



# PREVENTION OF SEXUAL EXPLOITATION, ABUSE AND HARRASSMENT

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Date of drafting and first approval: [May 2018](#)

Date of review and second approval: [December 2021](#)

## INTRODUCTION

Humanitarian Advisory Group recognises the work we undertake, including in areas of research, monitoring and evaluation, training, and strategic and technical support, can bring risks of SEAH. This risk is exacerbated for vulnerable communities, including affected populations, and the work we undertake can amplify inequalities and power dynamics. These dynamics may be especially relevant when engaging with particular groups of people, including women, girls, sexual and gender minorities, persons with disabilities, and children, as well as populations who are displaced or otherwise lacking access to basic rights and protections.

This policy outlines Humanitarian Advisory Group's commitment to the prevention, detection and response to sexual exploitation, abuse and harassment in our work. It outlines the responsibilities to reduce and manage risk, and address SEAH incidents.

## WHO THIS POLICY APPLIES TO

This policy applies to all HAG employees, associates, advisors, interns, and partners including contractors, subcontractors and other members of the organisation. It is the responsibility of all staff and partners to act in accordance with this policy at all times and report all suspected breaches or non-compliance within the timeframes and processes outlined in this policy.

### **Working with partners**

HAG is committed to work with all partners to ensure they understand, and provide written agreement to work in line with, this policy. HAG is further committed to understanding any partner requirements and policies and providing written agreement to abide with these as well. Once written agreement of this policy and a discussion with the partners about mutual responsibility has taken place and been documented, it is the responsibility of the partner to implement the policy.

HAG will check in with partners on an annual basis to discuss how the policy has been implemented and provide any further support if required in relation to addressing implementation challenges.

Note that in some circumstance a risk assessment may determine that a particular activity or donor requires specific activities or standards to be put in place. In this situation it is the responsibility of HAG to work with the partners to ensure that these standards are met.

## GUIDING PRINCIPLES

**Zero tolerance:** Drawing on the United Nation's Secretary General's Bulletin<sup>1</sup>, Humanitarian Advisory Group does not tolerate sexual exploitation, abuse or harassment of any kind.

Humanitarian Advisory Group representatives will uphold special measures for protection from SEAH, understanding specifically:

- Sexual exploitation, abuse and harassment constitute acts of serious misconduct and are therefore grounds for disciplinary measures, including summary dismissal.
- Sexual activity with children (persons under the age of 18) is prohibited regardless of the age of majority or age of consent locally. Mistaken belief in the age of a child is not a defense.
- Exchange of money, employment, goods or services for sex, including sexual favours or other forms of humiliating, degrading or exploitative behaviour, is prohibited. This includes any exchange of assistance that is due to beneficiaries of assistance.
- Sexual relationships between Humanitarian Advisory Group representatives and people receiving assistance, since they are based on inherently unequal power dynamics, are prohibited.
- Humanitarian Advisory Group representatives are obliged to create and maintain an environment that prevents sexual exploitation and sexual abuse. Managers at all levels have a particular responsibility to support and develop systems that maintain this environment.
- All actions to address SEAH should be underpinned by a 'Do No Harm' approach, prioritising the rights, needs, wishes and empowerment of the survivor of SEAH in the prevention, reporting and response to incidents, while ensuring procedural fairness to all parties.
- The standards set out above are not intended to be an exhaustive list. Other types of sexually exploitative or sexually abusive behaviour may be grounds for administrative action or disciplinary measures, including summary dismissal.

**Zero tolerance of inaction:** Sexual exploitation, abuse and harassment are never acceptable. Humanitarian Advisory Group recognises that achieving a significant reduction in SEAH is a long-term endeavour. Our policy recognises that zero tolerance is not the same as zero incidents. The reporting of incidents and responses is an indicator that the risk of SEAH is being managed appropriately. For this Policy, HAG defines zero tolerance of inaction as acting on every allegation in a fair and reasonable way with due regard for procedural fairness.<sup>2</sup>

**Strong leadership:** At HAG we believe that strong leadership is essential for setting organisational culture and expectation. HAG's leaders will set clear expectations and model respectful behaviour in their interactions at work. Leaders will also create a culture that assures communities, victims/survivors and whistle-blowers that they are safe, can report concerns, and know that their allegations are taken seriously.

