

SAMUEL IORON FOUNDATION

Healing and Safety Toolkit

Practical guidance for survivors, peer champions, staff, partners and storytellers in WhistleSafe Nigeria

Your safety matters. Your story belongs to you. Support does not depend on disclosure.

Website edition | Version 1.0 | September 2026

Developed for WhistleSafe Nigeria Reporting Sexual Violence in Displacement Settings

Start here

This toolkit helps people take part in WhistleSafe activities, meetings, research, advocacy, public speaking and media work as safely as possible. It also helps staff, peer champions, journalists and partners respond with care when someone shares an experience of violence, exploitation or abuse.

It is designed for the realities of displacement and humanitarian settings in Nigeria, where privacy may be limited, phones may be shared, services may be difficult to reach, and the person causing harm may hold power over assistance, movement or community life. The guidance must therefore be applied with local knowledge, verified referral information and the wishes and safety of the person affected at the centre.

If you need urgent help

If someone is in immediate danger, seriously injured, at risk of suicide or self-harm, or needs urgent medical attention, contact an appropriate emergency or health service and the SIF safeguarding focal point immediately. Use the safest available route. Do not confront an alleged perpetrator or take action that could increase danger.

What this toolkit can and cannot do

This toolkit can help you	This toolkit cannot
prepare, make choices, set boundaries and ask for support	replace medical care, counselling, legal advice or an emergency response
respond calmly and safely to a disclosure	promise that every report will lead to arrest, prosecution or a particular outcome
reduce avoidable risks in meetings, data collection and media	remove every risk or decide what safety means for another person
identify referral options and record only what is necessary	authorise staff or volunteers to investigate allegations

Language and choice

People may describe themselves as a survivor, victim, lived experience expert, advocate, participant or none of these. Use the words each person chooses. No one must disclose an experience of abuse to access support, join a programme, contribute to policy work or be treated as credible.

How to use this toolkit

If you are	Start with
a survivor or participant	Sections 2 to 7 and Tools 1 to 6
a peer champion or field worker	Sections 3, 5, 8 and 10; keep Tool 7 nearby

If you are	Start with
a journalist, photographer or filmmaker	Section 7 and Tool 6
a facilitator or partner organisation	Sections 4, 5, 8 and 9
a SIF manager or safeguarding focal point	All sections, especially Sections 8 to 10 and Tools 8 to 11

Contents

- 1 Our approach to healing and safety
- 2 Understanding trauma without labelling people
- 3 Grounding and stabilisation
- 4 Boundaries, choice and consent
- 5 Sharing and receiving disclosures
- 6 Personal and practical safety planning
- 7 Public storytelling, media and documentaries
- 8 Children and adolescents
- 9 Safe meetings, research and community engagement
- 10 Support for staff and peer champions
- 11 Practical tools and templates
- 12 Sources and further reading

1 Our approach to healing and safety

Healing is personal and rarely follows a straight line. SIF does not define healing for another person and does not require forgiveness, public disclosure, reporting to authorities or participation in advocacy. Our role is to create safer conditions, offer honest options, respect boundaries and connect people to appropriate support when they want it or when an urgent safeguarding duty applies.

Eight commitments

Commitment	What it means in practice
Safety	We check physical, emotional, digital, social and economic risks before, during and after engagement.
Choice	People may decline questions, pause, use another format, bring a support person, leave or withdraw consent.
Dignity	We do not use pity, graphic detail, labels or images that reduce people to what happened to them.
Trust and honesty	We explain what we can do, what we cannot promise, who may need to know and how information will be used.
Confidentiality	We share the minimum necessary information through secure channels and explain any safety or legal limits before disclosure.
Collaboration	Survivors and communities help define risks, language, tools, priorities and what safe participation looks like.
Equity	Participation must not depend on literacy, disability, smartphone ownership, English fluency, status or proximity to decision-makers.
Support	Care and referral support do not depend on making a formal complaint, appearing in media or continuing an activity.

Do no harm means asking better questions

- ☐ What could this activity expose, worsen or make visible?
- ☐ Who has power here, including control over aid, transport, phones, housing, money or community standing?

