Translating survivor-centredness into pedagogical approaches to training on sexual violence in conflict and emergency settings: A case study

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Abstract

To encourage further interrogation of the language of “survivor-centredness” in the field of conflict-related sexual violence, this article offers a case study of efforts to build and intensify more survivor-centred pedagogy for use in the training of humanitarian workers seeking to address sexual violence in conflict and emergency settings. Set against the backdrop of a literature review of existing usages, it builds on key aspects of an earlier evaluation in which all three authors were involved in different capacities.

Keywords: capacity-building, expertise, conflict-related sexual violence, humanitarian settings, sexual violence, survivor-centred, pedagogy, training, programming, justice, ethics.

Introduction

In recent years, there has been a growing focus on “survivor-centred” approaches to gender-based violence (GBV) programming in humanitarian settings and, relatedly, in legal, policy and academic discussions around conflict-related sexual violence (CRSV) prevention and response. However, the reasons for the adoption of survivor-centredness, and the meanings that lie behind it, remain inadequately articulated. Multiple ambiguities persist around questions of “expertise” and the power relations implicit in the term, as well as around the ethics of claiming to do survivor-centred work, and how such work translates across different endeavours, including pedagogy.

The road to survivor-centred work on conflict-related sexual violence

Since the foundations for the Women, Peace and Security architecture were laid with United Nations (UN) Security Council Resolution 1325 in October 2000, followed by the coming into force of the Rome Statute of the International

sustained engagement with and reflection on reconceptualizing and operationalizing survivor-centredness in the content, approach, effectiveness and ethicality of teaching on conflict-related sexual violence. Since the evaluation around which this article is structured, the Course has also benefited from the expertise and participation of the Kenyan organization Grace Agenda. We also thank the Geneva Centre of Humanitarian Studies and its partners, including the ICRC, MSF, UNHCR, Refugee Law Project and Utu Wetu Trust, for their active commitment to populating the rhetoric of survivor-centredness and to espousing a journey on this road less travelled.

A further nine UN Security Council Resolutions have subsequently built on UNSC Res. 1325, 31 October 2000, to constitute what is now termed the Women, Peace and Security Agenda, namely UNSC Res. 1820, 19 June 2008; UNSC Res. 1888, 30 September 2009; UNSC Res. 1889, 5 October 2009; UNSC Res. 1960, 16 December 2010; UNSC Res. 2106, 24 June 2013; UNSC Res. 2122, 18 October 2013; UNSC Res. 2242, 13 October 2015; UNSC Res. 2467, 23 April 2019; and UNSC Res. 2493, 29 October 2019. All UNSC Resolutions are available at: www.un.org/securitycouncil/content/resolutions-0 (all internet references were accessed in December 2023).
Criminal Court (ICC) in 2002, the field of CRSV has evolved substantively. Though not without its critics, this evolution is visible in programming for prevention and response, in investigations in pursuit of accountability, in academic research, and in efforts to train practitioners for all of the above.

Milestones regarding how sexual violence in conflict and emergencies and related response and prevention efforts are understood and framed internationally include the Darfur conflict and the resultant Inter-Agency Standing Committee’s (IASC) 2005 Guidelines for Gender-Based Violence Interventions in Humanitarian Settings, which were updated in 2015; the creation of the GBV Area of Responsibility as part of the 2005 IASC cluster approach; the establishment in 2010 of the Office of the Special Representative of the Secretary General on Sexual Violence in Conflict (OSRSG-SVC); the UK government’s Prevention of Sexual Violence Initiative (PSVI) international conference in 2014, spearheaded by then UK foreign secretary William Hague and film star Angelina Jolie; the development of the 2019 Inter-Agency Minimum Standards for Gender-Based Violence in Emergencies Programming (IASC Minimum Standards); and the 2019 Oslo Conference on Ending Sexual and Gender-Based Violence in Humanitarian Crises.

Less visible, but also within the mainstream insofar as it was supported by government donors, was the growing momentum around Western notions of justice for victims of CRSV, fuelled by the idea that sexual violence was in some senses being used as a tactic or strategy of war – an idea most commonly captured in the (disputed) phrase “rape is a weapon of war”. The groundwork for this momentum was laid through the ad hoc international criminal tribunals for the former Yugoslavia, Rwanda and Sierra Leone. In this new phase, multiple and at times parallel claims to “expertise” on CRSV emerged. The OSRSG-SVC established its “Team of Experts” in 2009, followed by the UK government putting in place the PSVI “Team of Experts” in 2013, the development of a roster of “experts” trained by Justice Rapid Response for rapid and short-term...
deployment to government-hosted assignments,\(^9\) and the ongoing deployment of investigators by the Office of the Prosecutor (OTP) of the ICC.\(^{10}\) The codification of “best practice” also moved (hastily) apace, with the first edition of the *International Protocol on Documentation and Investigation of Sexual Violence in Conflict* launched in 2014,\(^{11}\) followed by a much improved and enlarged second edition in 2016.\(^{12}\)

In parallel to these largely bilateral and multilateral governmental initiatives, civil society within conflict and emergency-affected contexts was also making progress in how it engaged in issues related to CRSV. While these efforts were often implemented alongside or even within the initiatives outlined above, they sometimes also stood in constructive challenge to the “expertise” supposedly embedded in those international initiatives. Examples include the development of the Panzi Hospital and Foundation in the eastern Democratic Republic of the Congo (DRC) in support of victims,\(^{13}\) the efforts to programme for and raise awareness of male survivors of CRSV within the wider landscape of such violence by organizations including the Refugee Law Project (Uganda),\(^{14}\) Men of Hope Refugee Association (Uganda), All Survivors Project (UK),\(^{15}\) Lawyers and Doctors for Human Rights (Turkey),\(^{16}\) and Freedom from Torture (UK);\(^{17}\) Nadia’s Initiative in response to ISIS’ attack on the Yazidi;\(^{18}\) the creation of the SEMA Global Network of Victims and Survivors to End Wartime Sexual Violence, gathering survivor networks in numerous countries;\(^{19}\) Women’s Initiatives for Gender Justice’s extensive campaign to “Call it what it is”, which profiled and prioritized survivors’ own understandings of sexual violence over those codified in mainstream policy;\(^{20}\) and, pertinently for this article, the Executive Short Course on “Addressing Sexual Violence in Conflict and