Leaders at HAG will also address SEAH by taking measures to improve diversity and inclusion. Diverse and inclusive organisations have lower levels of harassment and discrimination. HAG will continue to ensure that

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<sup>1</sup> Secretary General's Bulletin, *Special Measures for protection from sexual exploitation and abuse*, ST/SGB/2003/13

<sup>2</sup> DFAT, PSEAH policy, 2019, p.7

HR policies and procedures are underpinned by principles of diversity, inclusion, equality and equity. HAG will continue to publish an annual organisational diversity and inclusion assessment in its Annual Report.

***Victim/survivor needs are prioritised:*** Action to address SEAH is underpinned by a “do no harm” approach prioritising the rights, needs, and wishes of the victim/survivor, while ensuring procedural fairness to all parties. This approach:

- treats the victim/survivor with dignity and respect
- involves the victim/survivor in decision making
- provides the victim/survivor with comprehensive information
- protects privacy and confidentiality
- does not discriminate based on gender, age, race/ethnicity, ability, sexual orientation, or other characteristics
- considers the need for counselling and health services to assist the victim/survivor with their recovery.<sup>3</sup>

***Shared responsibility:*** Preventing Sexual Exploitation, Abuse and Harassment is everyone’s responsibility. Real change to reduce SEAH will not occur unless every sector plays a role — government, business, non-government organisations, institutions, communities and individuals. HAG requires the commitment, support and investment of its partners for this Policy to be effective. All organisations and partners have a responsibility to build their capacity to deal sensitively and effectively with SEAH that occurs in the course of their work.

***Gender inequality and other power imbalances are addressed:*** The intersection of gender with other forms of inequality (e.g. disability, ethnic and indigenous status, religion, gender identity and sexual orientation, age etc) can further increase the likelihood of SEAH occurring. HAG ensures that activities are implemented with an awareness of intersectionality and that risk assessments consider embedded power imbalances. Although they are not in scope for this Policy, HAG recognises that children are at high risk of SEAH — particularly children with disability, children living in residential or institutional care, children who have experienced previous trauma or abuse, trafficked children, and gender diverse children and young people.

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<sup>3</sup> UN Women, 2011, *Virtual Knowledge Centre to End Violence against Women and Girls: Survivor Centred Approach*, <http://www.endvawnow.org/en/articles/652-survivor-centred-approach.html>

## PEOPLE — SCREENING AND RECRUITMENT

### Screening

All persons employed, sub-contracted, or otherwise associated with Humanitarian Advisory Group require:

- A National Police Record Check (obtained from relevant State in Australia or the Australian Federal Police if to be based overseas) prior to engagement and then every three years or when the person has a change of circumstances. If a reliable criminal record check is unavailable, a statutory declaration or local legal equivalent, outlining efforts made to obtain a foreign police check, and disclosing any charges and spent convictions related to child exploitation, may be accepted instead.
- Verbal referee checks as appropriate prior to engagement and then every three years or when the person has a change of circumstances.
- Requested disclosure as to whether they have been charged with exploitation or abuse offenses and documentation of their response.

Checks must be conducted for each country in which the individual has lived for 12 months or longer over the last 5 years, and for the individual's country of citizenship.

It is the responsibility of the Directors to maintain records of National Police Record Checks, verbal referee checks, and responses to the request for disclosure.

A person sub-contracted by Humanitarian Advisory Group solely for the purposes of undertaking desk-based services under the direct supervision of a Humanitarian Advisory Group staff member, and who undertakes no communication, either written or verbal, with any external stakeholders including clients, donors, or communities may, at the discretion of the Project Lead, be exempt from obtaining a National Police Record Check.

