



Mandatory reporting of sexual and gender-based violence in humanitarian settings: A qualitative analysis of international guidelines for humanitarian practitioners and scoping review of existing evidence

*Wenqin Zhang*¹, Daniel Eike¹, Laura Pasquero¹, Audrey Mahieu¹, Nelly Staderini², Karl Blanchet¹, Mazedra Hossain³*

ABSTRACT

Background

Mandatory reporting requirements create an ethical and legal dilemma for humanitarian practitioners working with survivors of sexual and gender-based violence (SGBV), as they are required to report known instances of SGBV to law enforcement, sometimes without the consent of victims or as a precondition to administering care. However, there remains a paucity of research on this topic in the context of humanitarian settings to guide practitioners on how to navigate mandatory reporting requirements from a survivor-centered approach. This study seeks to contribute to the existing knowledge and debate on mandatory reporting for SGBV in humanitarian settings by reviewing the current literature and international GBV guidelines for humanitarian practitioners.

Methods

We conducted an abductive thematic analysis of key international GBV guidelines for humanitarian workers to explore the practices and guidance developed around mandatory reporting. GBV guidelines were identified by a search on agencies' websites under consultations with experts in the field of sexual and reproductive health. In parallel, we conducted a scoping review of five academic databases with no earliest inclusion date, and a final inclusion date of 31 March 2023 to identify the scope and extent of research on SGBV mandatory reporting in humanitarian settings.

Findings

We identified thirty-one relevant international GBV guideline documents which provide guidance for humanitarian practitioners on implementing mandatory reporting requirements. The availability and depth of information regarding mandatory reporting varies in the international guidelines. Three themes, including "GBV guiding principles", "consideration for the impact of mandatory reporting and the reporting obligations" and "guidance for humanitarian providers on how to implement mandatory reporting requirements" emerged from the GBV guideline content analysis. As part of the scoping review, 1474 records were reviewed, with only 5 publications meeting our eligibility criteria. The 5 selected publications contained only limited information about mandatory reporting.

Conclusion

Existing guidelines would benefit from incorporating more systematic and detailed guidance on how to navigate mandatory reporting requirements while upholding survivor-centered responses. There remains little evidence on the implementation or effectiveness of mandatory reporting in humanitarian settings, and of the implementation of guidance pertaining to mandatory reporting included in international GBV guidelines. Further research is necessary to clarify its implications and support evidence-based guidance for humanitarian personnel.



Keywords: Mandatory Reporting, Sexual Violence, Sexual and Gender-Based Violence, SGBV, Gender-Based Violence, GBV, Humanitarian Settings, Conflict, GBV Guidelines, Survivor-Centered Approach, GBV Guiding Principles

GJMEDPH 2023; Special Issue | OPEN ACCESS

¹Geneva Centre of Humanitarian Studies, University of Geneva, Geneva, Switzerland, ²Médecins Sans Frontières (MSF), Geneva, Switzerland, ³School of Social Sciences, Nottingham Trent University, United Kingdom

*Corresponding author: Wenqin Zhang, Geneva Centre of Humanitarian Studies, University of Geneva, Geneva, Switzerland wenchin.zhang@outlook.com

Conflict of Interest—none | Funding—none

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INTRODUCTION

Background

Sexual and gender-based violence (SGBV) in conflict settings is a human rights, health and protection issue that can impact all genders and ages. In conflict settings, sexual violence, especially rape, can also be used as a weapon of war against individuals of all ages, genders, and backgrounds. The breakdown of social networks, displacement, an uptick in generalized violence, and other factors increase the risk of SGBV.^{1,2}

Gender-based violence (GBV) is “an umbrella term for any harmful act that is perpetrated against a person’s will and based on socially ascribed (i.e., gender) differences between males and females. It includes acts that inflict physical, sexual or mental harm or suffering, threats of such acts, coercion and other deprivations of liberty”.^{3(p.5)} Even though the term “GBV” is mostly used for “violence that reflects or reinforces unequal power relations between males and females”, it is increasingly used to “describe violence committed with the explicit purpose of reinforcing prevailing gender-inequitable norms of masculinity and/or norms of gender identity—for example, when referencing some forms of sexual violence against males or targeted violence against LGBTI populations.”^{3(p.322)} Sexual violence is a form of GBV and is defined as “any sexual act, attempt to obtain a sexual act, unwanted sexual comments or

advances, or acts to traffic a person’s sexuality, using coercion, threats of harm or physical force, by any person regardless or relationship to the victim, in any setting, including but not limited to home and work.”^{3(p.22)}

Some countries have laws or policies requiring known or suspected cases of certain sexual and gender-based violence (SGBV) to be reported to the police or relevant authorities. This has become known as “mandatory reporting”, which refers to the legal obligation of individuals or organizations to report known or suspected cases of sexual violence to relevant authorities, generally with the disclosure of identifying information about the sexual violence survivor without requiring their consent.²

Mandatory reporting requirements may vary by the type of SGBV. The definition of SGBV criminal offenses may also vary from country to country, having implications on reporting requirements. For example, in Iraq, public servants are obligated to report criminal offences according to Article 48 of the Criminal Procedure Code 23/1971.⁴ The Iraqi Penal Code 111/1969 specifies that sexual violence offenses include acts such as sexual assault, rape, seduction, engaging in sexual activity with a minor, inciting or assisting a minor in sexual intercourse, and indecent advances.⁴



In the Republic of Moldova, under Law No.45 on the Prevention and Combating of Domestic Violence, responsible individuals or those aware of a threat to the victim's life and health are mandated to report cases of family violence to the appropriate authorities.⁵ Article 2 of Law No. 45 stipulates that family violence encompasses domestic, physical, spiritual, economic, and sexual violence. Sexual violence, in this context, includes intimate partner violence, with examples provided by the law such as marital rape, forbidding the use of contraception, sexual harassment, any unwanted or forced sexual conduct, forced prostitution, and any illegal sexual conduct with a minor family member.⁵ Therefore, implications of different types of SGBV for reporting may be vastly different by settings.

As shown in Annex 1, only some guidelines provide a clear definition of what types of sexual or gender-based violence are mandated to be reported. To be more inclusive of the types of violence addressed by the guidelines, we use the term "SGBV" to encompass both sexual violence and other forms of GBV in the context of mandatory reporting. When the guidance specifically refers to sexual violence, the specific term "sexual violence" will be used.

Mandatory reporting requirements are intended to ensure survivors of SGBV receive the necessary services, to improve access to justice, and to pursue legal action against perpetrators. Mandatory reporting also has the potential benefit of improving data collection and relieving the burden of reporting from SGBV survivors themselves. Despite their best intentions, mandatory reporting requirements have a multitude of potentially harmful consequences, including further traumatizing or revictimizing survivors, limiting their agency and autonomy, hampering their access to healthcare and other support and assistance, the criminalization of survivors under certain laws, and increased risk of retaliation.^{2,4}

The survivor-centered approach is an internationally recognized standard for GBV case management that prioritizes the needs, rights, experiences, and

decisions of the survivor.⁷ This approach emphasizes the importance of believing and respecting survivors, providing care and support with kindness and empathy, and recognizing the unique strengths, resources, and coping mechanisms of each individual survivor. It also recognizes that each case is different and that survivors may have different needs as a result. Importantly, survivors should have the right to decide who is informed about the violence they have experienced and whether to report it to the police. Survivors should also hold agency over their care and support plan.¹

Humanitarian agencies have developed a common concept known as the GBV Guiding Principles to underpin the survivor-centered approach in GBV programming and guide best practices in GBV case management whenever working with survivors. This study refers to the 2019 *Minimum Standards for Prevention and Response to Gender-based Violence in Emergencies'* definition of the GBV Guiding Principles, which includes:

- i) Safety, both physical safety and security and a sense of psychological and emotional safety;
- ii) Confidentiality, a person's right to choose whether and with whom to share information about the case;
- iii) Respect for the choices, rights and dignity of SGBV survivors, which requires that survivors are the primary actors in all aspects of service delivery; and
- iv) Non-discrimination, ensuring that all care is provided equitably for individuals, regardless of any intersectional differences.⁸

Terminology Clarification

This study uses the term "humanitarian setting" to define a context in which an event or series of events, either natural or man-made, "has resulted in a critical threat to the health, safety, security or well-being of a community or other large group of people", and as a result, "the coping capacity of the affected



community is overwhelmed and external assistance is required.⁹ Humanitarian settings may be conflict-related and/or due to natural disasters and other emergencies.

“Humanitarian Practitioners” or simply “practitioners” refer to persons working in humanitarian emergencies. These individuals may have a range of roles, including healthcare workers, caseworkers, or managers, who may be international or national staff. Although the guidelines reviewed under this study are published by international agencies, the applicability of these guidelines to various staff positions may vary. Lastly, this study uses the term “GBV international guidelines” or simply “guidelines” to refer to international manuals, protocols, guiding documents and other literature addressed at humanitarian practitioners and providing guidance on how to respond to cases of SGBV.

Justification for Research

In 2020, the British Red Cross (BRC) and the International Committee of the Red Cross (ICRC) published the results of a multi-year study on the impact of mandatory reporting of sexual violence on survivors in conflict-affected contexts and other emergencies. The study was conducted in four undisclosed settings and data were collected via legal analysis, semi-structured interviews with key informants, focus-group discussions, and consultations with experts in the field of humanitarian health-care provision, SGBV case management, law, and human rights.² The BRC and ICRC’s research was largely limited to the impacts of mandatory reporting on healthcare access and only minimally addressed its impact on sexual violence prevention outcomes, access to justice, and protection for survivors.

Mandatory reporting requirements and their implementation tend to vary by context. Hence, it is imperative that humanitarian workers receive clear, robust, and context-specific guidance on how to handle mandatory reporting requirements. This will ensure their preparedness to effectively assist and support survivors within the context they are

operating in. However, aside from the BRC and ICRC’s report, there remains a paucity of research on this topic in the context of humanitarian settings and there is currently no known analytical review of international guidelines for humanitarian practitioners to analyze their guidance on mandatory reporting.