- ☐ Could participation itself identify someone as a survivor?
- ☐ Can the person say no privately and without losing benefits?
- ☐ What support is actually available today, not only on paper?
- ☐ What will happen after the meeting, interview, report or publication?

2 Understanding trauma without labelling people

Trauma can follow a single event, repeated harm, prolonged danger or exposure to other people's suffering. It may affect the body, emotions, thinking, relationships, faith, sleep or sense of safety. Reactions are not proof that someone is lying, weak or unwilling. They are often ways the body and mind try to survive danger.

Possible responses

Body	Feelings	Thinking and memory	Relationships and behaviour
racing heart, numbness, pain, shaking, fatigue, nausea	fear, anger, sadness, shame, irritability, feeling detached	difficulty concentrating, gaps or changing order in memory, intrusive images, confusion	withdrawing, freezing, avoiding places, needing control, taking risks, overworking

These experiences can have many causes. Staff should not diagnose. A calm, respectful response and an appropriate referral are safer than interpretation.

A person may move outside their window of tolerance

State	What you may notice	Helpful response
Over-activated	panic, rapid speech, agitation, anger, scanning the room, breathlessness	reduce stimulation; slow down; orient to the present; offer space and choices
Within a manageable range	able to notice feelings, think, decide and connect	continue at the person's pace; check consent; offer breaks
Under-activated	numbness, blankness, very quiet speech, seeming far away, heavy tiredness	use a gentle voice; orient to time and place; invite small movement; do not force eye contact

Trauma-informed does not mean therapy

A trauma-informed facilitator creates predictability, choice, safety and pathways to qualified care. They do not ask for detailed recounting, promise recovery, diagnose, conduct counselling beyond their competence or use an activity as a substitute for professional support.

3 Grounding and stabilisation

Grounding helps bring attention to the present. It may be useful before or after difficult discussion, or when someone feels overwhelmed. It is always optional. Ask before leading it, offer eyes-open choices, and avoid touch unless the person clearly requests it and it is appropriate.

A 90 second grounding for meetings

- Invite choice: “We will take a short grounding pause. You may join in, keep your eyes open, sit quietly or step outside.”
- Orient: “Notice where you are. Look around and name three neutral things you can see.”
- Connect to support: “Feel your feet on the floor or your body supported by the chair.”
- Breathe without pressure: “If comfortable, let your out-breath be a little longer. If breath focus is uncomfortable, keep looking around the room.”
- Close with choice: “Notice what you need next - water, a stretch, quiet, support or to continue.”

Grounding options

Method	Try this	Avoid or adapt when
Five senses	Name 5 things you see, 4 you feel, 3 you hear, 2 you smell and 1 you taste.	sensory focus increases distress; use fewer steps or orient visually
Feet and pressure	Press feet gently into the ground or palms together, then release.	pain, injury or mobility limits; choose another movement
Cold or texture	Hold a cool bottle or textured object and describe it.	the sensation is linked to a traumatic memory
Counting and colour	Count five blue or round objects in the room.	the person finds counting frustrating; use simple orientation
Name the present	Say your name, today's date, the place and one person who can help.	privacy is limited; say it silently or with a trusted supporter

What not to say

Avoid	Try instead
"Calm down."	"You are not in trouble. We can slow down or stop."
"Take a deep breath."	"Would breathing, looking around or getting some air feel better?"
"You are safe now."	"You are here with me. What would help you feel safer right now?"
"Tell me exactly what happened."	"You do not need to give details. What support do you need?"

4 Boundaries, choice and consent

Boundaries describe what a person is and is not comfortable sharing, doing or allowing. A boundary may concern emotions, touch, time, work, money, family, community, faith, technology, photographs or advocacy. Saying no is not disrespectful. Changing one's mind is not failure.

Consent must be informed, specific and ongoing

Consent quality	Minimum test
Informed	The person understands the purpose, process, likely audience, risks, benefits, alternatives and limits of confidentiality.
Voluntary	There is no pressure, threat, inducement or suggestion that aid, services, employment or belonging depend on agreement.
Specific	Consent is separate for participation, audio, image, name, quotation, data use, media use and future reuse.
Understood	Information is provided in the person's preferred language and format; understanding is checked, not assumed from a signature.
Ongoing	Consent is checked again when circumstances, questions, audience, platform or risk changes.
Reversible	The person can pause or withdraw before or during an activity and before agreed publication cut-offs without losing support.