## PEOPLE — TRAINING

Training will be conducted on all policies and procedures related to PSEAH. All staff and subcontracted personnel engaged in activities meeting minimum risk thresholds will receive this training as a part of induction processes, and refresher training at regular intervals thereafter. Training will be coordinated by the PSEAH focal point, and refresher training provided every year.

Training includes:

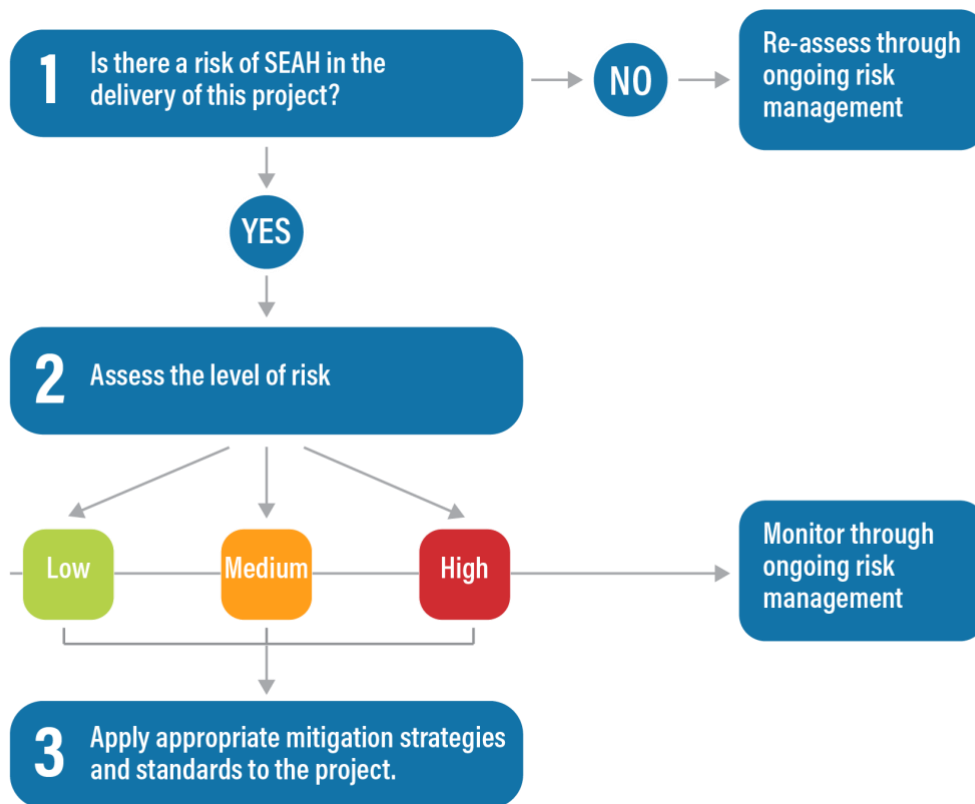
- Watching [‘To Serve with Pride’](#) as part of the induction
- Face to face training conducted by the PSEAH focal point and / or Directors to outline standards, expectations, associated processes (e.g. reporting) and scenario discussion.
- Optional: Online training by ACIFD, InterAction, UNICEF or national partners that have recognised training modules and approaches.

# A RISK-BASED APPROACH

This policy takes a risk-based, proportional approach to preventing and responding to SEAH. Our responses and management measures will be specific to reduce and address risks within the contexts in which we work. This approach involves three steps.

1. Risk identification
2. Risk management planning
3. Apply appropriate mitigation steps and standards

Our Risk Management Policy outlines our approach to manage all risk, including PSEAH across our work. Specific aspects relevant to PSEAH are outlined below.