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9 The aim of the roster is “to offer highly specialized expertise that can fill the gap between the pursuit of justice and the technical capacity to do so”. See Justice Rapid Response, “International Justice Programme”, available at: www.justicerapidresponse.org/what-we-do/international-justice-programme/.
10 “The OTP benefits from the services of approximately 380 dedicated staff members from over 80 different nationalities, including members of the legal profession, investigators and analysts, psycho-social experts, individuals with experience in diplomacy and international relations, public information and communication, and more.” ICC, “Office of the Prosecutor”, available at: www.icc-cpi.int/about/otp.
13 See the Panzi Foundation, website, available at: https://panzifoundation.org/.
14 See the Refugee Law Project website, available at: https://refugeelawproject.org/.
15 See the All Survivors Project website, available at: https://allsurvivorsproject.org/.
17 See the Freedom from Torture website, available at: www.freedomfromtorture.org/.
18 See the Nadia’s Initiative website, available at: www.nadiasinitiative.org/.
19 See the SEMA Global Network of Victims and Survivors to End Wartime Sexual Violence website, available at: www.semanetwork.org/.
20 Women’s Initiatives for Gender Justice, “About Us”, available at: https://4genderjustice.org/who-are-we/.
Emergency Settings” run by the Geneva Centre of Humanitarian Studies at the University of Geneva.21

Some of these initiatives gained international traction and attention. In certain instances, governmental recognition was followed by efforts to establish greater governmental/non-governmental alignment.22 Examples include the PSVI’s identification of “survivor champions” based out of Freedom from Torture; the Nobel Peace Prize awarded jointly to Dr Denis Mukwege (Panzi Hospital) and Nadia Murad (Nadia’s Initiative) in 2018; the subsequent establishment of the Global Survivors Fund in 2019;23 the launching of the Murad Code24 by the Institute for International Criminal Investigations25 in 2022; the Missing Peace Initiative on Preventing Conflict-Related Sexual Violence of the United States Institute for Peace from 2012 to date;26 and a series of PSVI-related Wilton Park conferences from 2013 to date, most recently on the theme of “Supporting Survivor Leadership”.27

Perhaps a symptom of these efforts to align civil society experience, on the one hand, and governmentally/multilaterally controlled professionalization, on the other, has been the increasing prominence and use of the notion of survivor-centred approaches in programming, accountability work and, importantly for this paper, pedagogy. Indeed, at the time the UN Security Council first deployed it in its Resolution 2467 of April 2019, the idea was already long established.28 By July 2023, it had become a rhetorical fulcrum: in a presentation to the UN Security Council, the OSRSG-SVC stated that “[s]urvivors are the moral compass of this mandate”.29

But beyond these broad statements of principle, what does, or should, a survivor-centred approach involve in practical terms? More particularly, what

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22 Whether these are deemed instances of “alignment” or, more critically, “co-optation” is at this point a matter of personal political perspective, as the research necessary to determine more accurately the complex interplay between civil society advocacy, governmental foreign policy objectives, codification, and funding is generally lacking.

23 See the Global Survivors Fund website, available at: www.globalsurvivorsfund.org/.


25 See the Institute for Criminal Investigations website, available at: https://iici.global/.


28 UNSC Res. 2467, 23 April 2019, available at: https://undocs.org/S/RES/2467(2019). This resolution recognized “the need for a survivor-centred approach in preventing and responding to sexual violence in conflict and post-conflict situations”, and encouraged “Member States to adopt a survivor-centered approach in preventing and responding to sexual violence in conflict and post-conflict situations, ensuring that prevention and response are non-discriminatory and specific, and respect the rights and prioritize needs of survivors, including groups that are particularly vulnerable or may be specifically targeted, and notably in the context of their health, education, and participation” (para. 16(a)).

might a survivor-centred pedagogy look like? Against the backdrop of the emergent field of CRSV and, more generally, of sexual violence prevention and response in humanitarian settings outlined above, this article begins by reviewing conceptualizations and critiques of survivor-centred approaches in humanitarian, academic, policy and operational publications. It then proceeds with a case study of one attempt to developed survivor-centredness in pedagogy, outlining the chronology of how a survivor-centred approach evolved within the contents, methods and approaches of an Executive Short Course run by the University of Geneva’s Geneva Centre of Humanitarian Studies, entitled “Addressing Sexual Violence in Conflict and Emergency Settings” (the Course). Selected findings of an evaluation of the Course covering the period 2014–21 are then presented to enable reflection on some of the successes, tensions, inconsistencies and gaps that were identified by the evaluation. These are further informed by findings from in-depth and structured discussions between the authors and survivor facilitators, leading to a deeper conceptualization and potential embodiment of survivor-centredness in the Course and, by extension, in pedagogical and capacity-building initiatives more broadly.

Defining survivor-centred approaches

The 2010s saw an increase in manuals, protocols, standards and other GBV guidance documents highlighting the need for a survivor-centred approach. Whereas the first edition of the IASC’s 2005 Guidelines for Gender-Based Violence Interventions in Humanitarian Settings made no mention of survivor-centred approaches, the second edition, published ten years later, mentions the term three times, and draws on the United Nations Population Fund’s (UNFPA) 2012 GBV guidelines for a definition.

Similarly, the first edition of the PSVI’s International Protocol on the Documentation and Investigation of Sexual Violence in Conflict makes no mention of survivor-centredness, despite discussing the identification of survivors and the term “survivor” appearing 213 times. In the second edition, published just three years later, “survivor-centred” appears twice and is defined as follows:

[A] survivor-centred approach to documentation and to mitigating harm involves first and foremost respect for a survivor’s autonomy. Autonomy refers to a survivor’s ability to make her or his own decisions, and respect for autonomy requires the recognition of a person’s right to make independent choices, and take action based on their own personal values and beliefs.
This definition had strong similarities with UNFPA’s view that a survivor-centred approach recognizes the uniqueness of each survivor’s experiences, reactions and coping strategies, and that “each person has the right to decide who should know about what has happened to them and what should happen next”. Likewise, UNFPA’s Minimum Standards for Prevention and Response to Gender-Based Violence in Emergencies emphasize the safety and security of the survivor and their children; confidentiality of survivors’ information, which can be shared only with survivors’ informed consent; respect of survivors’ dignity, rights, wishes and choices; and non-discrimination to ensure that survivors receive equal and fair treatment irrespective of their gender, age, ethnicity, sexual orientation or other characteristics.