The right to step away

Before every interview, meeting, recording or story activity, explain that the participant may take a break, skip any question, ask to speak privately, use a pseudonym, switch off the camera, stop the recording, leave or withdraw. They do not need to explain why. SIF will respond calmly, stop the activity, check immediate safety, agree what should happen to material already collected, and offer support or referral. No one should be punished, shamed or excluded for stepping away.

A simple boundary script

"I am comfortable talking about _____. I do not want to discuss _____. Please do not use my name, image or location. If I say 'pause', stop immediately. I would like _____ to support me."

Power and participation

- ☐ Explain that services and project benefits do not depend on agreeing.
- ☐ Offer a private way to decline, especially where leaders or family members are present.
- ☐ Reimburse agreed costs fairly without making payment conditional on disclosure.
- ☐ Avoid recruiting participants through a person who may control or harm them.
- ☐ Offer accessible formats, interpreters chosen with safety in mind, and reasonable time to decide.
- ☐ Never ask a survivor to prove their experience to qualify for participation.

5 Sharing and receiving disclosures

If you are thinking about sharing

You control how much you share, with whom, when and for what purpose. You may ask about confidentiality before saying anything. You can share only what is needed to request support. It may help to choose a trusted person, plan what you want afterwards and decide which details must remain private.

- ☐ What do I want from this conversation - to be heard, information, medical care, safety, legal advice, reporting or something else?
- ☐ Is this place private enough? Could someone overhear or see messages later?
- ☐ What details do I not want recorded or shared?
- ☐ Who should be with me or contacted afterwards?
- ☐ What will I do if I feel overwhelmed or unsafe after the conversation?

If someone shares with you

- Pause and listen. Give attention without demanding details.
- Believe and affirm: "Thank you for telling me. I am sorry this happened. It was not your fault."
- Explain your role and confidentiality limits before asking for more information.
- Check immediate safety and urgent medical needs. Ask whether the person can return safely and whether the alleged perpetrator has access to them or a child.
- Ask what the person wants now. Offer options rather than instructions.
- Seek consent before referral or information sharing unless an immediate or child-protection duty requires action. Explain any required action honestly.

- Record only what is necessary, using the person's own words where possible. Separate fact, observation and interpretation.
- Report through the SIF safeguarding pathway promptly. Do not investigate, confront, mediate or promise an outcome.
- Check back only in the agreed safe way and time.

Helpful and harmful responses

Helpful	Harmful
"What would feel most helpful right now?"	"Why didn't you report earlier?"
"You can stop at any time."	asking repeated or graphic questions
"I need to explain who I may have to tell and why."	promising absolute secrecy
"Would you like options for medical, psychosocial, legal or protection support?"	pressuring the person to report to police or reconcile
"How can I contact you safely?"	calling or messaging at a time that may expose them

Minimum information for a safeguarding response

- ☐ the person's preferred safe contact method, if they choose to provide one;
- ☐ whether there is immediate danger or urgent medical need;
- ☐ whether a child is involved or at risk;
- ☐ what support or referral the person wants;
- ☐ what information may be shared, with whom and for what purpose;
- ☐ the date, time, recipient of the concern and actions taken.

Note: Do not collect a full history simply because a person has started speaking. Repeated retelling can increase distress and may complicate later formal interviewing.

6 Personal and practical safety planning

A safety plan is a personalised set of options for reducing harm. It must not be stored where an unsafe person can easily find it. The survivor knows their situation best; staff should not make promises or decisions on their behalf.

Consider six areas

Area	Questions to consider
Immediate safety	Where could I go for a short time? Who can accompany me? What route is safer?
Communication	Is my phone shared or checked? What name can a support contact use? Is calling, SMS, WhatsApp, web or USSD safer?
Children and dependants	Who can safely collect or care for them? What essential information or medicine is needed?
Documents and essentials	Can I safely keep identification, medicines, keys, small cash, clothing and important numbers together?
Community risks	Could a camp official, leader, relative, partner or aid gatekeeper retaliate? Who should not be informed?
After reporting	How will I travel, return home, receive updates and manage visibility after seeking help?