## 1. Risk identification

The purpose of this step is to consider the risk of SEAH in any given project. Risk assessments are to be undertaken, including an assessment of any SEAH, prior to starting any new project. The risk assessment requires inclusion of activity specific, organisational, and reputational SEAH risks. The assessment must be maintained annually, and updated more regularly if required (for example, for travel or a change in the circumstance of the activity).

To identify any possible risks and determine the level of risk use the HAG risk management policy (excerpt below) and [DFAT guidance \(2019\)](#).

Low	Medium	High
<ul style="list-style-type: none"> <li>• All compliance requirements in place; <b>and</b></li> <li>• No interaction with communities required; <b>and</b></li> <li>• Project team and partners determine there is no risk of SEAH in project activities (both independently and together)</li> </ul>	<ul style="list-style-type: none"> <li>• All compliance requirements in place; <b>and</b></li> <li>• Limited interaction with communities required; <b>and</b></li> <li>• Project team and partners determine there is no risk of SEAH in project activities (both independently and together)</li> </ul>	<ul style="list-style-type: none"> <li>• Not all compliance requirements in place; <b>or</b></li> <li>• Direct interaction with communities required; <b>or</b></li> <li>• Project team or partners determine there is a risk of SEAH in project activities (either independently or together)</li> </ul>

HAG holds an internal risk management and safeguarding working group meeting quarterly to review ongoing and emerging risks, including SEAH, for HAG and our partners.

## 2. Risk management planning

For each risk, project leads, and where appropriate partners, are required to consider the action that can be taken to avoid or reduce the risk and the action that can be taken to mitigate the impact if the risk does occur.

This involves determining what mitigation steps and standards need to be applied. HAG team members should refer to the [DFAT PSEAH policy](#) for guidance with DFAT funded projects.

## 3. Apply appropriate mitigation measures and standards

Controls and measures to manage any risk of SEAH will be implemented by project leads, and where appropriate, accompanying partners.

# REPORTING AND INVESTIGATION

There are two types of reporting required under this policy:

- Mandatory and immediate (incident reporting) – Within two working days of becoming aware of the alleged incident, HAG staff and/or partners must report the incident of SEAH to HAG. Reports should be made via email and submitted to the Compliance focal point or Co-Director (Beth Eggleston or Jess Lees [beggleston@hag.org.au](mailto:beggleston@hag.org.au) / [jlees@hag.org.au](mailto:jlees@hag.org.au) ). For DFAT funded projects it must also be reported to DFAT within two working days of HAG becoming aware of an alleged incident.
- Mandatory reporting (non-compliance reporting) – within three working days of becoming aware of any alleged policy non-compliance; for example, failure to adhere to the PSEAH Policy or principles. Reports can be made via email and submitted to the compliance focal point or Co-Director (Beth Eggleston or Jess Lees [beggleston@hag.org.au](mailto:beggleston@hag.org.au) / [jlees@hag.org.au](mailto:jlees@hag.org.au) ). For DFAT funded projects it must also be reported to DFAT within five working days of HAG becoming aware of an alleged incident.

Note the current Compliance focal point is: Operations and Admin, Kelly Nichols, reports can be sent direct to Kelly at [knichols@hag.org.au](mailto:knichols@hag.org.au) or to [admin@hag.org.au](mailto:admin@hag.org.au) which is managed by the compliance focal point and only accessible to that person.

### **Delegations**

Where both Directors are on leave / unavailable an Executive will be appointed in an acting role. When Operations and Administration / Compliance Officer is on leave / unavailable an out of office will be established for the admin@ email address that receives reports directing emailers to the email address of a deputy Compliance Officer. The Deputy will not have access to the admin@ email to ensure HAG can maintain a culture of confidentiality.

Reports to DFAT of alleged SEAH incidents should be made using the DFAT Sexual Exploitation, Abuse and Harassment Incident Notification Form ([www.dfat.gov.au/pseah](http://www.dfat.gov.au/pseah)) and emailed to [seah.reports@dfat.gov.au](mailto:seah.reports@dfat.gov.au).