The IASC Minimum Standards, published some years later in 2019, argue that “[a]ll aspects of GBV programming are survivor-centred to preserve and promote the confidentiality, safety, non-discrimination and respect for the choices, rights and dignity of women and girls, including GBV survivors”. They also suggest that “[s]ervice providers trust that survivors are the experts on their situation” and stress that survivors are female and in need of empowerment following disempowering experiences. This creates a link between female survivor-centredness and the locus of expertise—and a corresponding implicit exclusion of the possibility of male survivor-centredness that is sadly at odds with the claimed pursuit of non-discrimination. The IASC Minimum Standards further urge service providers to adopt a “strengths-based approach” that recognizes “women and girls’ inherent resilience”, communicating to survivors that they are believed, validated and not judged, and managing power relations with survivors in such a way as to avoid imposing their choices, perspectives or support on them.

Writing from a medical response perspective, Bouvier highlights that an effective and ethical response for sexual violence survivors requires an integrated medical, mental health and psychosocial, and socio-economic response, and that responders must not reduce victims “to their vulnerabilities, dependency and suffering, to a traumatic event or to health needs”, but should rather acknowledge survivors’ identity, capacities and autonomy alongside their vulnerabilities and suffering.

In 2020, the World Health Organization (WHO), UNFPA and Office of the UN High Commissioner for Refugees (UNHCR) published a guide entitled Clinical Management of Rape and Intimate Partner Violence Survivors. This document

35 UNFPA, above note 32, p. 28.
37 IASC, above note 4.
38 Ibid., p. 3.

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describes a survivor-centred approach to health-care service provision as one that “prioritises the rights, needs and wishes of the survivor” and that centres survivors’ right to life, respect and dignity, information, self-determination, non-discrimination, privacy and confidentiality, and to be offered accessible, acceptable and quality services.40

Panzi Hospital’s One-Stop Centre (OSC) model of care in Bukavu, South Kivu, in the DRC, operationalizes survivor-centred medical care through a model built on the four pillars of personalized medical, psychosocial, legal and socio-economic care. Dr Denis Mukwege, the director of the Panzi Hospital and Foundation, points out that the guiding principles of a survivor-centred approach are translated in the Panzi OSC model into treating each woman survivor “as a dignified person … with value, rights, will, and capabilities, which necessitates trying to understand the situation as the woman understands it”.41

The Global Survivors’ Fund, itself an outgrowth of Dr Mukwege’s work in the eastern DRC, defines survivor-centredness as

[a]n approach that places survivors at the centre of any process by prioritising their rights, needs and wishes and ensures they are treated with dignity and respect. Often the term survivor-centred refers to the actual approach of working with victims/survivors. The term survivor-centric refers to the policies, procedures, and broad responses that prioritise the rights, needs, and wishes of the victim/survivor.42

The United Nations Handbook for Field Missions on Preventing and Responding to Conflict-Related Sexual Violence emphasizes centring survivors in physical protection, monitoring and reporting, interventions related to fighting impunity for CRSV, and referrals to multisectoral services.43

Some organizations imply a working definition of survivor-centredness, as in InterAction’s 2023 Core Standards for Survivor-Centred Support of Sexual Exploitation, Abuse, and Harassment (SEAH), which attempt to establish global standards for survivor-centred support to survivors of SEAH. This document defines survivor-centred support as “consistently and continuously centring the voiced priorities of the survivor to ensure the needs, rights and agency of the

40 WHO, UNFPA and UNHCR, Clinical Management of Rape and Intimate Partner Violence Survivors: Developing Protocols for Use in Humanitarian Settings, 2020, p. 4, available at: www.who.int/publications-detail-redirect/9789240001411. This document also presents the LIVES (Listen, Inquire, Validate, Enhance, Support) model for first-line support in providing survivor-centred care. Providers offering first-line support must listen to survivors, inquire about their needs and concerns, validate their accounts and experiences without judgement, enhance survivors’ safety and protection from further harm, and support them in accessing information and services.
survivor are realised in all aspects of prevention, support, recovery, support and accountability”. InterAction then proposes to operationalize this through the specific types, durations and quality of support that survivors should receive. For instance, it suggests that psychosocial support should be “immediate and continuous” for a minimum of twelve months, free, and culturally sensitive to the survivor’s origin. It also highlights that organizations should provide long-term support to child survivors and children born as a result of SEAH, including financial support until they are 18 and payment of their education fees.

All Survivors Project and the Youth Health and Development Organization recommend that a survivor-centred approach to health includes, inter alia, specialized services for men and boy survivors within public health facilities, and the provision of livelihood support to ensure their ability to access quality health-care services and to prevent sexual exploitation and abuse. Similarly, these organizations highlight that health-care response to male survivors in Afghanistan should address the needs of male survivors from different vulnerable groups, including boys and survivors with diverse sexual orientations, gender identities, gender expression and sex characteristics.

Bedera argues that a “survivor-centred pedagogy” assumes that some participants in class are themselves survivors and uses this presence to enhance the pedagogy rather than seeing it as an obstacle which the facilitator has to work around. She also makes an explicit link between survivor-centred approaches and issues of expertise, arguing that “a survivor-centred approach views survivors as what they truly are—experts on sexual violence whose experiences, views, and ideas are instructive in creating transformative courses”.

Other definitions are closely linked to notions of “empowerment” of survivors (another notoriously hard-to-pin-down concept), with some stakeholders claiming to be using survivors as human moral compasses, and others deferring to survivors as “experts”.

48 Bedera uses the term “survivor-centred” to indicate pedagogy in which the teaching speaks to survivors in the class rather than working around them. The latter approach carries, she argues, the risk of “institutional betrayal”. See Nicole Bedera, “Beyond Trigger Warnings: A Survivor-Centred Approach to Teaching on Sexual Violence and Avoiding Institutional Betrayal”, Teaching Sociology, Vol. 49, No. 3, 2021, available at: https://doi.org/10.1177/0092055X211022471.
49 Ibid., p. 275.
Critique: Individual versus collective social ecologies

The overarching message of the above overview of various definitions of survivor-centredness seems to be an emphasis on paying attention to, and respecting, what victims/survivors are saying, whether in programming, policy or pedagogy; and on recognizing survivors who have traditionally been marginalized. In short, being survivor-centred emerges as being about giving greater than average attention to the messy realities of CRSV and trying to minimize the dehumanization of its victims and survivors. Against this backdrop, and perhaps benefiting from this apparent under-theorization of survivor-centredness, several critiques have emerged about how the concept has been both understood and translated into practice.

