherein the ethics of care are constantly being defined, embodied, and materialized’ (2023, 4). Arguably, the care provided through these groups contributes to their potential to help survivors overcome some of the barriers they face and to not only help sustain them but to move them closer to their individual and collective goals (Laxminarayan and Dürr 2019; Center for Reproductive Rights 2023). Consequently, Edström et al. suggest that ‘what might begin as a collective psychosocial *healing process* can ultimately become a *political process*’, which they refer to as ‘therapeutic activism.’ (2016, 18).

## D. Success/Impact of survivor-led initiatives



*‘The world’s priorities lie with the perpetrators. That needs to change.’*  
– Leesa, SEMA member from Bangladesh (Dr Denis Mukwege Foundation and SEMA Network 2022, 33)



*‘In the beginning we were victims just seeking assistance. The journey is coming to seek assistance without any idea of becoming a group or being activists. Then we were helped and encouraged through counselling. There was a healing process. From that, we thought about how to help others, how to break the silence, how to bring others with similar problems [to] come together and be assisted.’* - Jean-Baptist (Edström et al. 2016, 28)



*SEMA has been a school for me where I have learned from everyone how sexual violence is experienced in other countries, as well as how to demand responsibility from states and society for not having attended in time to the damage caused to the bodies of the victims, also to make the states aware of sexual violence. Thanks to SEMA, we have been able to make sexual violence visible, which has been an issue where no one wants to hear or listen.- Ángela María Escobar Vásquez, SEMA member & National Coordinator of Red de Mujeres Víctimas y Profesionales in Colombia (Dr Denis Mukwege Foundation 2023, 4)*

This report has focused on efforts to prevent, mitigate risk, and respond to GBV. The research suggests that even though the work tends to include these three dimensions, sharp distinctions are not generally made between them. Some institutions organise their work along other lines, as depicted in Figure 5, and care or healing often features as a pillar. Most of the survivor-led initiatives presented here, which often fall under multiple pillars, are less than five years old, which may be insufficient time to evaluate impact. In various cases, traditional monitoring and evaluation exercises have not been conducted or their results are not available online. This begs the question: how should the impact of survivor-led GBV accountability initiatives be measured? Survivors, of course, have a crucial role to play in designing and conducting assessments.

**Brave Movement** – prevention, justice, healing

**Mukwege Foundation** – holistic care, voice, justice & accountability

**SLI** – promoting sustainable psychosocial and emotional support to women and girls affected by FGM/C and breaking down related stigma

**Rainbo Initiative** – response, prevention, advocacy, influence policy through research

### | **Figure 5** – Examples of organisational pillars

One might imagine that success entails imprisoning a perpetrator. However, as proposed at the beginning of the report and as Ángela María Escobar Vásquez maintains above, accountability goes beyond the individual level and involves states and communities. Her network sought accountability from the Colombian Government by mobilising for the establishment of Hospitals for Peace that provide specialised care to survivors, and in April 2024, the city of Villavicencio committed to host the first hospital (SEMA 2024; Salamanca 2024; Vidale-Plaza 2023, 12).

All the interviewees viewed the initiatives described in the case studies as successful. It is important to recognise that survivors viewed or were reported to have viewed achievements like establishing support groups (especially in hostile environments), registering their associations, co-creating guidelines, or collectively starting an income-generating activity as markers of success. As such, in keeping with the view expressed by one interlocutor and in the quotes above, we may need to rethink conventional understandings of success to bring them in line with survivor’s assessments. This is particularly important because, as the ICGBV notes, GBV accountability does not have an endpoint.

## VIII. CONCLUSION

This survivor-centred research project seeks to share lessons from seemingly promising survivor-led initiatives or practices aimed at preventing, mitigating against, and responding to GBV. Advancing the view that survivor-led initiatives are both more transformative than and best realised in tandem with survivor-centred approaches, the report develops a continuum reflecting levels of engagement with survivors in which survivor-led interventions are ideal. Despite this aspiration, the report contends that the failure to fully recognise survivors’ experiential expertise and the multiple challenges they face leading initiatives position NGOs and other related actors as key, albeit temporary, role accompanying survivors through the progression from survivor-centred to survivor-led initiatives. These actors should also work with survivors to transform existing power structures in order to foster survivor leadership. Although most of the survivor-led initiatives described in the report are yet to be evaluated using traditional methods, survivor reflections and the continuous, evolving nature of the search for accountability suggest that practitioners and policymakers must be guided by survivors in developing assessment frameworks, methods, and/or tools.