Managers or the compliance focal point receiving reports are required to immediately pass on the report to Co-Director Jess Lees. The Co-Director has the responsibility of leading the response to the report, including the investigation. Where any alleged report concerns the Director, reports should be made to compliance focal point (Operations and Admin, Kelly Nichols [knichols@hag.org.au](mailto:knichols@hag.org.au) or [admin@hag.org.au](mailto:admin@hag.org.au)) who will appoint an independent investigator external to HAG.

### **Who reports and what is reported?**

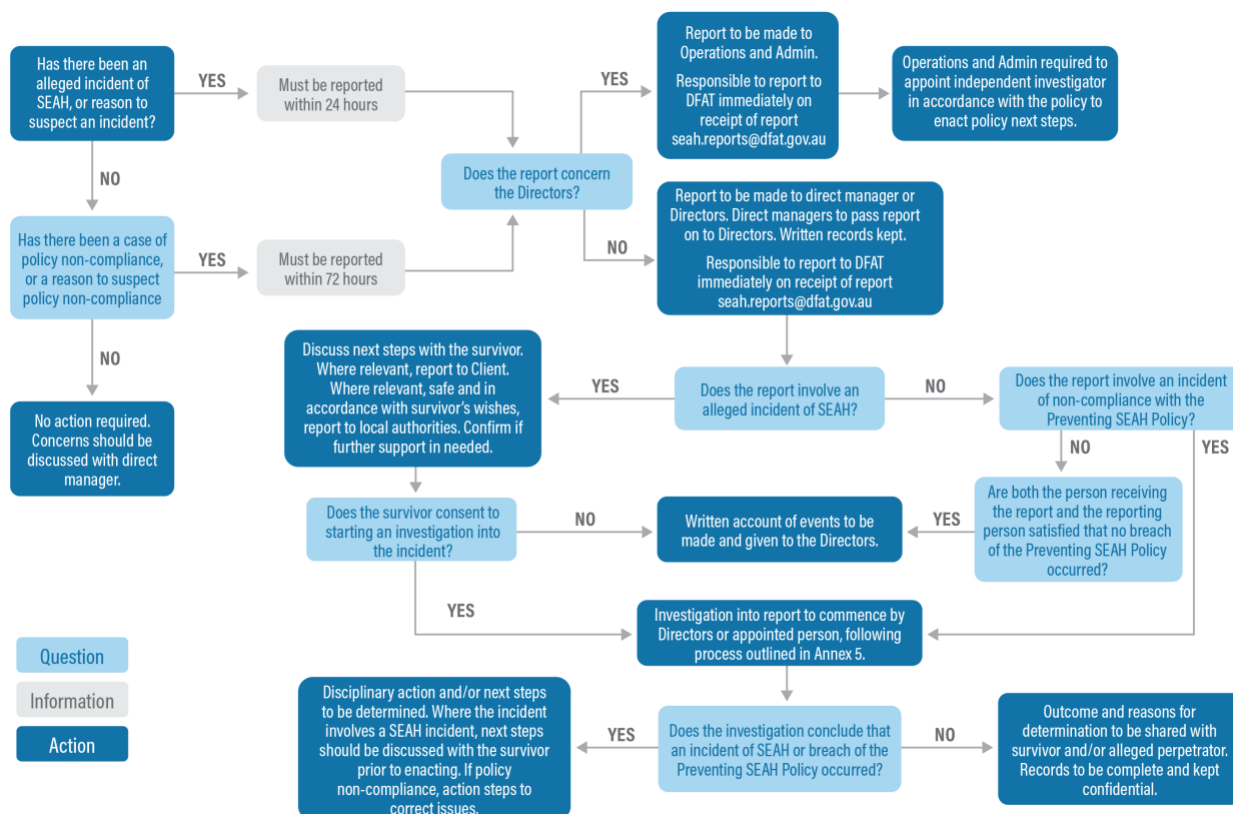
Where a Humanitarian Advisory Group representative develops concerns or suspicions regarding sexual exploitation or sexual abuse by a fellow worker, whether in the same agency or not, he or she must report such concerns. All staff and partners are expected to report any incident or suspect incident of SEAH, including policy non-compliance within the timeframes outline above. Suspicions are adequate to require mandatory reporting.