Clark, for instance, highlights a generally uncritical adoption of the concept of survivor-centredness, commenting that “[w]hat is striking is the general absence— including in international policy documents— of critical reflection on the concept of survivor-centrism, which is ‘often positioned as self-evidently positive’”. Clark further critiques the extent to which a strong emphasis is put on individual victims/survivors’ needs while marginalizing the collective environment in which individuals live. Acknowledging that sexual violence affects individuals, families and communities, she proposes to extend the focus beyond individual victims/survivors and to “better capture the connectivities and social ecologies that shape, influence and affect the lives of victims/survivors—and are themselves affected by conflict and violence”. Clark emphasizes the need for survivors’ individual health needs to be understood as closely linked to the environment and community that the survivor lives in, and in conjunction with “social-ecological health”. Her article followed on from a similar critique expressed at the 2019 Wilton Park Conference where the overemphasis on individual survivor needs was seen as problematic and detrimental to survivors’ societal and collective identities.

The above-mentioned Panzi OSC model translates the interrelationship between the individual and collective dimensions into an approach that links individualized support to survivors with support for their return and reintegration into their community. It also addresses the societal dimensions of CRSV by raising awareness and activism in schools, churches and public spaces as a way of encouraging the community to stand against sexual violence and facilitate victims’ access to timely emergency medical services.

51 Ibid., p. 1075.
52 Ibid., p. 1083.
54 D. Mukwege and M. Berg, above note 41.
Critique: Survivors are not a homogeneous group

Another important critique of “mainstream” survivor-centred approaches comes from authors who stress the importance of applying intersectional considerations to an understanding of survivor-centredness in responding to sexual violence. Arguing that CRSV “is both a cause and a consequence of inequality, not only on the basis of gender, but also of race, ethnicity, religion, class, sexuality, age, ability status, citizenship, nationality and others”, Stavrevska calls for an understanding of victims/survivors that avoids homogeneity and is inclusive of groups and sub-groups whose voices and narratives are structurally marginalized. She also calls for transformative – not merely restorative – mechanisms for victims/survivors and their communities that can challenge and transform the intersecting oppressions and structures that have contributed to generating violence.

Linked to this, Di Eugenio and Baines explore the conceptualization of a survivor-centred approach framework for children born of rape in armed conflict settings, as one that centres the lived experience, agency and expertise of these children. In an article in the Human Rights Review, they state that “[to] move beyond these impasses [no policy frameworks able to respond appropriately to the situation of children born of war], we explore a survivor-centred approach, drawing on the lived experiences of children ‘born of war’ in settings of armed conflict”. They go on to define a survivor-centred approach as one that moves beyond individual victimization due to an act of overt or direct violence (such as rape), to recognize the ways war violence shapes and divides communities, blurs victim and perpetrator categories and generates structural (the result of intersecting institutions that diminish and limit one’s life chances and choices) and cultural violence (social stories that legitimate and normalize structural violence, displacing responsibility onto the targeted group, in this case, “child born of war”).

Like Clark and other authors, Di Eugenio and Baines’ approach suggests that survivor-centredness involves going beyond individual victimization to acknowledge the dynamics of CRSV as violence that affects communities. The authors also put transformational change at the centre by highlighting how a survivor-centred approach is “rooted in the [children’s] imagining of a better future” and one that allows them to “emerge as independent subjects” with “agency to define the harms they experience and to envision meaningful remedies”.

56 Ibid.
58 Ibid., p. 329.
59 Ibid.
Survivor perspectives on survivor-centredness

Rather than arguing for greater understanding of the complexity of survivor needs, survivor activists and other civil society representatives focus instead on voicing the more structural need for a survivor-centred approach to sexual violence in order to involve survivors as agents and advisers in policy-making. Esperande Bigirimana, a survivor advocate from Burundi, highlights the need for survivors to drive policy and action at all levels – “at a community level, at a national level and at an international level”. Kolbassia Haoussou MBE, who heads the UK’s torture survivor-led network Survivors Speak OUT, also highlights the importance of ensuring survivors’ voices, participation and leadership as part of a survivor-centred approach that encompasses “a commitment to listen to survivors and act on their recommendations” and the creation of “a protective space, where survivors feel safe to engage [and] where we can empower survivors in their participation”. Nadine Tunasi, a human rights activist from the same network, demands that survivors be able to decide what justice means to them: “Effective justice is the justice that is right for them. Survivors need to be seen as an individual with specific needs.”

From a more academic perspective, Schulz proposes a multi-dimensional and gender-sensitive concept of justice centred on recognition, reparation and acknowledgement by the government. The 2019 Wilton Park Conference highlighted that survivor involvement must go beyond consultations with individual survivors to include financial support for survivors and survivor networks.

While there seems to be consensus around the need to systematically involve survivors in policy-making and in decisions that affect them, some authors have raised questions about whose voices are involved, and whose voices are marginalized. Clark questions what criteria should be used to determine which survivors are given a voice, given the impossibility of involving all victims and representing all voices. Stavrevska raises a similar reflection:

A survivor-centred approach so far has entailed amplifying the voices of survivors, providing a platform for them, [and] acknowledging their agency …. However, this creates the risk of forgetting, invisibilising and further marginalising the interests of those who do not speak out for a variety of reasons. Not only can silences be political and agential in challenging power relations, protecting oneself or coping with difficulties, but they can also be deeply gendered and intersectional, considering existing norms of who is allowed to speak, who is heard, and whose silences matter.

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61 Ibid.
62 Ibid.
64 J. N. Clark, above note 50.
65 E. Stavreska, above note 55.
Case study: An evolving survivor-centred pedagogy in training humanitarian workers

Although it is increasingly used in legislative, policy and operational frameworks, the above review suggests that survivor-centredness remains a relatively under-researched subject per se and one which lacks – as Clark recognizes – specific guidance on how to operationalize it in activities related to CRSV. While definitions are somewhat diverse, are often implicit rather than clearly articulated, and cover a wide spectrum of possible actions, most institutional definitions focus on taking survivors’ needs into account as comprehensively as possible, while survivor definitions emphasize more structural considerations. The implicit critique of approaches that are not survivor-centred is that they do not listen to survivors properly. The shift that is signalled by survivor-centredness is thus towards greater respect for survivors and their experiences (and a recognition that they are often “disempowered”), but not towards a reconfiguration of the structural and power dynamics that produce both disrespect and disempowerment of survivors.