The executive short course “Addressing Sexual Violence in Conflict and Emergency Settings” managed by the Geneva Centre of Humanitarian Studies aims to provide mid-level and senior humanitarian managers with the knowledge, competencies, and skills required to conceive multidisciplinary, survivor-centered interventions in the field of sexual violence response and prevention. During the course evaluation conducted between December 2021 and February 2022, several participants, both practitioners and managers, flagged the need for the course to provide more guidance in situations where mandatory reporting for sexual violence is required.¹⁰ In response to this feedback, and to the Centre’s decision to provide course students with evidence-based resources and increase discussions on this topic, this study aims to contribute to a deeper understanding of the existing guidance on mandatory reporting of SGBV in conflict and emergency settings. Therefore, this study seeks to answer the following research questions:

- i) How is mandatory reporting of sexual and gender-based violence in humanitarian settings framed in international GBV guidelines?
- ii) What is the scope of the existing evidence base on mandatory reporting of sexual and gender-based violence in humanitarian settings?

METHODS

This study comprises two parallel reviews – a guideline review and a scoping review (Figure 1). We conducted an abductive thematic analysis of GBV international guidelines to understand how the concept of mandatory reporting is framed. In conjunction with the analysis of key GBV international guidelines, we



conducted a scoping review to map the available evidence in mandatory reporting for SGBV in humanitarian settings.

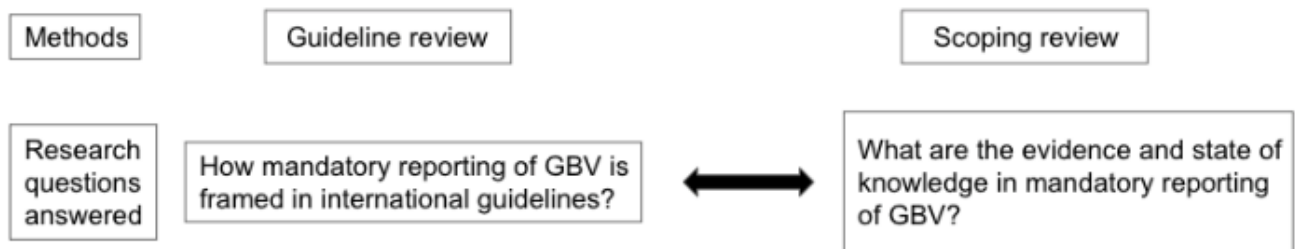


Fig 1 Sequence of Methodology

Qualitative Analysis of SGBV International Guidelines

Selection of Guidelines

The selection of GBV international guidelines was conducted via manual search on the websites of ICRC, International Federation of Red Cross and Red Crescent Societies (IFRC), United Nations (UN) agencies and inter-agency coordination bodies with a mandate in health, including mental health and psychosocial support (MHPSS), and/or SGBV (n=16). Experts in the field of sexual and reproductive health (SRH) in humanitarian settings, including researchers and practitioners from Médecins Sans Frontières (MSF) and the Geneva Centre of Humanitarian Studies were consulted, and advised on the selection of guidelines for this analysis. Whenever several successive editions of the same guidelines exist, all available editions are included to observe changes between them.

Inclusion Criteria:

- i) Guidelines that focused on or included sections on mandatory reporting of SGBV required by state's law.
- ii) Publicly published guidelines authored or endorsed by the UN, ICRC, IFRC, and inter-agency coordination bodies.*
- iii) Target audience of managers and practitioners in humanitarian settings.

- iv) Guidelines in the fields of medical care and/inclusive of MHPSS that mention or address SGBV.
- v) Guidelines in other humanitarian sectors, such as protection including child protection, which mention components of response linked to the health and/or MHPSS sectors for SGBV survivors.
- vi) Guidelines written in English.
- vii) Period of publication: 1995 – December 2022.

Exclusion Criteria:

- i) Documents other than guidelines, such as reports, policy briefs, etc.
- ii) Guidelines produced by organizations other than those indicated in the inclusion criteria.
- iii) Guidelines not including components of response for SGBV survivors.

*This study includes guidelines by these international agencies because their guidelines usually serve as references for other organizations. Other organizations adapt their guidelines to the context based on guidelines produced by ICRC, IFRC, UN agencies and inter-agency coordination bodies.



Qualitative Analysis of the Selected Guidelines

From the selected guidelines, two researchers (WZ and DE) independently extracted the author, year, definition of mandatory reporting, section with relevant text, population/group covered by the guidance, the target audience, and language versions.

The researchers then independently extracted relevant text excerpts related to mandatory reporting of SGBV into Excel workbooks for analysis. Lastly, WZ and DE merged the analyses, with inconsistencies resolved through deliberation.

This study utilizes the four GBV Guiding Principles of safety, respect, confidentiality, and non-discrimination as a conceptual research framework. These principles serve as crucial parameters to assess the guidelines pertaining to the mandatory reporting of SGBV. Themes emerging outside of the four guiding principles were identified using the process developed by Vaismoradi et al.¹² which includes initialization, construction, rectification, and finalization. Using this framework, WZ and DE employed an abductive thematic analysis approach to generate themes and subthemes from the guideline texts. The abductive approach is an alternative to the inductive or deductive approaches. It engages equally with empirical data and theoretical frameworks and therefore avoids the shortcoming of thematic analysis which sometimes leads to “the discovery of abstract and arbitrary results irrelevant to the research question” and concurrently ensuring the findings are not limited to a “simplified testing of existing theoretical frameworks.”^{13(p.1411)}

To measure the extent to which mandatory reporting is included in the guidelines and the selected articles from the scoping review, we define a high level amount of information as guidelines or articles that have a dedicated section on mandatory reporting, a medium level amount of information as guidelines or articles that have more than 3 paragraphs of concentrated content on mandatory reporting, medium-low level amount of information as guidelines or articles that have 1 to 3 paragraphs of

concentrated content on mandatory reporting, and low level amount of information as guidelines or articles that mention mandatory reporting in less than 1 paragraph.

Scoping Review of Available Literature

The scoping review followed the five-stage process developed by Arksey and O’Malley, which includes identifying the research question (stage 1), identifying relevant studies through different sources (stage 2), studies selection (stage 3), data extraction (stage 4), and collating, summarizing and reporting the results (stage 5).¹⁴

Five databases (Embase, PubMed, Web of Science, Cochrane Library, and Google Scholar) were searched for both free text keywords and Medical Subject Headings (MeSH) to identify all relevant search terms. The terms were categorized into three concepts:

- i) Sexual and gender-based violence;
- ii) Mandatory reporting; and
- iii) Humanitarian settings.

We hand-searched related references of identified literatures for additional eligible studies. Boolean operator “OR” was used to link free text keywords and MeSH terms for the same concept, and the term “AND” was used to link the groups of terms for different concepts. The search syntaxes were adapted for corresponding databases and can be found in Annex 2. To ensure a comprehensive search of the literature, there was no lower date of inclusion, and the last date of inclusion was 31 March 2023. No relevant literature was found before 2008.

The scoping review includes both peer-reviewed and grey literature containing text that explicitly discusses mandatory reporting of SGBV in humanitarian settings. We included the emergency onset, relief, and recovery phases of humanitarian settings in countries of any income level. We also included any affected populations and any study design. Literature unavailable in English and not including all three aspects -- mandatory reporting, sexual and gender-based violence, and humanitarian settings, were



excluded. Due to the limited availability of the relevant literature and aim to understand the scope of the evidence base, data quality was not used as an exclusion criterion.

All citations were exported to Zotero. After removing duplicates, two authors (WZ and DE) independently screened the titles and abstracts of all exported references and reviewed the full text of potentially relevant literature based on the inclusion and exclusion criteria as described above. Discrepancies in article selection were resolved through discussion. The same abductive thematic analysis method employed in the examination of the guidelines was applied to the scoping review literature.

RESULTS

Guidelines Review Results

A total of 39 guidelines were selected for the review, of which 31 mentioned mandatory reporting. These guidelines were published between 1995 and 2020 by 6 inter-agency coordination bodies (The Alliance for Child Protection in Humanitarian Action, The Child Protection Working Group, GBV Area of Responsibility, Gender-based Violence Information Management System Steering Committee, Inter-Agency Standing Committee, Inter-Agency Working Group on Reproductive Health in Crises), 8 UN agencies (UNDP, UNFPA, UNHCR, UNICEF, UNODC, UN Women, World Bank, WHO), ICRC and IFRC.

Among the 31 guidelines that mention mandatory reporting, 5 have a high-level amount of information, 6 have a medium level amount of information, 13 have a medium-low level amount of information, and 7 have a low-level amount of information. Since the other 7 guidelines do not have any content on mandatory reporting, the amount of information in those guidelines is not assessed (Table 2).

Most guidelines have more than two language versions, and 7 guidelines only have English version. Following English (39 guidelines), the most commonly available language versions are French (25 guidelines), Arabic (18 guidelines), and Spanish (16 guidelines).

Despite that the type of SGBV have different implication for mandatory reporting (as discussed in the introduction section), most of the guidelines are unclear about the scope of mandatory reporting they are referring to. Only 9 guidelines give a definition of mandatory reporting. The types of SGBV covered by mandatory reporting is different from guideline to guideline: most guidelines refer to general SGBV, such as sexual violence, intimate partner violence, domestic violence, act of criminal offences, suspected violence against women cases; a few refer to more specific types such as rape, sexual assault, child abuse (e.g. physical, sexual, neglect, emotional and psychological abuse, unlawful sexual intercourse); some do not specify any type of SGBV at all.

It is also not very clear who should make the report and who should be notified. "Service providers", "certain agencies", "persons in helping professions", "GBV case worker", "certain individuals or professionals", "healthcare providers", and "UN staff" (in the case of protection from sexual exploitation and abuse, PSEA) are the actors responsible to report mentioned by the guidelines and some do not specify any. Sixteen guidelines do not specify to whom the report should be made, the rest guidelines specify "police", "authorities", "legal system", "child protection agency", and "PSEA network" as the entity to be notified. The definition of mandatory reporting, responsible actor to report and the entity to be notified defined by each guideline is compiled in Annex 1.