# IX. POLICY AND PRACTICE RECOMMENDATIONS

## **Overarching recommendation:**

In recognition of the strength of drawing on survivor expertise to foster a more effective and transformative response to GBV, states, policymakers, practitioners, donors, and researchers must actively fund, offer in-kind support to, provide necessary technical and organisation support to, facilitate survivor access to holistic care, and/or prioritise egalitarian engagement with survivor-led GBV accountability initiatives—as relevant to their mandate.

### **States** should:

- Develop national and international policies that foster survivor leadership and monitor progress;
- Establish survivor engagement bodies such as survivor advisory groups or survivor-led committees within relevant government bodies through which survivors, including members of historically marginalised and underserved groups, can be informed about and inform decision-making;
- Respond—including through inquiries, reparations, state apologies, and commitment to non-repetition—to survivor-led organisations' calls for accountability for GBV committed, particularly where the State failed in its duty to protect;
- Provide comprehensive information to survivor networks about registration and fast-track the process; and
- Conduct public education campaigns and enact macro-level policies aimed at creating de-stigmatizing environments for survivor-led initiatives to flourish.

### **Policymakers** should:

- Actively seek to nurture survivor-led initiatives;
- Routinely engage survivors in their areas of residence in order to facilitate the training they need to amplify their voice and create and strengthen survivor-led movements; and
- Ensure that GBV-related policy reflects survivors' perspectives and creates monitoring mechanisms through which survivors can evaluate them.

### **Practitioners** should:

- conduct a robust assessment of their resources and capacity before beginning to provide support to future survivor-led initiatives and postpone such activities if insufficient resources are available;
- provide facilitative support cognisant of the effects of GBV on survivors and anchored in survivor-centred principles (i.e., survivor autonomy, agency, respect, non-discrimination, confidentiality, safety, and informed consent)
- routinely assess the survivors' readiness for independence and autonomy;
- ensure survivors have access to psychosocial support as well as culturally appropriate forms of care while they undergo practitioner-supported training;
- be sensitive to the potential difficulties posed by inclusion in survivor groups and networks; and
- actively challenge the power dynamics that prevent, hinder, or render survivor-led GBV initiatives invisible.

**Donors** should:

- establish dedicated funding for survivor networks to provide training for survivors on application procedures, and prioritise GBV funding for organisations—particularly women-led and/or women’s rights organisations—partnering with survivor-led initiatives;
- introduce additional flexibility into funding timelines in order to enable the consultations that survivor-centred and survivor-led initiatives require and to provide long-term funding that can support movement building;
- prioritise long-term, flexible, unrestricted funding for GBV (Dettori 2024, 28); and
- create survivor advisory panels or otherwise work with survivors to design GBV grant programmes, allocate funding, and develop monitoring and evaluation frameworks, tools, and methods.

**Researchers** should:

- Conduct further research on survivor-led initiatives addressing other prevalent forms of GBV (e.g. online abuse, GBV against people with diverse SOGIESC, intimate partner violence, human trafficking, etc.);
- Map out survivor-led initiatives that have no objection to publicity and make the mapping widely accessible so that they can engage with each other and receive support from other actors;
- Work with survivors to jointly design, conduct, and publish research on GBV
- Work with survivors to jointly design, conduct, and publish research on GBV; and
- Conduct additional research with survivors to examine the association of the set of criteria developed by the ICGBV (to identify promising practices) with facilitating attainment of initiative objectives and shaping positive outcomes for survivors of GBV.





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# ANNEX 1 – INTERVIEW GUIDE

## Interview Guide

16 July 2024

*[Introductions & Background on the study]*

The Irish Consortium on Gender Based Violence (ICGBV) has commissioned a study that seeks to identify established and emerging good practice in survivor-led gender-based violence (GBV) accountability initiatives across the prevention, mitigation, and response trajectory. The study will focus on humanitarian, development, and peace support contexts, and its findings will be used to inform policy and practice. Although the research is primarily desk-based, the ICGBV is keen to hear more from some of the individuals and organisations like yours whose work seems to fall within the scope of the research.