Against this backdrop, the Geneva Centre of Humanitarian Studies’ Executive Short Course “Addressing Sexual Violence in Conflict and Emergency Settings”, which has run uninterruptedly from 2014 to date, affords a useful opportunity to explore how survivor-centredness might translate into pedagogical approaches to training and capacity-building for mid-level humanitarian workers engaging with survivors in humanitarian settings. Delivered several times a year in-person in Geneva and Uganda, and online since 2020, the Course aims to provide humanitarian managers with knowledge and competencies to conceive and operationalize multisectoral sexual violence prevention and response interventions. To date, the Course has trained around 600 people of ninety nationalities working in over sixty organizations.

The first eight years of the Course (2014–21) were recently evaluated by two of the authors of this paper. The evaluation drew on both a review of existing documentation relating to the Course, and primary data collected through a mixed methods approach. Existing documentation included Course programme documents and material, Course reports, evaluation reports carried out by the University of Geneva for each iteration of the Course, participants’ feedback on training and modules, participant statistics, documents from Steering Committee meetings, and data from a survey conducted with alumni in 2021. Data collection included key informant interviews (KIIs) and an online survey. A total of nineteen KIIs were conducted with former or current Steering Committee members, current or former lecturers (including lecturers who are survivor

66 J. N. Clark, above note 50.

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leaders), Geneva Centre representatives, other key representatives of partner organizations, and donors, and in-depth interviews were conducted with selected former participants chosen to represent a cross-section of the Course. In addition, an online questionnaire consisting of twenty-three questions was sent to all Course participants at the time of the study (475 people in total).

The evaluation itself involved survivor facilitators as key informants and, with a view to understanding the extent to which centring survivors’ lived experience and expertise impacted on learning, examined survivor-centred aspects of the Course particularly closely. In what follows, we highlight just those findings that directly or indirectly relate to the Course’s survivor-centredness.

**Survivor-centred content**

From its inception, the Course sought to ensure that participants comprehend core principles, challenges and promising practices in approaches to medical care, mental health and psychosocial support, justice, working with pregnancy resulting from sexual violence, and working with particular survivor categories such as male survivors. By using survivor-centred language in its objectives, the Course aims to embed an awareness of survivor-centredness in participants’ learning. By centring often marginalized experiences of CRSV, it also seeks to enhance survivor-centredness more operationally.69

**Survivor-centred learning space**

The Course attempts to incorporate a survivor-centred approach from the learners’ perspective, in the creation and maintaining of what is currently referred to as a “safe learning space”. In practice, this means that safety is construed as a physical, psychological and emotional concept, and survivor-centred principles of safety, confidentiality and non-discrimination are guiding principles of the learning experience, defining rights and duties of both teachers and participants.70

Due to the sensitive nature of the topic, and the potential impact on participants’ well-being linked to their exposure to reading traumatic accounts, discussions on sexual violence-related topics, and engagement with survivors’ lived experiences, the Course coordinator and teachers have put significant consideration into the concept of “do no harm” by establishing and preserving a space where learning can be a “safe(r)” experience for all. This is particularly important for participants with traumatic past experiences, including those linked to sexual violence, and participants whose identities and lived experiences lie at the intersection of multiple oppressions.

69 Ibid.
70 Interviews with previous and current teachers, Steering Committee members and Course coordinator, 2021 (on file with authors).
Survivor facilitators

Beginning in 2016, the Course coordinator and Steering Committee sought to ensure that the Course would be survivor-centred not only in principle, but also by drawing directly on the experience of survivors and incorporating survivor groups and leaders’ voices, agency and expertise. Initially this involved the inclusion of a full day of the Course held in Uganda, in which Course participants would interact with a panel of survivor representatives from refugee support groups.

In November 2021, the Steering Committee approved a new module focused exclusively on “Survivors’ Advocacy and Networks”, as well as approving the involvement of a male survivor representative in co-teaching the module on male survivors. Three refugee survivor representatives and leaders joined as expert speakers and trainers, a move facilitated by the Course going online in response to the COVID pandemic. The new module’s learning objectives included helping participants to learn about different ways in which groups of survivors of sexual violence can organize, heal and be change-makers in different contexts; meeting and engaging with survivor representatives from two groups of survivors of sexual violence; and reflecting on ways in which humanitarian organizations can engage with and support survivors’ groups in their context. Sessions covered survivors’ individual and collective needs and wants, their views and advice on how humanitarian actors can improve their programmes for survivors and meaningfully engage with survivor networks, and personal trajectories from victimhood to leadership. There was a deliberate inversion of the standard dynamic from one in which those assumed to be non-survivors get to ask survivors questions, to one in which the survivor facilitators addressed questions to the Course participants as service providers – questions that most survivors never get to ask.

Initially included as the Course’s closing module, this session was subsequently moved to the beginning of the Course in order to further centre the relevance of survivors’ expertise and views in the curriculum, and to equip participants with a survivor-informed perspective that they could apply to all subsequent modules. Survivor leaders of both women’s and men’s survivor networks have since become integral to the Course as expert facilitators, a powerful repositioning and reconceptualization of survivor-centredness from a core but abstract principle for the delivery of humanitarian interventions to a pedagogical framework in which the expertise of survivor communities is central.

Redistribution of governance

The above broadening of the facilitator base was accompanied by a gradual reshaping of governance. Initially in partnership with the International

71 All three were interviewed in preparation for this article – see below.
Committee of the Red Cross (ICRC), Médecins Sans Frontières, UNHCR and UNFPA, the Steering Committee expanded to include the Uganda-based Refugee Law Project and the Kenya-based Utu Wetu Trust, as well as a number of individuals who had a long history of working in the field of CRSV. This broadening of governance of the Course to include South-based organizations that also work closely with refugee-led and survivor groups alongside pillars of the North-based and North-led humanitarian system has gone hand in hand with moves to dilute a classically “expert-centred” pedagogy through the gradual introduction of more explicitly “survivor-centred” pedagogic moments.

Overall, an ongoing dialogue with survivor spaces has led to the Course pursuing an expanding and polyhedric exploration of what it means structurally to adopt a survivor-centred approach at the interface of pedagogy and action.

**Evaluation findings related to survivor-centred pedagogy**

The 2022 Course evaluation found that participants felt significant benefit from the incorporation of a survivor-centred approach as a new area of knowledge, and felt able to translate this into their own work practice. Notably, many former participants stated that the Course had motivated them to develop new capacity-building initiatives on responding to sexual violence for their colleagues and partners in the field, with survivor-centredness a central feature.