In addition to the GBV Guiding Principles,⁸ which was used as a conceptual framework for the international guideline analysis, two other themes, "consideration for the impact of mandatory reporting and the reporting obligations" and "guidance for humanitarian providers on how to implement mandatory reporting requirements" emerged from the abductive thematic analysis (Table 1). A minimal text related to the GBV Guiding Principle "non-discrimination," which addresses the equal provision of healthcare, was found. Thus, the theme "GBV Guiding Principles" only encompasses "safety,"



“respect,” and “confidentiality.” A list of themes included in each guideline is available in Table 2.

Table 1 Description of the Three Emerged Themes from the Abductive Content Analysis of GBV Guidelines and the Subthemes under Each Theme

Theme	Sub-Theme	Description
GBV guiding principles	Safety	Content related to the GBV guiding principles are coded under this theme. Because there is a minimal text related to non-discrimination, this guiding principle is not included in the emerged sub-theme
	Respect	
	Confidentiality	
Consideration for the impact of mandatory reporting and the reporting obligations	Factors to evaluate the impact of mandatory reporting requirements	This theme addresses the impact of mandatory reporting (including what factors practitioners should consider when evaluating the impact and how the interconnection between mandatory reporting requirements and other SRH-related laws would affect the survivor), and how to balance ethics and mandatory reporting requirements given the potential impact mandatory reporting might have on the survivor
	Interrelation between mandatory reporting requirements and other legislation pertaining to sexual and reproductive health (SRH)	
	Balance between ethics and mandatory reporting requirements	
Guidance for humanitarian providers on how to implement mandatory reporting requirements	Aspects to understand before implementing mandatory reporting requirements	This theme provides guidance for humanitarian providers to implement mandatory reporting requirements along the process, starting from aspects of the requirements to understand before implementing them, to how to communicate with survivors and coordinate with other actors during the process, as well as long term capacity building for personnel to handle mandatory reporting in a survivor-centered manner
	Guidance on how to communicate with survivors about mandatory reporting	
	Coordination between different sectors to implement mandatory reporting requirements	
	Personnel capacity building	

Table 2 Mandatory Reporting Related Contents of Guidelines Mapped by Emerged Themes
(Cells marked with "X" denote guidelines with text relating to the selected theme)

#	Guideline Title	Author	Year	GBV guiding principles	Guidance for humanitarian providers on how to implement mandatory reporting requirements	Consideration for the impact of mandatory reporting and the reporting obligations	Depth of mandatory reporting information
1	The Inter-Agency Minimum Standards for Gender-Based Violence in Emergencies Programming	GBV Area of Responsibility (AoR)	2019	X	X	X	High
2	Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action	GBV Area of Responsibility (AoR)	2015	X	X	X	Medium-low
3	Handbook for Coordinating GBV Interventions in Humanitarian Settings	GBV Area of Responsibility (AoR)	2019	X	X	X	Medium
4	Handbook for Coordinating GBV Interventions in Humanitarian Settings	GBV Area of Responsibility (AoR)	2010		X		Low
5	Inter-Agency Gender Based Violence Case Management Guidelines: Providing Care and Case Management Services to Gender-Based Violence Survivors in Humanitarian Settings	Gender-based Violence Information Management System (GBVIMS) Steering Committee	2017	X	X	X	Medium
6	Violence Against Women and Girls (VAWG) Resource Guide: Health Sector Brief	Global Women's Institute, World Bank and Inter-American Development Bank	2015	X	X		Low

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7	Pocket Guide: How to support survivors of gender-based violence when a GBV actor is not available in your area	IASC (Inter-agency Standing Committee)	2015		X				Low
8	Guidelines for Gender-Based Violence Interventions in Humanitarian Settings	Inter-Agency Standing Committee (IASC) and Humanitarian Assistance	2005				X		Medium-low
9	Caring for survivors of sexual violence in emergencies. Training guide	Inter-Agency Standing Committee (IASC) and Humanitarian Assistance	2010	X					Low (there's a handout for information regarding mandatory reporting, but not in the guideline)
10	Establishing Gender-based Violence Standard Operating Procedures (SOPs) for multi-sectoral and inter-organisational prevention and response to gender-based violence in humanitarian settings	Inter-Agency Standing Committee (IASC) and Humanitarian Assistance	2008	X	X		X		High
11	Inter-agency Field Manual on Reproductive Health in Humanitarian Settings (Revision for Field Review)	Inter-Agency Working Group on Reproductive Health in Crises (IAWG)	2010		X				Low
12	Inter-agency Field Manual on Reproductive Health in Humanitarian Settings	Inter-Agency Working Group on Reproductive Health in Crises (IAWG)	2018	X	X		X		Medium-low

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13	Caring for Child Survivors of Sexual Abuse: Guidelines for health and psychosocial service providers in humanitarian settings	International Rescue Committee (IRC), UNICEF	2012	X	X	X	High
14	Advancing the Field: Caring for Child Survivors of Sexual Abuse in Humanitarian Settings (A Review of Promising Practices to Improve Case Management, Psychosocial & Mental Health Interventions, and Clinical Care for Child Survivors of Sexual Abuse)	International Rescue Committee (IRC), UNICEF	2011	X	X	X	Medium
15	Minimum Standards for Prevention and Response to Gender-Based Violence in Emergencies	UNFPA	2015	X		X	Medium-low
16	Essential Services Package for Women and Girls Subject to Violence Core Elements and Quality Guidelines	UNFPA, UN Women, WHO, UNDP, UNODC	2015	X	X	X	Medium-low
17	Managing Gender-based violence programmes in emergencies	UNFPA	2012	X	X		Medium-low
18	Adolescent Sexual and Reproductive Health Toolkit for Humanitarian Settings: A Companion to the Inter-Agency Field Manual on Reproductive Health in Humanitarian Settings (see IAWG entry)	UNFPA and Save The Children	2009	X	X	X	Low
19	A practical approach to GBV: A programme guide for health care providers and managers	UNFPA	2001				N/A
20	Sexual Violence against Refugees: Guidelines on Prevention and Response	UNHCR	1995				N/A

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21	Sexual and Gender-Based Violence against Refugees, Returnees and Internally Displaced Persons: Guidelines for Prevention and Response	UNHCR	2003					N/A
22	UNHCR Handbook for the Protection of Women and Girls	UNHCR	2008					N/A
23	SGBV prevention and response - A training package	UNHCR	2016	X	X		X	Medium-low
24	Working with Men and Boy Survivors of Sexual and Gender-based Violence in Forced Displacement	UNHCR and Refugee Law Project (RLP)	2012					N/A
25	Guidelines for medico-legal care for victims of sexual violence	WHO	2003	X	X		X	Low
26	Responding to intimate partner violence and sexual violence against women: WHO clinical and policy guidelines	WHO	2013	X	X		X	High
27	Strengthening medico-legal responses to sexual violence	WHO	2015	X	X		X	Medium-low
28	Responding to children and adolescents who have been sexually abused	WHO, UNODC	2017	X	X		X	Medium
29	Strengthening Health Systems to Respond to Women Subjected to Intimate Partner Violence or Sexual Violence: A Manual for Health Managers	WHO	2017	X	X		X	Medium-low
30	Clinical Management of Rape Survivors - Developing protocols for use with refugees and internally displaced persons	WHO, UNFPA, UNHCR	2004					N/A
31	Health care for women subjected to intimate partner violence or sexual violence: A clinical handbook	WHO	2014	X	X			Medium-low
32	Mental health and psychosocial support for conflict-related	WHO	2012					N/A



33	sexual violence: principles and interventions RESPECT women - Preventing violence against women	WHO, UN Women	2019					N/A
34	Gender-based violence Quality assurance tool – MINIMUM CARE VERSION	U.S. Centers for Disease Control and Prevention (CDC), and WHO	2020	X	X		X	Medium-low
35	Clinical management of rape and intimate partner violence survivors: developing protocols for use in humanitarian settings	WHO, UNFPA, UNHCR	2020	X	X		X	Medium
36	Minimum Standards for Child Protection in Humanitarian Action	The Alliance for Child Protection in Humanitarian Action	2020	X	X		X	Medium-low
37	Interagency Guidelines for Case Management and Child Protection	The Child Protection Working Group	2014				X	Medium
38	Checklist: Domestic Implementation of International Humanitarian Law Prohibiting Sexual Violence	ICRC	2020				X	High
39	Sexual and Gender-Based Violence (A two-day psychosocial training) – Training Guide	IFRC	2015	X	X			Medium-low

Among the 39 GBV guidelines reviewed in this study, only 31 include content on mandatory reporting and the amount of information in most guidelines is low to medium-low. Three themes, “GBV guiding principles”, “Guidance for healthcare providers on how to implement mandatory reporting requirements” and “Consideration for the impact of mandatory reporting and the legal obligations” emerged from the guidelines. Guidelines that do not mention mandatory reporting are marked as “N/A” under the column “Depth of mandatory reporting information”.

GBV Guiding Principles

Ten guidelines prioritize the safety of survivors above adherence to mandatory reporting requirements.^{1,8,9,15-21} Those guidelines suggest that practitioners should understand the implications of reporting and make ethical decisions that ensure the safety of the survivor, which is a relevant concern at every stage of the care process.