### **Managing and investigating reports**

Following submission of a report, the flowchart below outlines the steps that will be taken. If an investigation is required it will be led either by one or both Directors, the compliance focal point, or if needed appointed external investigator. The decision to appoint an external investigator rests with the Directors, except in the event that the either Director is the alleged perpetrator (in which case it would sit with the Operations and Admin role).

Accurate records must be kept on the investigation process and outcomes. All records and documentation of reports and investigations (both process and outcomes) will be kept confidential and in a secure place.

Any Director or staff member who may manage and investigate reports are required to receive training to ensure investigators are trained on sensitive investigations and on a victim/survivor centred approach.



## RECEIVING REPORTS

When a Director or compliance focal point receives a report they should follow this procedure:

1. For DFAT funded projects, report to DFAT.
2. Listen to the report seriously and treat the report confidentially. Invite the whistle-blower to bring another person to the interview if they choose to.
3. Ask for an account of what happened and take written notes – either in addition to the completed Incident Report form (if already completed by Whistle blower) or directly into the Incident Report form (if it hasn't already been completed). Use the form as a guide for the information you need to ask for.
4. Check if the survivor or whistle-blower of the alleged SEAH incident need any specific support, for example medical or psychological, and refer them to a suitable service as applicable.
5. Once the whistle blower has read the notes and agrees with their accuracy, discuss and agree on the next steps. Next steps may include:
  - Providing support to the survivor(s) and/or the person making the report;
  - Passing on the report to another person, either within HAG or externally;
  - An internal investigation being undertaken;
  - Referral to relevant law enforcement channels, where applicable;
  - Forwarding the report to a client, where relevant.



**If the report concerns policy non-compliance**, take necessary steps to correct this and a written record of steps taken.

**If an investigation is not requested or consented to**, or if the Director/focal point is satisfied that the conduct reported is not in breach of HAG's Preventing SEAH policy, then the Director/Focal Point should keep a full written record of the process and outcome.

**If an investigation is requested or required** because the Director/focal point determines that a breach of the Preventing SEAH policy may have occurred, then the incident must be reported to the Directors for investigation or referred for external investigation.

## INVESTIGATING REPORTS

As a first step HAG Directors will assess whether the investigation will be managed internally or if external independent assistance is required. In most cases of serious allegations that concern SEAH, HAG will work with qualified professionals trained on sensitive investigations and on survivor-centred investigation approaches. Our independent partner is <https://www.worklogic.com.au>.

If the investigation is managed internally then the following steps will be taken:

1. Identify all people directly concerned with the incident and interview them separately and confidentially.
2. Interview the alleged perpetrator, separately and confidentially, and let the alleged perpetrator know what has been alleged. Give them a chance to respond to the accusation.
3. Listen carefully and keep detailed, written records of interviews and the investigation.
4. Keep records in a secure location, and separate from records of other reports, with access to these records limited to those for whom it is necessary.
5. Ensure confidentiality and minimise disclosure.
6. Decide on appropriate action based on investigation and evidence collected.
7. If the alleged behaviour would breach local laws, consult with the survivor and determine if it is safe to report to local authorities. Make such reports where applicable.
8. Discuss any outcomes affecting the survivor with them to make sure you meet their needs, where appropriate.
9. Enact any disciplinary action decided on in line with the outcome of the investigation.
10. Update record of incident in the Safeguarding Incident Reports Log with the outcome of the report.