The evaluation also found that the Course had enabled participants to better centre a diverse group of survivors, including male and child survivors, in their programmes. Several participants provided examples of how this translated into practice— for instance, through developing awareness-raising materials that are inclusive of men and children of all genders as potential victims of sexual violence, creating specific entry points and referral systems for male and for child survivors, and ensuring efforts to train providers on survivor-centred attitudes in responding to disclosures by these groups. A smaller but still relevant number of participants described gradually “contextualizing” sexual violence prevention and response interventions in communities through increased engagement with survivor leaders and groups, community leaders and community members, which led them to go beyond the individual dimension of response and embrace a more community-based approach.

Participants also stated that the Course had helped them increase collaboration and trust among actors, including law enforcement bodies that are often known to lack a survivor-centred approach. The testimony of some participants highlighted the transformative potential of these efforts from a survivor-centred perspective, as a significant number of participants connected increased access to care for survivors to increased collaboration of organizations with the police and other law enforcement and duty bearers in various settings.

Perhaps most importantly from a pedagogical perspective, participants attributed the involvement of survivor facilitators in the teaching to shifts in their own thinking and practice. As one participant said, “The encounter with the...
groups and with survivor representatives showed me the survival, agency and activism part, which impacted and enriched my way of seeing and interacting with survivors” – a statement echoed by multiple other participants. This suggests a chain reaction of change in individual attitudes towards this topic and its subtopics. The involvement of survivor-leader trainers emerged as central to knowledge and expertise generation, as well as to establishing the emotional space for connectedness, exchange and collective reflection for participants, trainers and the communities linked to survivor leaders. This demonstrated the impacts of shifting from simply teaching the principle of survivor-centredness to practising it through modifying the composition of the teaching body.

The evaluation pointed to the possibility for further evolution in the survivor-centeredness of the content, methods and governance of the Course. Suggestions for content included paying greater attention to intersectionality when addressing survivors’ needs in the curriculum, and there was consensus among participants around the need for the Course to better equip them with skills and guidance on supporting survivors belonging to specific groups or in specific settings (examples include survivors living with disabilities, child and adolescent survivors including children conceived in sexual violence, elderly survivors, LGBTQ+ survivors, survivors in detention settings, and survivors involved in commercial sex work). Participants and other stakeholders – including survivor experts – also suggested including a module on economic empowerment of survivors (currently not covered in the curriculum), as reflective of survivors’ priorities to (re-)establish economic autonomy, social status and family obligations, among others. Suggestions for methods included “localizing” the Course through stronger roots in local partnerships and knowledge systems, while suggestions around governance included including survivor group representatives as partners and decision-makers in the Course’s Steering Committee.

The evaluation findings also suggested that the Course’s ongoing “localizing trajectory” is critical in advancing survivor-centred perspectives. The evaluation argues that situating the Course in local realities, expertise and partnerships will enhance its capacity to address and reflect regional and local contextual and linguistic realities and thereby improve its effectiveness. This involves centring regional expertise and sensitivities, developing meaningful relations with local and regional partners, and creating locally owned curricula and tools. At the same time, the evaluation asserted that alongside localized courses, there would be value in increasing survivors’ participation in Geneva-based and online courses, arguing that these decontextualized “international” courses could create an entry point for participants who may otherwise be unable to access extra-national conversations. As one interviewee said, “You cannot just bring the Course to Uganda, you also need to take Uganda to the Course.”72

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72 L. Hovil and L. Pasquero, above note 68.
Survivor facilitators’ perspectives

Building on the evaluation findings, the authors and three of the survivor leaders most closely associated with the Course as trainers and experts had a series of conversations about the concept of survivor-centredness in sexual violence initiatives, and identified key principles, practices and complexities to be considered in the operationalization of those initiatives.73

First, survivor facilitators highlighted that a survivor-centred service is one that is safe to attend, and where survivors feel “at peace and free” to break the silence around the violence that they have long lived with. They also highlighted that humanitarian personnel must have unique skills and capacities to listen empathically to survivors, including the ability to “read into the unsaid” of unexplicit physical and emotional signs and silences, in a profound connection and relationship with survivors. As one facilitator explained, “When survivors go to this [survivor-centred] place, all eyes are on them, all ears are on them.” Therefore, the staff working in such a space must also minimize asking survivors to repeat their accounts of violence, as “the more you are asked questions, the more you are traumatised”.

Furthermore, a survivor-centred service is effective in finding practical solutions to survivors’ concrete needs: to such a service “you come sick and you go well, you come hungry and you go back with food”. Survivor facilitators also described a survivor-centred service as one that is “permanent”, both in the literal sense, as it is open twenty-four hours a day and is “always ready for survivors”, and in the wider sense of being “more than a service” – a space of empowerment offering support on an ongoing basis both to address survivors’ immediate needs and to enable their future life projects and “future selves”.

This complex conceptualization of survivor-centredness as simultaneously past-aware yet future-oriented is captured in the idea of a survivor-centred service as one “where survivors go, and when they come back, they are no longer called survivors”, and where they are helped in “fulfilling their dreams”. These are spaces where survivors are defined not only by their needs and problems but also by their values, their knowledge and their potential. In this conceptualization, survivors are active contributors to their own future life projects, as well as to the future of their own communities and of the very organizations that they reach out to for support. As one respondent said: “When they see you, [many providers] only see problems; they see a survivor as a problematic human being. When will they see peace, stability, contribution? [When will they see] what we are able to do, what our value is?” This perspective shows clearly how, from a survivor-centred perspective, the provider/beneficiary dichotomy is transcended by a different model of egalitarian relationships, co-creation and activism.

Survivor facilitators further highlighted the need for humanitarian responses to incorporate the ability to go beyond the individual survivor’s needs and articulate multi-survivor realities. Humanitarian services that fail to do this

73 Conversations on file with authors.
reflect a simplistic understanding of sexual violence and its impacts on communities, and end up overlooking the individuals and groups that are directly and indirectly affected by the violence.

When reflecting on their teaching experience, survivor facilitators highlighted experiencing the mutual exchange of knowledge with students as transformative and empowering for their own sense of achievement and empathic connectedness with participants, and for their sense of acknowledgement as experts. As one survivor facilitator said, “The Course is a place where you come and start experiencing change. … This Course gave me the courage to continue talking; it has given me the courage and the love.” Survivor facilitators also spoke of how the Course helps them to self-reflect on their leadership role and to position their expertise, voices and experience within a larger field of knowledge and within a wider context. As survivor advocates, they valued the possibility of using their sessions to encourage Course participants towards activism for survivors’ rights. They further highlighted how these positive effects trickle down to the members of the survivor groups they lead, explaining that teaching in the Course and being valued by the students is felt as a “big achievement” not only by them as individuals, but also for the other survivors in their networks. As one stated, “When we talk to [members] about the Course, they feel happy. [After each course] I go back to my group and say, ‘We are actors of change’.”