To ensure that survivors are safe throughout the provision of SGBV care services, three guidelines recommend providing them with various forms of support, including psychological, social, economic, and other relevant assistance and protection.^{19,22,23} Seven guidelines advise humanitarian practitioners to ensure survivors have adequate access to healthcare first before presenting them with options for reporting to the police.^{1,9,18-21,24} Mandatory reporting procedures that require survivors to first report to the police can delay or obstruct access to medical care.¹ Practitioners should fully understand their legal obligation to report in the setting where they are working and have a nuanced understanding of potential impacts to survivors' safety. For instance, disclosing the identity of a perpetrator may put a survivor at risk of further harm in some cases.¹⁹

"Survivors should always be able to seek care (including clinical management of rape, case management, PSS support) without disclosing the identity of an alleged perpetrator."^{21(p.38)}

Children and adolescent survivors of SGBV are particularly vulnerable, two guidelines on child sexual abuse response suggest that special safety considerations must be made regarding child sexual abuse, especially if there is suspicion that the perpetrator may be a parent, guardian, family member, or any other individual that may be able to access the child's case file.^{7,16}

The principle of respect shifts power back into the hands of survivors and acknowledges their resilience.¹ The involvement of survivors in their treatment process is imperative to uphold a survivor-centered approach. Even if a report has to be filed due to the

reporting obligation by the law, survivors' perspective and input regarding the contents of the report, "*how and when the report is made*" should be given full consideration.^{13(p.95)}

Informed consent of the survivor is a critical element of respect highlighted by 11 guidelines.^{1,3,18,21,22,25-29} Three guidelines address how practitioners can facilitate the decision-making of survivors by providing survivors with clear and accurate information, including other available options such as local organizations that might be able to help the survivor.^{22,24,30} Practitioners also need to inform the survivor about the organization's policy regarding mandatory reporting, along with the reporting process and its consequences.⁹ Five guidelines stress that such information needs to be shared at the very beginning of the encounter with a survivor, to enable them to decide what to share with the organization.^{16,17,22,25} This allows the organization to ensure a balance between compliance with mandatory reporting requirements and respect and informed consent.

"By ensuring survivors are aware of mandatory reporting requirements, health-care providers can help survivors make informed decisions about what to disclose during a health visit."^{28(p.16)}

Confidentiality implies that individuals with access to survivors' sensitive information must not disclose this at any time to any party without the consent of the person concerned.³² If a survivor's confidentiality is compromised, it can put them at risk of secondary harm.¹ Eight guidelines recommend that practitioners should be transparent about the limitations of confidentiality.^{1,6,9,22,26,33-35} To achieve transparency, practitioners must understand relevant laws and organizational protocols, along with their implications for the survivor.^{24,36} Practitioners should inform survivors of any limitations of confidentiality from the start of service provision and provide reminders throughout the process, to allow them to decide whether to share information that may trigger mandatory reporting requirements.²⁴ One guideline also suggests that practitioners should not "*promise*"



confidentiality if mandatory reporting requirements are in place, as *"it is not acceptable to make promises to survivors that you know you might not be able to keep."*^{49(p.52)} With this stated, practitioners should do everything within their power to protect survivor confidentiality.

One GBV coordination guideline and two child sexual abuse response guidelines give guidance on how to uphold confidentiality with regard to information sharing, as well as the reporting mechanisms and investigation.^{16,19,24} This includes understanding who is obligated to report the case, identifying the designated officials responsible for receiving such reports, and ascertaining the existence of policies safeguarding confidentiality.^{16,24} Acquiring this knowledge enables the development of strategies aimed at compiling reports with minimal disclosure of survivor information, ensuring that information is shared exclusively with relevant individuals.^{16,19}

Stringent documentation and record-keeping policies are necessary to ensure confidentiality when working with survivors of SGBV. Documentation can become a safety concern for anyone whose files may be accessed by potential perpetrators or other individuals that may put a survivor's safety at risk.¹⁹ For this reason, if the survivor remains concerned after being informed of what is being documented, providers should *"set aside the procedures and focus on providing help."*^{19(p.54)} The three guidelines mentioned above also instruct how to coordinate information sharing between institutions, including what, when, how, and to whom the information will be shared.^{16,19,24} Anonymized data should be used for monitoring and risk mitigation actions, and the actors should agree on the least amount of information necessary to share.^{11,14}

Consideration for the Impact of Mandatory Reporting and the Reporting Obligations

Five guidelines emphasize that while mandatory reporting requirements are often passed with the intention of protecting survivors, these same requirements may cause more harm and conflict with

international human rights standards and GBV guiding principles.^{9,17,22,37,38} Eight guidelines list the factors to be considered to evaluate the impact of mandatory reporting on survivors, including the safety of survivors, survivors' healthcare-seeking behavior, the delay in care provision, and the intersecting vulnerability of marginalized groups such as women, children, and Lesbian, Gay, Bisexual, Transgender Intersex Queer/Questioning plus (LGBTIQ+) individuals.^{1,6,16,19,21,22,29,38} The impact of mandatory reporting may vary depending on the circumstances. For example, the risk of harm is higher when the system lacks protection measures for survivors, or when the perpetrator is a member of law enforcement or of an armed group/army.^{16,17,24}

Four guidelines reflected the interplay between mandatory reporting requirements and other laws pertaining to sexual and reproductive health (SRH).^{1,9,21,29} For example, instances such as third-party authorization for a survivor to access abortion care or laws requiring a police report prior to providing a survivor emergency contraception can potentially activate the obligation to report incidents of sexual violence.²⁹ It is important to note that the reporting of incidents of sexual violence may also trigger additional reporting requirements. For example, the clinical management of sexual violence survivors for HIV prevention may require reporting HIV-positive cases, an important consideration for medical practitioners in humanitarian settings.⁹

There are inconsistencies between guidelines regarding the balance that humanitarian practitioners should maintain between ethics and mandatory reporting requirements. Some guidelines simply highlight ethical dilemmas posed by mandatory reporting, while others state that legal requirements to report override the survivor's agency—conflicting with a survivor-centered approach. For example, one guideline points out that mandatory reporting requirements have potential conflict with the *"principle of respect for confidentiality, respect for autonomy and the need to protect the vulnerable,"*



while two others state that *"legal requirements override the survivor's permission."*^{1(p.48),19(p.51),20(p.20)}

Most guidelines that address children and adolescent populations suggest that the best interests of the child should be the primary consideration for practitioners when addressing mandatory reporting.^{3,8,16,17,19,20,24,42,43} Only one guideline states that *"child maltreatment and life-threatening incidents must be reported to the relevant authorities by the health-care provider, where there is a legal requirement to do so."*^{30(p.4)}

Child and adolescent populations may entail more complex legal considerations. Five articles reviewed in this study focus particularly on this population.^{16-19,42} It should be noted that many countries have laws mandating the report of suspected child abuse and that these may differ from laws regarding SGBV. More detailed legal analysis is required to investigate these key differences.

In many countries, the legal obligation to report suspected child abuse is governed by more stringent criteria than mandatory reporting for SGBV cases in adults. Furthermore, the legal age of consent for children and adolescents is a crucial factor that necessitates attention, particularly concerning both the age of sexual consent and the age of consent for medical treatment. As stated in the Inter-Agency Working Group on Reproductive Health in Crises Inter-Agency Field Manual on Reproductive Health in Humanitarian Settings, *"SRH Coordinator must understand and disseminate information about country-specific laws with regard to the age of consent for treatment, the professional who can give legal consent for clinical care if a parent or guardian is the suspected offender (for instance, a representative from the police, community services, or the court."*^{9(p.34)}

Guidance for Humanitarian Practitioners on How to Implement Mandatory Reporting Requirements

The instructions on the implementation of mandatory reporting requirements for humanitarian practitioners covered by the guidelines include aspects to

understand before implementing mandatory reporting requirements, how to communicate with the survivors, coordinating with different actors during the process and personnel capacity building.

Before implementing the mandatory reporting requirements, three guidelines suggested humanitarian providers to check:

- i) What criteria would trigger the obligation to report? (for example, is the obligation to report triggered when healthcare providers have reasonable cause to suspect the survivor is subjected to SGBV and what qualifies as reasonable cause?)¹⁶
- ii) What is the timeframe requirement for the report?³
- iii) Does the humanitarian provider hold special immunities from reporting obligations? (Humanitarian practitioners may hold special immunities due to their affiliation to an international organization such as the UN or their respective role within their organization)²²
- iv) What are the legal implications of not reporting accounting for the context and the strength to which the legal framework is enforced?¹⁶

While the guidelines generally encourage practitioners to understand the importance of effective, clear, and concise communication and apply it to their practice, largely, the guidelines include only general guidance on how to communicate with survivors about reporting obligations. In a notable exception, interagency guidelines (such as those published by the IASC) provide more detailed technical guidance on communication and on how to handle mandatory reporting more broadly.^{1,9,22} These guidelines encourage active listening by practitioners and provide helpful communication tips to make survivors feel supported. In rare cases, the guidelines contain sample scripts on how to achieve this. A sample of scripts is included in Annex 3.



Seven guidelines also address coordination among different sectors to implement mandatory reporting requirements.^{1,9,16,17,19,24,33} Those guidelines are largely inter-agency coordination guidelines (three out of seven) or child sexual abuse response guidelines (three out of seven). In terms of intersectoral coordination, the guidelines comprise actors from SGBV, healthcare, protection and child protection agencies, the PSEA network, and the humanitarian country team. Those guidelines address the necessity of healthcare providers coordinating with local law enforcement. Coordination with law enforcement is recommended to ensure survivors' access to healthcare and to collaboratively develop standard operating procedures:

"It is strongly recommended that GBV and health-care actors coordinate with the police to ensure survivors can access health care first and then choose whether to report GBV incidents to the police."^{1(p.28)}

Personnel capacity building is another important element addressed by eight guidelines to ensure mandatory reporting requirements are implemented in a survivor-centered manner.^{1,9,16,19,20,22,24,44} Six guidelines highlight the need to develop protocols and standard operating procedures (SOPs) for personnel

to guide case management.^{1,9,16,20,22,24} Supervisors and health service managers also play an important role in helping personnel to navigate mandatory reporting requirements by facilitating relevant trainings, providing guidance in urgent and complex situations, as well as addressing *"health-care providers' beliefs and values that can adversely affect their reporting practices."*^{16(p.40)}

Scoping Review Results

1474 records were initially retrieved. Following the removal of duplicates, 1088 records remained. Upon screening the title and abstract, 996 records were excluded, resulting in 122 articles for comprehensive assessment. Among the fully assessed articles, 14 were inaccessible, 31 did not address mandatory reporting, and 73 were not related to humanitarian settings. Four articles met the criteria after the complete screening process and one additional article was added through manual search: to supplement the findings, we conducted a citation search on mandatory reporting within the selected articles, which led to the identification of one additional article, for a total of five records included for analysis (Figure 2) (Table 3).