*[Review of consent form]*

*[Request permission to record the interview]*

**1. We encountered your institution/network's initiative/project/campaign during the first stage of this research project and have requested an interview in order to find out more. Could you please tell me more about the origins and rationale behind the initiative/project/campaign? How did it come about?**

### Potential probes:

- *Who participated in designing and planning for it?*
- *How did they participate?*

**2. My understanding is that the initiative/project/campaign seeks to do [fill in based on research]. Is this correct? [If not clear:] Could you please say a little bit more about the types of GBV that you are seeking to address?**

**3. Would you consider the initiative/project/campaign survivor led?**

### Potential probes:

- *Why or why not?*
- *How do survivors participate?*
- *What have survivors reported about what enabled or prevented their participation?*
- *To what extent and in what ways does it take into account the diversity of survivors? (If clarification is requested, can mention ethnicity, religion, ability, socio-economic status, marital status, age, race, refugee/IDP/migrant status, sexual orientation, gender identity and expression etc.)*

**4. What challenges did you experience as you set up the initiative/project/campaign?**

### Potential probes:

- *Did survivors report experiencing any challenges in the set up? If so, could you say more?*
- *Did you experience any pushback from other actors? (If clarification is requested, can mention government, other organizations, religious actors, community members, or others--including other survivors.) If so, how?*

## 5. Were you able to overcome these challenges?

### Potential probes:

- How did you overcome them?
- Did survivors report having overcome challenges as the initiative/project/campaign was set up? If so, what did they report?

## 6. Has the initiative/project/campaign changed as it has progressed?

### Potential probes:

- How has it changed?
- Did you observe any changes that were experienced by survivors? If so, which ones?
- Did you make any significant changes?
- How did you go about making the changes? Who participated? Who took the lead?
- What role have survivors played as the initiative/project/campaign has progressed?

## 7. Would you say that the initiative/project/campaign has been successful thus far?

### Potential probes:

- Why or why not?
- Have survivors characterized the initiative/project/campaign as successful? Please say more.

*[If interviewee does not characterize it as successful:]*

- Although you don't consider it successful overall, do you think that any gains were made?

*[If interviewee characterizes it as successful:] What do you think made it successful?*

- Are there particular individuals or groups for whom you think the project has been particularly beneficial?
  - If so, in what way(s)?
- (If time allows) What would you see is a key impact of the initiative/project/campaign?
- If possible, could you please share an illustrative example of such success/impact?

*[Since the interview is scheduled for 45 minutes-1 hour, if the 55-minute mark has passed at this point, Questions 8 and 9 might need to be converted to follow-up email questions unless the interviewee indicates that they have additional time.]*

## 8. Would you consider the initiative/project/campaign a good practice or best practice example of a survivor-led gender-based violence accountability initiative?

### Potential probes:

- If so, what do you think makes it a good/best practice?
- If not, what do you think is missing or should be changed in order for it to be a good/best practice?
- What are some of the things another institution might need to consider before trying to replicate the initiative/project/campaign?
  - Possible additional probes: cost, sociopolitical/economic context, history, a certain conflation of factors?

## 9. Is there any more material about the initiative/project/campaign that you can share with me by email?

## 10. Is there any question that you thought I was going to ask but I didn't, or is there anything else that you would like to add?

*[Expression of thanks]*

# ANNEX 2 – LINKS TO TOOLS/ RESOURCES SHARED BY CONTRIBUTORS

**Murad Code:**

<https://www.muradcode.com/murad-code>

**Tearfund Manual:**

<https://learn.tearfund.org/en/resources/series/working-with-survivors-of-sexual-and-gender-based-violence/journey-to-healing>

**TGG-ALM Guidelines for Engaging with Survivors of FGM**

[https://thegirlgeneration.org/wp-content/uploads/2024/04/TGG-SLT-Guidelines-for-engaging-with-survivors-of-FGMC\\_270324-1.pdf](https://thegirlgeneration.org/wp-content/uploads/2024/04/TGG-SLT-Guidelines-for-engaging-with-survivors-of-FGMC_270324-1.pdf)

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