Survivor teachers also highlighted the importance of the Course and its partners considering the issue of resources for the communities that they represent. Emphasis was put on how receiving compensation for teaching on the Course represents a meaningful means of economic empowerment for them and their communities, for example to help pay school fees for the network members’ children, or to buy food for the refugee community they are a part of.74 As one facilitator explained, his role as community leader invests him with the responsibility to help his members through the financial help he receives:

We leaders speak for the whole group, [and] we are the only way that the network can look for help. [Our members] tell us, “If you speak about our suffering, how can we be helped in return?” If this survivor-centred approach is a real approach, then it has to bring something concrete for the community.

When considering how much the Course’s survivor-centredness could further evolve, facilitators highlighted that the Course should include the voices of survivors from various geographical areas, and that the Geneva Centre should find ways to engage with the lived experience of survivors and their communities in an ongoing and practical way. In an attempt to follow these recommendations, the Course has recently started reaching out to survivor group leaders from countries other than Uganda to explore their interest in engaging with and participating in the Course both as participants and leaders, and as active

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74 It should be noted that this financial trickle-down is in no way adequate for the needs of the groups that the facilitators represent. We mention this example more to highlight that the pedagogic work of the survivor expert is itself an act of solidarity on behalf of fellow survivors.
members and advisers in the webinars and activities of the Course’s recently established alumni network.

Discussion

At a rhetorical level, the field of sexual violence prevention and response has seen the adoption of the language of survivor-centred approaches to policy and practice. As this review and others suggest, what this language is taken to mean, and how it translates into practice, is diverse and thus somewhat ambiguous. When deployed by major players in this field, it generally boils down to prioritizing survivors’ safety and confidentiality, paying more attention to what survivors are saying, and showing that their expressed needs are being taken seriously—in other words, what might be described as programming based on qualitative evidence from those most impacted. While all these factors are important, what these practices of survivor-centredness do not seem to result in is a more tangible and sustained centring of survivors, other than, arguably, the foregrounding of what might be termed “trophy survivors” on occasional high-profile platforms. The latter is a work of optics that has little to do with reconfiguring and validating the real expert power of survivors from within their own stories, and much, we would argue, to do with an unethical practice of seeking vicarious credibility and legitimacy in the halls of power.

The case study explored above describes a very gradual set of steps towards a more tangible survivor-centredness from 2014 to date. From being a concept and principle that is taught in the abstract, survivor-centredness has moved to an understanding of survivors as central to how knowledge about the topic is generated and taught; to how safety, empathy, confidentiality and self-care are construed as integral to the teaching ethos and learning environments; and to the relations between students and teachers. It has thus moved from a rhetorical model to a more embodied one. As the findings of the evaluation have demonstrated, this is not mere tokenism: by substantively shifting the content and emotional valence of what is being taught, survivor teaching and the related survivor-taught material have qualitatively impacted the actual curriculum.

With the addition of a new module, and with growing space for survivors’ expertise to be voiced, shared and articulated in dialogue with participants, the space for survivors’ leaders and groups has expanded. Over the duration of the Course, survivor leaders—and, indirectly, the groups they represent—have come to position themselves as unique knowledge holders whose expertise and agency is centred and, crucially, contributes to creating the Course. Insofar as the course has not expanded in its duration, centring survivor facilitators for certain parts of the Course necessarily de-centred other more conventional forms of expertise and types of expert.

This evolution suggests that reconfiguring the locus of the power to teach is, from a pedagogical perspective, key to developing a very different kind of learning as the basis for more effective interventions in policy and practice. Incomplete though
they are, the reconfigurations undertaken to date have done much to change the parameters both of participants’ learning and of survivors’ empowerment.

That said, the steps taken thus far are small relative to what could potentially be done, which indicates that genuine transformation is tremendously hard to achieve. In that respect, such transformation is as much a journey as a goal. The structural obstacles to a comprehensive centring of survivors’ voices and experiences remain significant. Refugee survivor leaders were able to become facilitators only in online versions of the Course, as the obstacles posed to refugees seeking to travel through legal channels to provide in-person trainings in the global North are almost insuperable. Therefore, for refugee survivors to be integrally involved in decision-making processes around curricula and participation is a further barrier. Perhaps most fundamental, however, are the structural barriers posed to survivors by bureaucratic metrics of expertise and qualification that allow survivors to become “experts of their own stories” but not experts in the discursive and professional fields that their stories fuel. In the case of universities, such as in the case study presented, survivor facilitators are debarred from becoming survivor learners where entry requirements for course participation include evidence of prior levels of tertiary education – evidence that many survivors are unable to provide because their education was disrupted by the very violence that they are teaching about or because the certificates proving attainment of such qualifications were lost in the process of flight.

Paradoxically, therefore, the experiences that position survivors to become experts and powerful actors in global North spaces can simultaneously exclude them from joining, as students or as experts, the very courses they are regarded as fit to teach, or to participate in policy-making beyond sharing their personal narratives. Bureaucratic requirements maintain the status quo of who gets to be taught – and thus of who gets to lay claim to the title of “expert” (and its associated benefits). In the words of one Course evaluation interviewee, “[these barriers] run counter to the whole purpose and objective of bringing survivors’ voices and experiences to the Course so that practitioners are better able to design interventions that can meaningfully address survivors’ realities”.

The challenge for anybody advocating survivor-centredness lies in how to reconcile these kinds of requirements with the core criteria for survivor-centred approaches, namely the recognition and inclusion of lived experience, expertise and demonstrated leadership. Simply putting survivors in the room is inadequate and cannot really meet these criteria. Survivors need to be enabled to acquire the technical language and expertise that is used to shape the field in which they wish to have influence. Without that, they will necessarily remain excluded from the

75 For citizens of the global South with a valid national passport, it can be extremely difficult to get a visa for such travel. For refugees based in the global South using a Convention Travel Document, extraordinary interventions from the authorities of the host countries are generally required for a visa to be issued. While such support can be seen for events directly involving the host government, such as the PSVI conferences in the UK, it is unlikely to be forthcoming for a more routine activity such as teaching on a university course.