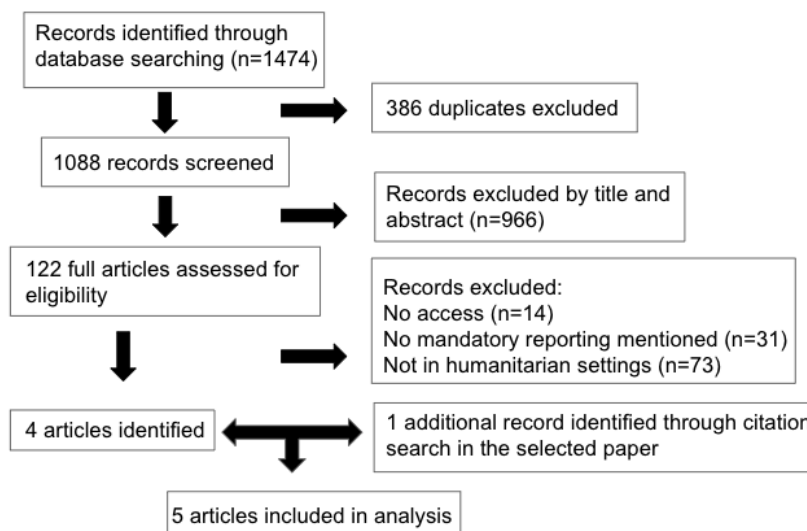


Fig 2 Flow Diagram of Documents through Scoping Review



Of the 73 articles that were excluded for being unrelated to humanitarian settings, most took place in high-income countries, particularly the United States. The search strategy included the word “emergency,” thus yielding results related to emergency medicine, rather than humanitarian settings. A few articles contained studies that were conducted in low- and middle-income countries such as India, Tanzania, and Brazil—but not in humanitarian contexts. These studies predominantly took place in clinical settings,

such as hospitals and primary healthcare facilities. Additionally, a small number of studies were conducted in alternative settings such as schools, police departments, and legal departments. These studies explore the effects of mandatory reporting, examine reporting behaviors, assess individuals’ knowledge pertaining to mandatory reporting, and analyze the ethical conflicts that arise in relation to mandatory reporting.

Table 3 Selected Articles from Scoping Review

Author, Publication Year	Title	Publication	Country Setting	Study Method	Depth of mandatory Reporting Information
Sarah Chynoweth, Dale Buscher, Sarah Martin, Anthony Zwi, 2020	A social ecological approach to understanding service utilization barriers among male survivors of sexual violence in three refugee settings: a qualitative exploratory study ⁴⁵	Conflict and Health	General	Document review, semi-structured key informant interviews, semi-structured focus group discussions, observation of service delivery points	Low
Sarah Chynoweth, 2017	“We keep it in our heart” - Sexual violence against men and boys in the Syria crisis ⁴⁶	UNHCR Report	Syria	Document review, key informant interviews, focus group discussions, group discussion, survey	Medium
David Wells, 2017	Sexual violence interventions: Considerations for humanitarian settings ⁴⁷	Forensic Science International	General	N/A	Low
Wilma Doedens, Noreen Giga, Sandra Krause, Monica	Reproductive health services for Syrian refugees in Zaatri refugee camp and Irbid city, Jordan - An	Joint report of Boston University School of Public Health, UNHCR, UNFPA,	Jordan	Key informant interviews, health facility assessment, and	Medium-low



Onyango, Samira Sami, Erin Stone, Basia Tomczyk, Holly Williams, 2013	evaluation of the Minimum Initial Service Package ⁴⁸	US CDC, Women's Refugee Commission		focus group discussions	
Sarah Chynoweth, 2008	The need for priority reproductive health services for displaced Iraqi women and girls ⁴⁹	Reproductive Health Matters	Jordan	Field mission, interviews	Low

A list of the five selected articles from the scoping review. Three articles are from the same author and the amount of information related to mandatory reporting in all the articles is low.

Limited research regarding mandatory reporting in humanitarian settings was found - with two studies conducted in Jordan, one in Syria, and two referring to humanitarian settings more generally. Mandatory reporting in humanitarian settings was not a primary focus of any of the five articles selected. The pre-identified 2020 BRC and ICRC report was not a result of the scoping review. Of the five selected articles, three made only brief mention (1-2 sentences) of mandatory reporting. The other two articles each contained 2-3 paragraphs regarding mandatory reporting. Three of the articles have the same primary author (Chynoweth), further confirming the limited scope of available research on this topic.

Due to the minimal data returned, the researchers were only able to conduct a limited analysis.

Four out of five articles identify mandatory reporting as a barrier to accessing health services.^{45,46,48,49} One article defends this notion by stating "(mandatory reporting) discourages survivors who do not want to pursue legal action or who fear public scrutiny from accessing health services."^{43(p.57)} In addition, survivors' fear of disclosure is heightened by mandatory reporting, thereby impeding accessibility to health services.^{46,48}

Among the five articles, four of them included recommendations for healthcare providers to navigate mandatory reporting requirements.

However, these recommendations were relatively limited and did not provide specific steps for implementing it in practice. For example, in one of the studies examining sexual violence against men and boys in the Syria crisis and their access to services in Jordan, Lebanon, and the Kurdistan Region of Iraq (KRI), the informants and refugees suggested to "promote 'men's health services' without specifying sexual violence. [Ensure these efforts are complemented by protection-sensitive analyses of policies such as mandatory reporting of sexual violence cases by health providers to the police, which could raise additional protection risks.]"^{43(p.65)} The recommendation states to ensure that policies such as mandatory reporting are analyzed and accounted for.

Of note, the same article advocates for reform of mandatory reporting requirements for health providers: "...work to repeal (sexual violence) mandatory reporting for adults and ensure mandatory reporting for children complies with children's best interest principles...."^{43(p.72)} This was the only found example advocating for change.

In addition, two articles discussed the challenges in implementing mandatory reporting requirements and its reform; these include people's fear of disclosure and health workers' lack of awareness on the updates in mandatory reporting laws.^{46,48}



DISCUSSION

The State of Knowledge on Mandatory Reporting in Humanitarian Settings

This scoping review confirms a gap in knowledge on mandatory reporting and the need for increased data collection and analysis to inform policies and practices on mandatory reporting of SGBV in humanitarian settings. Apart from the pre-identified 2020 BRC and ICRC report, no study was found on the impact of mandatory reporting of SGBV in humanitarian settings. One article cites mandatory reporting as a barrier to service accessibility and another simply suggests practitioners be aware of mandatory reporting requirements.^{43,45} The remaining articles containing mandatory reporting comprise only an ancillary outcome in these studies.

There is a larger evidence base from non-humanitarian settings on mandatory reporting. A few studies from non-humanitarian settings propose potential solutions to the ethical challenges associated with mandatory reporting, including enhancing comprehension and effective management of reporting responsibilities, ensuring survivors are informed about reporting mandates, advocating for policies that uphold survivors' autonomy in decision-making, providing specialized training for sexual assault forensic examiners, and establishing well-defined protocols.^{50,51} However, the impacts of mandatory reporting in humanitarian settings, especially in armed conflict, may be notably different from research conducted elsewhere, due to factors such as displacement, destruction of protective community ties, changes to social norms, differing legal frameworks, and weakened state and community services.² Therefore, the protection of survivors is less likely to be ensured in humanitarian settings where the system is malfunctioning. For international humanitarian agencies to generate evidence-based guidance on mandatory reporting of SGBV, extensive research on this topic must be conducted.

Similarly, there is significant variation in the availability and depth of information regarding mandatory reporting in the international guidelines

reviewed in this study. In some cases, guidance on mandatory reporting was only included in separate text boxes and not included in the primary text of the guideline. Those text boxes are used to highlight specific content, but while they give a topic more visibility, they do not necessarily address the topic structurally. In addition, mandatory reporting was seldom given a standalone section. The variability of information on mandatory reporting and its inclusion as part of a lengthy guideline which covers a broad range of topics, presents a challenge to humanitarian practitioners to gain reliable guidance on this topic.

While international GBV guidelines adhere to the GBV guiding principles and are survivor-centered, many fail to provide clear guidance on how to navigate the complex ethical and practical considerations of mandatory reporting, leaving practitioners with limited knowledge on how to provide survivor-centered care and support while fulfilling their reporting obligations. Guidelines published by inter-agency bodies such as the IASC tend to have the most comprehensive guidance on how humanitarian practitioners should approach mandatory reporting. Moreover, while guidance was sometimes offered on how to handle mandatory reporting requirements when managing SGBV cases, this seems to be an area that is lacking consensus. For example, there is a lack of consensus on whether legal requirements to report should override survivor consent, despite this being contradictory to the GBV Guiding Principles.

Establishing an ethical foundation for mandatory reporting procedures is relevant to the responsibilities of practitioners. However, the recommendations on how to approach mandatory reporting when working with SGBV survivors may be better achieved by incorporating job-specific and context-sensitive training modules aligned with this ethical framework. Further research is needed to form an ethical consensus on the topic and advise the creation of training modules for humanitarian organizations that specifically cover mandatory reporting in humanitarian settings. This may explain why technical guidance is often left out of international guidelines,



as the broad array of humanitarian roles involved in responding to SGBV, coupled with the highly sensitive nature of the work, can potentially discourage agencies from making conclusive statements on this complex and contentious topic. This is especially true when considering the diverse range of stakeholders that the guidelines need to address.