HAG has adopted a survivor-centred approach to SEAH reporting and investigations. This approach centres processes around the victim/survivor's experiences, needs and considerations. This approach also aims to elevate the voice of victims/survivors, and places their wishes, rights, dignity, safety, and wellbeing at the forefront of efforts to prevent and respond - from initial reporting, through to investigation and follow-up actions.

Support will aim to foster victim/survivor's safety and wellbeing, and where needed, protection. Support will be survivor led.

## COMPLIANCE FOCAL POINT

### Appointment of a focal point

Humanitarian Advisory Group will appoint a Compliance focal point for PSEA and child protection compliance. This position is currently held by Kelly Nichols, Operations and Admin.

### Focal point Responsibilities

The Compliance focal point is responsible for:

- Leading review of this policy
- Providing training or guidance as required and requested
- If appropriate, working with HAG's Directors, to conduct or arrange an internal investigation of any reported SEAH concerns or allegations and, depending on the findings of the internal investigation, referring the matter to Police

## WORKING WITH PARTNERS

As part of HAG's broader partnership approach, and responsibility outlined in this, and other safeguarding policies, HAG is committed to working with partners to implement this policy, in addition to strengthening policies and procedures related to PSEAH. This includes strengthening our own policies and procedures by better understanding the cultural and contextual factors that may support or hinder implementation.

HAG will have a kick-off conversation with all partners at the signing of MoUs or project specific contracts to discuss how we can collectively meet compliance requirements. This discussion is approached as shared learning of what will work and not work in different contexts and in different projects to minimise and manage risks.

### **Risk management:**

At the beginning of each project, HAG will work with partners as appropriate to identify and evaluate any existing or potential SEAH and child protection risks. Together HAG and partners will identify and document mitigating actions.

### **Reporting and investigating:**

In addition to receiving and signing this policy, all partners receive training on HAG's PSEAH policy and associated procedures, including reporting. Additional support includes mapping out their own internal reporting and investigation processes where these do not exist, and ensuring clarity on requirements of timing of reports as well as what to report. HAG will also discuss with partners what support and referral services exist in country context that can be used to access survivor appropriate support as appropriate.

### **Training:**

HAG will discuss the PSEAH Policy and any questions in the kick-off call. HAG will offer PSEAH training to all partners and will cover associated costs. If requested, HAG will work with partners to develop and strengthen their own internal PSEAH training. HAG will also request feedback from partners on ways to strengthen HAG's policies and procedures to ensure they are user friendly and impactful for partners.

### **Safe recruitment:**

Partners are required to submit a current police check. If the country context doesn't allow to submit a police check/report, partners are required to submit a statutory declaration. All persons employed, sub-contracted, or otherwise associated with HAG and are requested to disclose, as per the terms of the Purchase Order, whether they have been charged with child exploitation or abuse offences. Any persons sub-contracted or otherwise associated with HAG, who intend to work with children in Australia or overseas, may require a Working With Children check. HAG will also conduct reference checks as part of the process of identifying and contracting partners.

As part of HAG's processes to support partner organisations to strengthen their internal PSEAH processes and procedures, HAG will work with partners to develop and strengthen their own internal screening and recruitment process to align with this policy. HAG will also discuss what approaches partners are using and work most effectively in their contexts in order to learn and adapt our own policies.

## **ACCESSIBILITY**

This Policy will be communicated via the following channels:

- Humanitarian Advisory Group internal communication channels;
- Contracts with staff and sub-contractors;
- The HAG Code of Conduct;
- Reporting and Investigation Procedure, Whistleblowing Policy and Code of Conduct will be available on HAG's website;

- During staff and partner recruitment, inductions and kick-off processes
- Through training.

Where relevant, and important for working with partners, this policy will be translated into other languages.

In signing this document, I understand and agree to abide by HAG's Prevention of Sexual Exploitation, Abuse and Harassment policy.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_