Digital safety in low-connectivity and shared-phone settings

- ☐ Ask which channel is safest; do not assume WhatsApp, SMS, web or USSD is private.
- ☐ Use neutral contact names and message wording only if the person agrees.
- ☐ Turn off message previews, location sharing and automatic cloud backup where safe and practical.
- ☐ Do not ask a survivor to keep evidence on a device that an unsafe person can access.
- ☐ Avoid sending case details to group chats or personal email accounts.
- ☐ SIF staff should use assigned secure systems, role-based access and unique identifiers rather than names wherever possible.
- ☐ Explain that deleting a message may not remove screenshots, backups or copies held by another person.

Medical care after sexual violence

Some health needs are time-sensitive. Offer prompt access to a qualified health provider without requiring a police report. Preserve choice, privacy and dignity. Do not wash, photograph, collect or store physical evidence unless this is done by an authorised professional under an appropriate

protocol and with informed consent. If the person has already washed or changed clothes, they should still be offered care.

7 Public storytelling media and documentaries

Public storytelling may support advocacy, change policy and challenge stigma, but it can also create permanent exposure. A survivor should never be treated as content. SIF and media partners must prioritise the person's present and future safety over visibility, deadlines or organisational promotion.

No disclosure is required

A person can contribute as an advocate, adviser, researcher, peer champion or ally without identifying themselves as a survivor. They may speak about systems, recommendations and solutions without describing personal abuse.

Before agreeing

- ☐ Clarify the purpose, outlet, format, interviewer, location, date, likely questions and intended audience.
- ☐ Explain whether the content will be live, edited, translated, syndicated, archived, searchable or available internationally.
- ☐ Discuss risks to family, children, housing, employment, immigration, court matters, community standing and access to assistance.
- ☐ Choose identification level: full identity, first name only, pseudonym, voice altered, silhouette, no image, no location or fully anonymous.
- ☐ Agree prohibited questions and details, a pause signal, who may be present and whether the participant can review quotations or factual details before publication.
- ☐ Confirm payment or expense arrangements without linking them to graphic disclosure.
- ☐ Plan emotional and practical support before, during and after publication.
- ☐ Obtain separate written or recorded consent for interview, audio, photo, video, name, location and future reuse.

During an interview or recording

- ☐ A safeguarding-trained support person should be available and should not be the interviewer.
- ☐ Begin with boundaries and a reminder that the participant may pause, skip, correct or stop.
- ☐ Do not ask for graphic details, demand emotion, stage distress or repeat questions to obtain a stronger reaction.
- ☐ Do not film identifying camp features, documents, school uniforms, badges, house numbers, metadata or other people without consent.
- ☐ Stop when the participant uses the signal or appears unable to continue. Ground first; discuss continuation only after they have settled and without pressure.
- ☐ Never record secretly.

Afterwards

- ☐ Confirm what material may still be used and the last realistic point for withdrawal before publication.
- ☐ Where agreed, share quotes, captions, translations and identifying details for review. Editorial control must not be promised if the outlet has not granted it.
- ☐ Explain when and where publication is expected and who to contact about concerns.
- ☐ Check in using the agreed safe method. Offer support whether the participant feels proud, distressed, uncertain or wants no further contact.
- ☐ Monitor foreseeable harassment or identification risks and agree on an action plan.

Documentary and long-form projects

Required safeguard	Minimum expectation
Written participation agreement	Purpose, scope, platforms, territories, duration, editing, archive, reuse, compensation, withdrawal cut-off and complaint route.
Independent support	A safeguarding contact who is not responsible for securing the story or production deadline.
Repeated consent	Consent at recruitment, before filming, after sensitive filming, before final identification decisions and before release where contractually possible.
Identity protection test	Review image, voice, background, relatives, timeline, location and combined details that may reveal identity.
Aftercare plan	Named check-in person, duration, safe contact method, referral options and response to online or community backlash.
Complaint and correction route	A clear route for raising safety, dignity, factual accuracy or consent concerns.

Children in media

A child's best interests come before advocacy value. Do not publish a child's identity as a survivor of sexual violence or use details that allow indirect identification. Consent from a parent or caregiver does not remove the duty to assess risk or obtain the child's age-appropriate assent. If the caregiver may be unsafe or implicated, do not seek consent from them; escalate to the safeguarding lead for a lawful, best-interests decision. When in doubt, do not record or publish.