Potential Impact of Mandatory Reporting Requirements

Mandatory reporting requirements may have negative impacts on survivors' access to health services due to their concerns for safety, fear of losing custody of children, public scrutiny, and potential legal consequences. Evidence from both humanitarian settings and non-humanitarian settings have confirmed the barrier to health services posed by mandatory reporting requirements.^{2,51-53} Research conducted in non-humanitarian settings exploring the perspectives of survivors has indicated that mandatory reporting requirements have the potential to diminish help-seeking behaviors and impede survivors' access to support services. These obligations can introduce obstacles for patients seeking to communicate with and disclose instances of abuse to healthcare providers.^{41,52-54} Furthermore, the act of reporting itself can exacerbate the circumstances faced by survivors.⁵³ According to studies from non-humanitarian settings, the view of health providers differs, depending on their medical department, gender and the training they received on the law, with female physicians more likely to believe mandatory reporting law would increase the risk of retaliation faced by the patients, and emergency physicians more likely to report domestic violence cases compared to primary care physicians.^{41,52}

Healthcare for sexual violence survivors in humanitarian settings focuses on emergency care needs such as the prevention of sexually transmitted infections (STI), including post-exposure prophylaxis (PEP) for HIV, emergency contraception, and access to safe abortion care. Survivors are less likely to seek healthcare if medical practitioners are required to report, due to a lack of trust in the justice system, fear

of retaliation, stigmatization, fear of being criminalized for an extramarital sexual relationship, and the risk of being traumatized by invasive forensic examinations.² In addition, the lengthy procedure to obtain a police report can delay or prevent survivors from obtaining time-sensitive emergency contraception, PEP for HIV, and treatment for other STIs in those settings where such report is needed as a precondition to receive care or the law is interpreted in this way.²

Differences between Population Groups

As shown in the results section, there are interconnections between mandatory reporting requirements and other laws pertaining to sexual and reproductive health. This interconnection can impact the clinical management of sexual violence cases and exacerbate intersecting vulnerabilities of marginalized groups, as mandatory reporting requirements can also carry legal consequences for survivors belonging to specific groups, under the laws of some countries and in specific social norms contexts.

Mandatory reporting may lead to the prosecution of survivors from specific groups, such as LGBTIQ+ people and sex workers, for instance in countries where homosexuality, adultery, or sex work are criminalized. In these contexts, this also poses further barriers for male survivors and sexual and gender minorities to seek services after experiencing SGBV, due to fears of health providers' reports that might expose their sexual orientation.^{21,46} In countries where extramarital sex is illegal, mandatory reporting can lead to survivors being accused of adultery, survivors being punished under local law, or forced marriage with the perpetrator as a mitigation of sentences for rape.⁵⁵

Considering the implications of reporting SGBV cases for women and girls and marginalized groups and sub-groups in countries that have discriminatory legal frameworks and social norms, greater attention should be paid to those groups in contexts where mandatory reporting requirements and practices



exist. Because reporting to authorities may pose a particular threat to the safety and security of specific groups of survivors, it is paramount to prioritize the application of GBV guiding principles, with a strong emphasis on maintaining utmost confidentiality. Practitioners must always inform survivors when confidentiality cannot be protected from the start, and respect the survivor's choice, as it is the survivor who ultimately bears the consequences. Conducting an intersectional gender analysis is imperative within SGBV programming to ensure non-discrimination and access to care for all people, regardless of their intersecting vulnerabilities.¹

Health providers should have special considerations for child and adolescent survivors when implementing the mandatory reporting requirements. Compared to adults, children and adolescents have specific vulnerabilities and face specific risks and consequences when it comes to mandatory reporting as illustrated in the two UNICEF and International Rescue Committee (IRC) guidelines.^{16,17} Thus, additional caution should be heeded during documentation, follow-up, and referral to health, social, or other essential services. Practitioners should observe the best interests of the child when deciding whether to file a report by determining if quality child protection and safe reporting and referral mechanisms are in place. They should consider the identity of the perpetrator and any potential consequences of reporting the case (e.g., separation from family, placement in institutions). In addition, practitioners should be familiar with relevant laws concerning child protection in the respective countries, such as laws in child abuse and the legal age for consent, as well as with the nature and quality of child protection and judicial systems.

Way Forward

Mandatory reporting of SGBV in humanitarian settings is undoubtedly a complex and emerging topic of research. Further studies must be considered to better understand this issue and fill the gap between guidance and implementation. The findings of this study support a few key recommendations—

For researchers and donors:

- i) Allocate resources and conduct research on the following areas related to mandatory reporting of SGBV in humanitarian settings.
- ii) Better understand the impact of mandatory reporting in humanitarian settings, taking safety and security issues into utmost consideration. While the BRC and ICRC's research has attempted to do this, it narrowly focuses on healthcare access.
- iii) Evaluate the gap between guidance and implementation — comparative studies should be conducted to analyze the implementation of mandatory reporting and of GBV guidelines by healthcare and other humanitarian workers in various contexts and regions and to highlight and promote promising practices.
- iv) Understand the implications of mandatory reporting in different types of humanitarian settings (for instance, conflict v. natural disaster v. complex emergencies), where the types of prevalent SGBV may differ, and the types of SGBV cases that are compulsory to be reported may also differ, as well as for different types of humanitarian practitioners (healthcare workers v. caseworkers, etc.); and explore specificities by group and sub-group of survivors through an intersectional lens.
- v) Investigate the interplay of international and domestic law (e.g. when mandatory reporting requirements exist in countries affected by armed conflict where International Humanitarian Law (IHL) applies).
- vi) Conducting a comprehensive global analysis of the legal requirements surrounding mandatory reporting, resulting in the generation of a database that highlights the requirements on a country or regional basis,



would provide context-specific guidance for humanitarian workers in these areas.

For humanitarian organizations:

- i) Ensure that mandatory reporting guidance is structurally embedded and expanded in all GBV guidelines, and that the guidance is more specific for humanitarians to navigate this complex issue in accordance with a survivor-centered approach and contextually specific.
- ii) Support Ministries of Health to include survivor centered guidance on mandatory reporting in national strategies to combat SGBV, and national SRH, clinical management of rape, and protection guidelines.
- iii) Enhance capacity building for practitioners to navigate mandatory reporting requirements. Create opportunities for constructive discussions and debate on mandatory reporting and ways to respond to dilemmas in the light of a survivor-centered approach and without exposing survivors to further harm.
- iv) Provide mentorship and training to humanitarian practitioners that work with survivors on how to provide care that better protects their health, safety, and well-being, where safe and possible. The trainings should include reporting procedures (who, when, what, how) based on the mandatory reporting requirements by the duty station country, other relevant laws, the potential impact of mandatory reporting, and how to interact with the survivor from a survivor-centered perspective.
- v) Training to ensure non-discrimination is strongly recommended, such as training on intersectional gender analysis skills, value clarification workshops to address stigma and cultural taboos related to SGBV, and attitudes

perpetuating gender inequality and blaming victims, which would adversely affect healthcare workers' reporting practices.

It should be noted that it is crucial for the guidelines and training to be grounded in empirical evidence, with research informing both the development of guidelines and personnel capacity building. For both research and training, survivor organizations and survivor leaders should be consulted, where safe and possible, to ensure that their expertise is incorporated and centered.

Limitations

The guidelines review has a few key limitations. Firstly, our selection criteria were limited to international organizations, largely within the UN system. Future research should include guidelines produced by other international organizations and Non-Governmental Organizations (NGO), especially those based in low- and middle-income countries. The nature of international guidelines precludes them from being context-specific, necessitating future research on specific regional, national, and sub-national guidelines and their impacts. Secondly, the selected guidelines were in English, with translations to French, Arabic, Spanish and other languages such as Burmese, Bengali, and Hausa in some instances. This type of review should be expanded to include guidelines in other languages, especially in local contexts.

The scoping review of available research included broad terminology for humanitarian settings to identify relevant articles. Further research could narrow the scope to be context-specific which may yield different results. For example, the search strategy could be modified to include the name or region of a past or ongoing humanitarian crisis. Furthermore, the scoping review primarily targeted medical databases. Future research could be expanded to explore mandatory reporting in humanitarian settings through the lens of other relevant disciplines such as law or social sciences.



CONCLUSIONS

While existing GBV guidelines offer some degree of general guidance on navigating mandatory reporting requirements, they often do not offer systematic and detailed guidance. Recommendations for practitioners in these guidelines are survivor-centered but often lack specificity; guidelines would therefore benefit from incorporating more systematic and detailed guidance on how to navigate mandatory reporting requirements while upholding survivor-centered responses. Mandatory reporting of SGBV in humanitarian settings remains an emerging field of study. Significant research is required to clarify its implications, support evidence-based guidance for

humanitarians and provide perspectives for international organizations that needs to intervene in a new context where the local laws on mandatory reporting are contrary to international laws and standards. Research must also inform policy change and advocacy for legislative changes that are survivor-focused. Both guideline development and research on mandatory reporting for SGBV should further include the voice of SGBV survivor organizations and survivor leaders to ensure their expertise is incorporated and centered. A sensitive topic with significant implications, mandatory reporting must be brought to the forefront of attention for humanitarian agencies that work with SGBV survivors.