76 Interview with Course teacher and Steering Committee member, 2021 (on file with authors).
policy and practice positions through which to exert informed influence. This puts the onus on universities to see how they can empower survivors with the expertise that is to be had through formally codified learning in classes and professional spaces.

A more survivor-centred pedagogy therefore demands a major review of notions of expertise, a more expansive definition of the term, and new models of what constitutes such expertise, as well as how it can be developed and deployed. The point of departure here is the belief that neither participants in such courses nor those training them (including those who are survivors themselves) are likely to have met all the requirements inherent in the concept of expertise. Survivor facilitators may have experiential knowledge but be debarred from acquiring the codified knowledge that their participants enjoy. Equally, most of the participants have the acquired knowledge, but, notwithstanding the recognition that some survivors within the participant body may themselves be survivors of related forms of GBV, they frequently lack the direct experience of CRSV and of leadership of survivor groups that can inform substantially better survivor-centred practice.

If there is agreement that these two broad component areas of experiential insight on the one hand and codified knowledge on the other are critical elements and metrics of “expertise”, then more symbiotic exchanges and working relationships between survivors and non-survivors are needed. The measure of such symbiosis having been attained should be the capacity of survivors and non-survivors to substitute for one another in field-based settings where expertise is required, and, indeed, for teams of professionals (such as the teams of experts outlined above) to ensure adequate representation of both broad component areas within their composition.

Conclusions

These critical reflections on defining a survivor-centred pedagogical approach invite all of us who lay claim to survivor-centred approaches to face up to some uncomfortable realities. Ensuring that the complex needs of survivors are discussed and recognized adequately should not be regarded as constituting a survivor-centred approach, as it adds nothing to existing principles of “evidence-based programming”. To operationalize the idea of survivor-centeredness requires more radical and more structural changes, and this case study indicates that steps in that direction are possible.

The findings suggest an intrinsic and ethical incompatibility between the principle of survivor-centredness and the de facto exclusion of survivor representatives from full participation in processes impacting on them. Expanding space for survivors’ voices and expertise in such processes, therefore, is only ethical if it is coupled with real power-sharing and a consequent expansion of the space for survivor representatives in learning and decision-making processes. As such, centring survivors’ knowledge and voices in decision-making cannot be separated from ensuring their right to meaningful participation.
in educational opportunities – in other words, from addressing structural barriers to participation.

Most importantly, the case study suggests that a survivor-centred pedagogy should involve a shift in how we conceive of “expertise”, away from those who either lay claim to expertise or are deemed as experts by their peers based simply on academic training and some kind of professional experience, towards inclusion of survivors as instructors/facilitators/practitioners/experts who are deemed experts based on their own lived experiences and resultant insights. Such a survivor-centred pedagogy represents a shift away from a binary model of practitioners and beneficiaries in which the former are experts on matters affecting the latter, and survivors remain the objects of ungrounded “expertise”; and it necessarily problematizes existing boundaries. As the case study demonstrates, it requires interrogation of the separation between teaching a course on addressing sexual violence in conflict and emergency settings, and engaging meaningfully and practically with survivors’ communities in those settings.

If the unsettling of accepted structures and boundaries is taken seriously, then a survivor-centred approach to training on addressing sexual violence in conflict and emergency settings could be about survivors being directly involved in designing and delivering, and monitoring and evaluating, courses on CRSV, and being the moral and evidential compass by which such courses are navigated. As importantly, it could be about survivors being afforded opportunity to study how the field is currently constituted in order to be able to fully engage and be recognized in spaces that are making decisions relevant to them. Survivor-centred pedagogy thus requires a relocation of the “expertise” necessary to teach, and has as its outcome a redistribution of the power to determine what issues are necessary to constitute substantively survivor-centred interventions around sexual violence responses in conflicts and emergencies.

These issues are inevitably uncomfortable and political, not least because they involve a further shift from survivor-centredness as a primarily operational framework for humanitarian interventions and a pedagogical framework for course delivery, to an internal framework that interrogates existing roles, responsibilities and positioning, and results in a subversion of established power dynamics – whether in international structures or in the communities where participants and partners work.

The 2022 Course evaluation and this research therefore highlight the importance of survivor leaders’ participation in co-developing Course contents and in delivering the Course. As the evaluation states, if the Course is to continue its progressive learning and operationalization of a survivor-centred approach, the Geneva Centre will need to continue centring survivor facilitators’ voices while also increasing its efforts for increased participation of survivor leaders by dismantling structural barriers to their attendance.
Recommendations for the humanitarian and pedagogic communities

This article points to several recommendations that have relevance for wider pedagogic communities seeking to further reflect on how to operationalize a survivor-centred approach to capacity-building efforts.

First, further evidence is needed on what constitutes a survivor-centred approach to capacity-building efforts on addressing sexual and gender-based violence, both in and outside conflict and emergency settings. The lack of literature on this topic, coupled with limited scientific evidence on what is effective and safe teaching and learning in the field of addressing sexual violence, points to the need for further research in this area, as well as for creating spaces and opportunities for reflection and experience-sharing among survivors, teachers, practitioners and pedagogy experts.

Linked to this point, the authors suggest increasing efforts to expand the space safely and ethically for survivor authorship in academic and practice-based publications. This article has sought to reflect survivor leaders’ voices as a practical step towards both amplifying survivors’ expertise in evidence generation and mitigating structural access barriers for survivors into research and academia, but has still found itself constrained by conventional assumptions about what constitutes research and how this should be presented for publication. The available evidence and the authors’ experience show that survivor voices and agency remain marginal in research, even as the rhetoric of survivor-centred approaches in research and policy settings expands exponentially.

To further feed the debate and evidence base on what survivor-centeredness signifies for pedagogical approaches, the authors see it as important that more attention and resources be dedicated to GBV training assessments and that these evaluations incorporate a survivor-centredness lens. Increased understanding of what works in capacity-building courses from survivors’ perspective is likely to impact on what and whose knowledge and expertise are centred and transmitted onto practitioners, and what capacity-building methods and contents are most effective for programming decisions that affect survivors. A corresponding survivor-centred assessment methodology and framework would help to establish what indicators, outputs and outcome matter from survivors’ perspectives.

Finally, the authors highlight the value of maintaining ongoing discussions with survivor collectives and reflections on survivor-centredness at all levels and in all organizations and practitioner groups, and the importance, as part of a process of seeking and establishing collective meaning, of continuously interrogating any conclusive definition of survivor-centeredness in dialogue with survivor communities.