8 Children and adolescents

Anyone under 18 is a child. Children can disclose through words, behaviour, drawings, messages or information shared by someone else. A child may test whether an adult is safe before saying more. Do not ask leading questions or make the child repeat their account.

Responding to a child disclosure

- Stay calm and listen. Use the child's language and pace.
- Say: "You did the right thing by telling me. This is not your fault."
- Do not promise secrecy. Say: "I may need to tell a person whose job is to help keep you safe. I will only tell people who need to know."
- Ask only what is necessary for immediate safety: "Are you safe now?" "Is the person here?" "Do you need medical help?"
- Do not contact the alleged perpetrator or an unsafe caregiver.
- Record the child's exact words as soon as possible and report immediately to the SIF safeguarding focal point.
- Follow the verified child-protection pathway and applicable Nigerian and state requirements. Keep the child informed in language they understand.

Participation by children and adolescents

- ☐ Complete a child-specific risk assessment and obtain organisational approval.
- ☐ Use age-appropriate information, voluntary assent and appropriate caregiver consent unless the caregiver is unsafe or the law provides otherwise.
- ☐ Provide more than one safe reporting route, including one outside the immediate project team.
- ☐ Use two-adult and visibility principles; avoid one-to-one private contact and personal social-media messaging.
- ☐ Arrange safe transport, handover, accessibility, breaks, food and supervision.
- ☐ Do not make a child responsible for representing all children or for educating adults through personal disclosure.
- ☐ Do not photograph or record until the child-media risk assessment and consent process are complete.

9 Safe meetings research and community engagement

Before the activity

- ☐ Map physical, emotional, digital, social, security and retaliation risks with community input.
- ☐ Verify referral providers, accessibility, opening hours, costs, confidentiality and child-safeguarding capacity.
- ☐ Choose a venue and invitation method that do not identify participants as survivors.
- ☐ Name the safeguarding lead, disclosure responder, logistics lead and emergency decision-maker.
- ☐ Brief interpreters, drivers, photographers, consultants and partners on the code of conduct and reporting route.
- ☐ Prepare a private space, water, breaks, safe transport and a confidential way to ask for support.
- ☐ Agree what data is truly necessary and how it will be stored, anonymised and deleted.

During the activity

- ☐ Use strengths-based questions and avoid asking participants to retell violence repeatedly.
- ☐ Offer grounding, but never require closed eyes, touch, breathwork, prayer or physical movement.
- ☐ Monitor power dynamics, interruptions, translation accuracy and who is being asked to carry emotional labour.
- ☐ Do not discuss identifiable cases in a group or photograph attendance sheets beside participants.
- ☐ If distress or a disclosure occurs, move support away from the group without drawing attention.

Research and evidence generation

- ☐ Co-design questions with survivors and remove questions that are unnecessary, repetitive or likely to cause harm.
- ☐ Separate participation consent from data, quotation, image and future-use consent.
- ☐ Do not overstate confidentiality, referral capacity, benefits or influence on policy.
- ☐ Allow a participant to choose a safe interpreter where possible and assess conflicts of interest.
- ☐ Give communities accessible feedback on findings and explain what changed because of their contribution.
- ☐ Publish only aggregated or carefully de-identified data; test whether combined details could identify a person or camp.

10 Support for staff peer champions and partners

People who repeatedly hear about violence can experience secondary or vicarious trauma, compassion fatigue or burnout. This is an occupational safeguarding issue, not a personal weakness. SIF should plan support as part of the work and never rely only on individual resilience.

Possible warning signs

- ☐ sleep problems, intrusive images, numbness, irritability or feeling constantly alert;
- ☐ avoiding participants or becoming over-involved and unable to switch off;
- ☐ difficulty concentrating, increased mistakes or loss of empathy;
- ☐ headaches, exhaustion, appetite changes or increased use of alcohol or other substances;
- ☐ feeling responsible for outcomes outside one's role.

Organisational responsibilities

- ☐ Set realistic caseloads, hours, travel expectations and response coverage.
- ☐ Provide regular safeguarding supervision and confidential wellbeing check-ins.