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Annex 1 Definition of mandatory reporting (MR) given by the GBV guidelines

#	Guideline Title	Types of SGBV mandatory reporting refers to	Who is required to report	To whom the report should be made	Definition of MR
1	The Inter-Agency Minimum Standards for Gender-Based Violence in Emergencies Programming	Sexual violence and intimate partner violence / any acts that are believed to be criminal offences (in another paragraph)	Survivors, service providers (in another paragraph)	Police or authorities	Not defined
2	Guidelines for Integrating Gender-Based Violence Interventions in Humanitarian Action	Actual or suspected child abuse (e.g. physical, sexual, neglect, emotional and psychological abuse, unlawful sexual intercourse); or in cases where a person is a threat to themselves or another person; or sexual exploitation or abuse committed by a humanitarian actor against a member of the affected population	Certain agencies and/or persons in helping professions (teachers, social workers, health staff, etc.); or humanitarian actors	Not specified	Laws and policies that mandate certain agencies and/or persons in helping professions (teachers, social workers, health staff, etc.) to report actual or suspected child abuse (e.g. physical, sexual, neglect, emotional and psychological abuse, unlawful sexual intercourse). Mandatory reporting may also be applied in cases where a person is a threat to themselves or another person. Mandatory reporting is a responsibility for humanitarian actors who hear about and/or receive a report of sexual exploitation or abuse committed by a humanitarian actor against a member of the affected population.
3	Handbook for Coordinating GBV Interventions in Humanitarian Settings	Sexual exploitation and abuse (SEA)	GBV case worker	PSEA network	Not defined
4	Handbook for Coordinating GBV Interventions in Humanitarian Settings	Suspected incidents of SEA	GBV service providers	PSEA network	Not defined
5	Inter-Agency Gender Based Violence Case Management Guidelines: Providing Care and Case Management Services to Gender-Based Violence	Any acts that are believed to be criminal offences; SEA	Service providers	Police or other government authorities; humanitarian organizations	Many countries have laws that require service providers to report to police or other government authorities any acts that are believed to be criminal offences. In addition, in humanitarian settings, all organizations are mandated to have

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	Survivors in Humanitarian Settings				protocols in place for responding to sexual exploitation and abuse by humanitarian workers
6	Violence Against Women and Girls (VAWG) Resource Guide: Health Sector Brief	Suspected violence against women cases	Not specified	Not specified	Not defined
7	Pocket Guide: How to support survivors of gender-based violence when a GBV actor is not available in your area	Not specified	Not specified	Not specified	Not defined
8	Guidelines for Gender-Based Violence Interventions in Humanitarian Settings	Cases of sexual violence	Health care providers	Police or other authorities	Not defined
9	Caring for survivors of sexual violence in emergencies. Training guide	Not specified	Not specified	Not specified	Not defined
10	Establishing Gender-based Violence Standard Operating Procedures (SOPs) for multi-sectoral and inter-organisational prevention and response to gender-based violence in humanitarian settings	Certain types of GBV cases	Certain individuals or professionals	Not specified	Not defined
11	Inter-agency Field Manual on Reproductive Health in Humanitarian Settings (Revision for Field Review)	Cases of sexual abuse and sexual assault	Healthcare provider	Not specified	Not defined
12	Inter-agency Field Manual on Reproductive Health in Humanitarian Settings	Certain cases of sexual violence	Service providers	Authorities	Not defined
13	Caring for Child Survivors of Sexual Abuse: Guidelines for health and psychosocial service providers in humanitarian settings	Actual or suspected child abuse (e.g., physical, sexual, neglect, emotional and psychological abuse, unlawful sexual intercourse)	Certain agencies and/or persons in helping professions (teachers, social workers, health staff, etc.)	Not specified	State laws and policies which mandate certain agencies and/or persons in helping professions (teachers, social workers, health staff, etc.) to report actual or suspected child abuse (e.g., physical, sexual, neglect, emotional and psychological abuse, unlawful sexual intercourse)



14	Advancing the Field: Caring for Child Survivors of Sexual Abuse in Humanitarian Settings (A Review of Promising Practices to Improve Case Management, Psychosocial & Mental Health Interventions, and Clinical Care for Child Survivors of Sexual Abuse)	child sexual abuse cases	Not specified	Not specified	Not defined
15	Minimum Standards for Prevention and Response to Gender-Based Violence in Emergencies	SEA	UN staff	PSEA focal point	Not defined
16	Essential Services Package for Women and Girls Subject to Violence Core Elements and Quality Guidelines	Incident of actual or suspected domestic violence or intimate partner violence	Individual or designated individuals such as health-care providers	Usually to the police or legal system	Legislation passed by some countries or states that requires individual or designated individuals such as health-care providers to report (usually to the police or legal system) any incident of actual or suspected domestic violence or intimate partner violence. In many countries, mandatory reporting applies primarily to child abuse and maltreatment of minors, but in others it has been extended to the reporting of intimate partner violence.
17	Managing Gender-based violence programmes in emergencies	Certain types of violence or abuse (such as sexual exploitation and abuse by humanitarian staff); child physical and sexual abuse and other forms of sexual violence (such as rape)	Health care providers	Not specified	Not defined
18	Adolescent Sexual and Reproductive Health Toolkit for Humanitarian Settings: A Companion to the Inter-Agency Field Manual on Reproductive Health in Humanitarian Settings (see IAWG entry)	Not specified	Not specified	Not specified	Not defined

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19	A practical approach to GBV: A programme guide for health care providers and managers	N/A	N/A	N/A	N/A
20	Sexual Violence against Refugees: Guidelines on Prevention and Response	N/A	N/A	N/A	N/A
21	Sexual and Gender-Based Violence against Refugees, Returnees and Internally Displaced Persons: Guidelines for Prevention and Response	N/A	N/A	N/A	N/A
22	UNHCR Handbook for the Protection of Women and Girls	SEA by a fellow worker	UN staff	PSEA network	Not defined
23	SGBV prevention and response - A training package	Certain types of violence or abuse (such as sexual exploitation and abuse by humanitarian staff); criminal offence	Not specified	Police or other authorities	Not defined
24	Working with Men and Boy Survivors of Sexual and Gender-based Violence in Forced Displacement	N/A	N/A	N/A	N/A
25	Guidelines for medico-legal care for victims of sexual violence	Child sexual abuse	Professionals working with children	Not specified	Not defined
26	Responding to intimate partner violence and sexual violence against women: WHO clinical and policy guidelines	Incident of actual or suspected domestic violence or intimate partner violence	Individuals or designated individuals such as health-care providers	Usually to the police or legal system	Legislation passed by some countries or states that requires individuals or designated individuals such as health-care providers to report (usually to the police or legal system) any incident of actual or suspected domestic violence or intimate partner violence. In many countries, mandatory reporting applies primarily to child abuse and maltreatment of minors, but in others it has been extended to the reporting of intimate partner violence.
27	Strengthening medico-legal responses to sexual violence	Not specified	Not specified	Not specified	Not defined



28	Responding to children and adolescents who have been sexually abused	Known and reasonably suspected cases of specified types of child abuse and neglect, normally including child sexual abuse	Designated individuals, such as health-care providers, teachers or social workers	Usually to the child protection agency or the police	legislation passed by some countries or states that requires designated individuals, such as health-care providers, teachers or social workers, to report (usually to the child protection agency or the police) known and reasonably suspected cases of specified types of child abuse and neglect, normally including child sexual abuse.
29	Strengthening Health Systems to Respond to Women Subjected to Intimate Partner Violence or Sexual Violence: A Manual for Health Managers	Incident of known or suspected domestic violence or intimate partner violence	Individuals or designated individuals such as health-care providers	Usually to the police or legal system	legislation passed by some countries or states that requires individuals or designated individuals such as health-care providers to report (usually to the police or legal system) any incident of known or suspected domestic violence or intimate partner violence. In many countries mandatory reporting applies primarily to child abuse and maltreatment of minors, but in others it has been extended to the reporting of intimate partner violence.
30	Clinical Management of Rape Survivors - Developing protocols for use with refugees and internally displaced persons	N/A	N/A	N/A	N/A
31	Health care for women subjected to intimate partner violence or sexual violence: A clinical handbook	Not specified	Not specified	Police	Not defined
32	Mental health and psychosocial support for conflict-related sexual violence: principles and interventions	N/A	N/A	N/A	N/A
33	RESPECT women - Preventing violence against women	N/A	N/A	N/A	N/A
34	Gender-based violence Quality assurance tool – MINIMUM CARE VERSION	Not specified	Not specified	Not specified	Not defined
35	Clinical management of rape and intimate partner violence	Sexual violence/rape and intimate partner/ domestic violence	Not specified	Police or authorities	Not defined



	survivors: developing protocols for use in humanitarian settings					
36	Minimum Standards for Child Protection in Humanitarian Action	Actual or suspected child abuse and other forms of violence; SEA	Certain agencies and/or professionals	Not specified		State laws and policies which mandate certain agencies and/or professionals to report actual or suspected child abuse and other forms of violence. Protection from sexual exploitation and abuse (PSEA) policies typically include mandatory reporting of sexual exploitation and abuse allegedly committed by humanitarian actors.
37	Interagency Guidelines for Case Management and Child Protection	Certain categories of crimes or abuse (e.g. sexual violence, child abuse, etc.)	Service providers	Not specified		Legal or statutory systems that require service providers to report certain categories of crimes or abuse (e.g. sexual violence, child abuse, etc.)
38	Checklist: Domestic Implementation of International Humanitarian Law Prohibiting Sexual Violence	Known or suspected cases of sexual or gender-based violence	Health-care personnel and other professionals	Designated public authorities, notably law enforcement agencies		The obligation in certain countries for health-care personnel and other professionals to report known or suspected cases of sexual or gender-based violence to designated public authorities, notably law enforcement agencies. It includes providing identifying information, without requiring the consent of the victim/survivor. In some contexts, the victim/survivor is required to report as a precondition for accessing care.
39	Sexual and Gender-Based Violence (A two-day psychosocial training) – Training Guide	Not specified	Not specified	Not specified		Not defined

This table summarizes each guideline's definition of mandatory reporting, what types of SGBV the mandatory reporting requirement is referring to, who is the responsible actor to report and to whom the report should be made. Most of the guidelines do not give a definition of mandatory reporting. The types of SGBV mandatory reporting requirements refer to, as well as the actors involved in the reporting process, is different from guideline to guideline – most are vague, some are not specified. Guidelines that do not mention mandatory reporting are marked as "N/A" in this table.

Annex 2 Scoping Review Search Strategy

Concept	PubMed Syntax	Web of Science Syntax	EmBase Syntax	Cochrane Library Syntax	Google Scholar Syntax
#1 Sexual and gender-based violence	(Gender-Based Violence [MeSH] OR Sex Offenses [MeSH] OR Domestic Violence [MeSH] OR Intimate Partner Violence [MeSH]) OR (Gender-Based Violence* [Title/Abstract] OR Sex Offense* [Title/Abstract] OR Domestic Violence* [Title/Abstract] OR Intimate Partner Violence* [Title/Abstract] OR Gender Based Violence* [Title/Abstract] OR Sexual Assault [Title/Abstract] OR Rape* [Title/Abstract] OR Sexual Violence [Title/Abstract])	"Sexual Assaults\$" OR Rape OR "Sexual Violence" OR "Conflict-related sexual violence" OR CRSV OR "Non-consensual sex" OR "Forced sex" OR "Coerced Sex" OR post-rape OR "GBV victim\$" OR "GBV survivor\$" OR "Gender-based violence" OR GBV OR "sexual abuse\$" OR "dating violence" OR "sex offences\$" OR "sexual offence\$" or "Intimate Partner Violence" OR "Domestic Violence"	'battered woman'/exp OR 'partner violence'/exp OR 'dating violence'/exp OR 'gender based violence'/exp OR 'sexual violence'/exp OR 'forced sex'/exp OR 'sexual trauma'/exp OR 'sexual assault kit'/exp OR ('battered woman' OR 'partner violence' OR 'dating violence' OR 'gender based violence' OR 'sexual violence' OR 'forced sex' OR 'sexual trauma' OR 'sexual assault kit' OR 'Sexual Assault' OR 'Rape' OR 'Sexual Violence' OR 'Conflict-related sexual violence' OR 'CRSV' OR 'post-rape' OR 'GBV victim' OR GBV 'survivor' OR 'Gender-based violence' OR 'GBV' OR 'sexual abuse' OR 'intimate partner violence' OR 'partner abuse' OR 'spouse abuse' OR 'battered wife' OR 'battered wife syndrome' OR 'intimate partner rape' OR 'spousal	Sex Offenses/ [MeSH], Gender-Based Violence/ [MeSH], Intimate Partner Violence/ [MeSH], Domestic Violence/ [MeSH] OR (sex NEXT (offense* or assault* or abuse* or violence*)):ti,ab,kw OR (sexual NEXT (offense* or assault* or abuse* or violence*)):ti,ab,kw OR ((domestic or family) NEXT violence*):ti,ab,kw OR ("intimate partner violence" or "Dating Violence" or "Intimate Partner Abuse"):ti,ab,kw OR ("gender based violence" or "gender-based violence"):ti,ab,kw OR (rape or "Conflict-related sexual violence" or "CRSV" or "post-rape" or "GBV victim" or "GBV survivor" or GBV):ti,ab,kw OR ((forced or coerced or non-consensual) NEXT sex*):ti,ab,kw	("Gender-based violence" OR "sexual violence")



			rape' OR 'child abuse, sexual' OR 'child molestation' OR 'child sex abuse' OR 'sexual child abuse' OR 'sex abuse' OR 'sexual aggression' OR 'coerced pregnancy' OR 'coerced reproduction' OR 'pregnancy coercion' OR 'assault, sexual' OR 'sex assault' OR 'harassment, sexual' OR 'sex harassment' OR 'military sexual trauma' OR 'sexual abuse trauma' OR 'sexual assault trauma':ab,ti OR ((non-consensual OR forced OR coerced) NEAR/2 sex):ab,ti		
#2 Mandatory reporting	("mandatory reporting" [Mesh] OR mandatory reporting [Title/Abstract] OR mandatory report* [Title/Abstract] OR compulsory report* [Title/Abstract] OR Mandated report* [Title/Abstract] OR Mandated to report [Title/Abstract])	"mandatory reporting" OR "compulsory reporting" OR "mandated to report" OR "mandated reporting" OR "mandated report" OR "mandated reporter"	'mandatory reporting'/exp OR ('mandatory reporting' OR 'compulsory reporting' OR 'mandated to report' OR 'mandated reporting' OR 'mandated report' OR 'mandated reporter'):ab,ti	mandatory reporting/ [MeSH] OR ("mandatory reporting" or "compulsory reporting" or "mandated to report" or "mandated reporting" or "mandated report" or "mandated reporter"):ti,ab,kw	[("mandatory report*" OR "compulsory report" OR "mandated to report"
#3 Humanitarian settings	("Armed Conflicts"[Mesh:NoExp] OR "Natural Disasters"[Mesh] OR "Relief Work"[Mesh] OR Armed Conflict* [Title/Abstract] OR Natural Disaster* [Title/Abstract] OR Relief Work [Title/Abstract] OR	Conflict OR "Armed conflict" OR Emergency OR emergencies OR Disasters\$ OR "Humanitarian setting\$" OR war OR warfare	'humanitarian intervention'/exp OR 'war'/exp OR 'warfare'/exp OR 'disaster recovery'/exp OR 'disaster response'/exp OR 'victim'/exp OR 'disaster'/exp OR 'humanitarian aid'/exp OR	Warfare and Armed Conflicts/ [MeSH], Emergencies/ [MeSH], Disasters/ [MeSH] OR ("Warfare and Armed Conflicts" or Emergencies or Disasters or conflict or "armed conflict" or	("humanitarian*" OR "armed conflict*" OR "war")]



Humanitarian* [Title/Abstract]
OR Emergency Setting*
[Title/Abstract])

('humanitarian intervention'
OR 'war' OR 'warfare' OR
'disaster recovery' OR
'disaster response' OR
'victim' OR 'disaster' OR
'humanitarian aid' OR
'Conflict' OR 'Armed
conflict' OR 'Emergency'
OR 'Humanitarian
settings'):ab,ti

emergency):ti,ab,kw OR
(humanitarian NEXT
setting*):ti,ab,kw

#1 AND #2 AND #3



Annex 3 Sample Script from Guidelines

Handbook for Coordinating GBV Interventions in Humanitarian Settings

GBV Area of Responsibility (GoR), 2019, Page 38

GBV case management script related to PSEA In a case management context, to explain confidentiality and its limitations with regards to PSEA before a disclosure is received you can say: “If a UN or humanitarian worker has hurt you, I would need to tell my supervisor and report what the person has done so he/she can’t hurt anyone else”

— For more detailed information see the Inter-agency GBV Case Management Guidelines (2017) pp. 51-52, from where this text was adapted.

Inter-Agency Gender Based Violence Case Management Guidelines: Providing Care and Case Management Services to Gender-Based Violence Survivors in Humanitarian Settings

Gender-based Violence Information Management System (GBVIMS) Steering Committee, 2017, Page 52

To explain confidentiality and its limitations, you can say:

It is important for you to know that I will keep what you tell me confidential, including any notes that I write down during our meetings. This means that I will not tell anyone what you tell me, or share any other information about your case, without your permission.

There are only a few situations when I may have to speak with someone else without asking your permission.

If you tell me you that you may hurt yourself, I would need to tell my supervisor or others who could help keep you safe.

If you tell me that you plan to hurt someone else, I would have to tell [relevant protection authorities] so we could prevent that action.

If a UN or humanitarian worker has hurt you, I would need to tell my supervisor and report what this person has done, so he/she can’t hurt anyone else.

If... [Explain mandatory reporting requirements as they apply in your local setting].

Sharing information during these times is meant to keep you safe and get you the best help and care you need.

Other than these times, I will never share information without your permission.

Health care for women subjected to intimate partner violence or sexual violence: A clinical handbook

WHO, 2014, Page 36

If your law requires you to report violence to the police, you must tell her this. You can say, for example, “What you tell me is confidential, that means I won’t tell anyone else about what you share with me. The only exception to this is....”

Interagency Guidelines for Case Management and Child Protection

Child protection working group, 2014, Page 113-114

The script below should accompany an informed consent/assent form used in your practice setting.

Hello [name of client]. My name is [name of staff] and I am here to help you. I am a caseworker with [name of agency] and my role is to help children and families who have experienced difficulties. Many children benefit from receiving our services. The first thing we will do is talk about what has happened to you. The purpose of doing this is for me to learn about your situation so we can provide you with information about the services available and help you connect with these service providers. The benefits for receiving case management services include helping you access [insert description of services available such as medical, psychosocial, legal/justice, and safety opportunities in your community]. There are limited risks to receiving case management services [insert risks based on your local settings/program].



It is important for you to know that I will keep what you tell me confidential, including any notes that I write down during case management. This means that I will not tell anyone what you tell me or any other information about your case, unless you ask me to, or it is information that I need to share because you are in danger. I may not be able to keep all the information to myself, and I will explain why. The times I would need to share the information you have given me is if:

- » I find out that you are in very serious danger, I would have to tell [insert appropriate agency here] about it.
- » Or, you tell me you have made plans to seriously hurt yourself, I would have to tell your parents or another trusted adult. If you tell me you have made a plan to seriously hurt someone else, I would have to report that. I would not be able to keep these problems just between you and me.
- » [Explain mandatory reporting requirements as they apply in your local setting].
- » [Add any other exceptions to confidentiality. For example, in cases of UN or NGO workers perpetrating sexual abuse and exploitation].
- » There is another person or agency that can provide you with the support you need, and I have your permission to share your case with them. We will talk more about this later in our discussion.

Therefore, we will not take any action in relation to your matter without your agreement, unless we need to in order to protect your safety and comply with the law.

Before we begin, I would also like to share with you your rights as we work together. I share this same information with everyone I speak with:

- » You have the right to refuse to have your whole story—or parts of your story—documented on case forms. It's okay if there is something you want to tell me, but you'd rather I not write it down while we talk.
- » You have the right not to answer any question that I ask you. You have the right to ask me to stop or slow down if you are feeling upset or scared.
- » You have the right to be interviewed alone or with a caregiver/trusted person with you. This is your decision.
- » You have the right to ask me any questions you want to, or to let me know if you do not understand something I say.
- » You have the right to refuse case management services and I will share with you other options for services in the community.

Do you have any questions about my role and the services that we can offer you? [Allow for time to answer any questions the child and caregiver may have before moving forward to obtain their informed consent/assent to proceed].

May I have your permission to proceed with case management services at this time?

- » If YES, ask the child and caregiver to sign the informed consent/assent form for engaging in case management and proceed with case management services.
- » If NO, provide information about other case management, safety, health and legal/justice services in the community.