- ☐ Rotate exposure to distressing material and allow recovery time after serious incidents.
- ☐ Offer access to appropriate psychosocial support without making staff disclose to their line manager.
- ☐ Protect breaks, leave and the right to decline unsafe fieldwork.
- ☐ Debrief process and safety, not graphic case details.
- ☐ Never use peer champions as informal counsellors, investigators or 24-hour emergency services.

Professional boundaries

Boundary	Safe practice
Time	Use agreed availability and escalation cover; do not promise constant access.
Communication	Use approved work channels; avoid personal accounts and unnecessary case detail.
Money and gifts	Follow SIF policy; do not create private financial dependency or favouritism.
Relationships	No sexual, exploitative, coercive or transactional relationship with participants; declare conflicts.
Role	Offer listening and referral within competence; do not act as therapist, police officer, lawyer or saviour.
Information	Access only what the role requires and never use a survivor's story for personal visibility.

11 Practical tools and templates

Tool 1: My grounding menu

Tick options that may help. Cross out anything that does not.

- ☐ look around and name colours or shapes
- ☐ feel my feet or chair supporting me
- ☐ hold water or a textured object
- ☐ step outside with a trusted person
- ☐ stretch or walk
- ☐ listen to music
- ☐ pray or use a faith practice of my choice
- ☐ sit quietly without questions
- ☐ contact: _____
- ☐ something else: _____

Things that facilitators should avoid with me:

My word or signal for pause: _____

Tool 2: My boundaries and participation plan

I choose	My decision or notes
Topics I can discuss	
Topics I will not discuss	
Name or pseudonym	
Image and voice	☐ full image ☐ silhouette ☐ no image ☐ natural voice ☐ altered voice
Location details	☐ may use ☐ general only ☐ do not use
Support person	
Break or stop signal	
Safe follow-up method and time	

Tool 3: Personal safety plan

Prompt	My plan
Signs that risk may be increasing	
Safer place or person	
Safe route and transport	
Children or dependants	
Medicines, documents and essentials	
Safest communication channel	
People who must not be contacted	
Professional support I want	

Tool 4: Before I share publicly

- ☐ I understand the purpose and audience.
- ☐ I know whether it is live, recorded, edited and reusable.
- ☐ I understand that online material may be copied beyond SIF's control.
- ☐ I have chosen what not to discuss.
- ☐ I have decided how I will be identified.
- ☐ Risks to me and people connected to me have been discussed.
- ☐ I know the realistic withdrawal deadline.
- ☐ I know who will support me before and after publication.
- ☐ I know how to raise a complaint or request a correction.
- ☐ My participation is voluntary and is not required for services or opportunities.

Tool 5: Media and documentary risk review

Risk area	Questions and mitigation
Identity	Can face, voice, name, clothing, background, relatives or combined details identify the person?
Retaliation	Could a perpetrator, official, family member or community leader respond with harm?
Digital permanence	Where will it be stored, syndicated, translated, clipped or reposted?
Legal and case impact	Could publication affect a complaint, investigation, court matter or evidence? Obtain qualified advice.
Family and children	Could dependents or relatives be identified, bullied or endangered?
Wellbeing	What preparation, stop mechanism and aftercare are in place?
Power and compensation	Is the choice truly voluntary? Are expenses and payment fair and transparent?
Withdrawal	What can be withdrawn, by when, and what cannot realistically be removed after release?

Tool 6: Consent menu for storytelling and media

Consent should be recorded separately for each item. "Yes" to one does not mean yes to another.

Use	Yes	No	Conditions or expiry
Participate in interview	☐	☐	_____
Audio recording	☐	☐	_____
Photograph	☐	☐	_____
Video	☐	☐	_____
Real name	☐	☐	_____
Location or camp	☐	☐	_____
Direct quotation	☐	☐	_____
SIF website and social media	☐	☐	_____
Partner or news media	☐	☐	_____
Future reuse	☐	☐	_____

Participant name or safe identifier: _____ Date: _____ Consent taker: _____

Preferred withdrawal contact and deadline:

Tool 7: Pocket response to a disclosure

Do	Say
Listen	"Thank you for telling me."
Affirm	"I am sorry this happened. It was not your fault."
Explain	"I will protect your privacy. I may need to involve the safeguarding lead if a child or someone is in immediate danger, and I will explain that."
Check urgency	"Are you safe right now? Do you need urgent medical help?"
Offer choice	"What would you like to happen next? I can explain the available options."
Refer and report	Seek consent where possible, use the safeguarding route, record the minimum and do not investigate.
Follow up safely	"How and when is it safe to contact you?"

Never: blame, promise secrecy, demand proof, mediate, confront, share in a group chat, or guarantee an outcome.

Tool 8: Meeting safety checklist

- ☐ Risk assessment completed and updated
- ☐ Safeguarding focal point named and introduced
- ☐ Referral contacts verified
- ☐ Private support space and safe exit available
- ☐ Grounding and participation choices explained
- ☐ Confidentiality and its limits explained
- ☐ Photography prohibited until consent clearance
- ☐ Safe transport and accessibility addressed
- ☐ Incident recording route ready
- ☐ Post-meeting check-in and debrief arranged

Tool 9: Minimum safeguarding record

Field	Record
Date time and safe location/channel	
Person receiving concern	
Person's own words or factual concern	
Immediate safety or medical issue	
Child involved or at risk	☐ yes ☐ no ☐ unknown
Consent and information-sharing limits	
Action and referral	
Safeguarding escalation and time	
Safe follow-up agreement	

Tool 10: Verified local support directory

Service	Organisation and focal point	Safe contact	Hours cost and access notes	Last verified
SIF safeguarding				
Emergency health				
Sexual assault care				
Psychosocial support				
Police gender unit				
Child protection				
Legal aid				
NAPTIP trafficking support				
Safe shelter or protection				

Tool 11 Organisational readiness check

- ☐ Safeguarding policy, code of conduct and complaints routes are current and accessible.
- ☐ Roles are clear: Project Director accountable; Data and Safeguarding Manager operational lead; MEL receives only necessary de-identified data.
- ☐ Staff, volunteers, peer champions, consultants and partners are trained for their level of contact.
- ☐ Child and adult referral pathways are mapped, vetted and tested.
- ☐ Media approval requires joint safeguarding and communications clearance.
- ☐ Data retention, deletion, access and breach-response rules are operational.
- ☐ Survivor Advisory Circles can raise concerns independently and are not expected to manage cases.
- ☐ Supervision, vicarious-trauma support and incident learning are budgeted.
- ☐ Safeguarding incidents are escalated without routing sensitive details through routine MEL reports.
- ☐ The toolkit is available in accessible formats and relevant languages, with meaning checked through community review.

12 Sources and further reading

This toolkit was developed for SIF by adapting the supplied learning materials and applying survivor-centred safeguarding principles to WhistleSafe Nigeria. It should be reviewed with survivors, safeguarding practitioners, disability advocates, child-protection specialists, referral partners and users of basic phones before public release.

Materials used for this toolkit

1. UK Collaborative on Development Research. Guidance on Safeguarding in International Development Research.
2. Samuel Ioron Foundation. WhistleSafe Nigeria Reporting Sexual Violence in Displacement Settings project materials and Safeguarding and Escalation Plan.

Key external standards

1. Federal Republic of Nigeria. Nigeria Data Protection Act 2023. Nigeria Data Protection Commission: <https://ndpc.gov.ng>
2. Federal Republic of Nigeria. Child Rights Act 2003.
3. Federal Republic of Nigeria. Violence Against Persons Prohibition Act 2015 and applicable state law.
4. UNICEF. Ethical Guidelines for Reporting on Children: <https://www.unicef.org/media/reporting-guidelines>
5. World Health Organization. Clinical management of rape and intimate partner violence survivors: <https://www.who.int/publications/i/item/9789240001411>
6. Inter-Agency Standing Committee. GBV Pocket Guide: <https://gbvguidelines.org/en/pocketguide/>
7. Keeping Children Safe. International Child Safeguarding Standards: <https://www.keepingchildrensafe.global>

Review and ownership

Document owner	Review cycle	Mandatory review triggers
SIF Project Director with the Data and Safeguarding Manager	At least annually	serious incident; legal or referral change; new reporting channel; new media partnership; community or survivor feedback indicating harm