

MURAD CODE
AUDIT TOOL FOR ORGANISATIONS
PILOT VERSION - 27 MARCH 2026

The Murad Code recognises the responsibility of organisations to ensure the minimum standards in the Code are upheld.

***Principle 7.1 Institutional responsibilities and support:** We recognise that we do not do this work alone. Most of us work in or for organisations. In organisations, we will implement this Code through leadership and commitment, policies, processes and resourcing, including in relation to consultants.*

This Audit Tool has been designed to assist organisations to meet these responsibilities. It can help support organisations to discuss and review their current approach, to document and discuss the findings in more detail and to consider and plan changes that might be helpful (in addition to completing the traffic light assessment system in the tool).

Organisations can tailor this tool to their own specificities, provided the minimum standards are not compromised. If you are looking for a short form of this audit tool, you can focus on Part A below only and consider how the principles of the Murad Code have been embedded within your organisation. Equally, organisations can also use the other sections (Parts B-F) separately or collectively to deep dive on and assess specific aspects or dimensions of the Code's operationalisation.

- A - Leadership Commitment and Ensuring Consistent Practice
- B - Responsible Decision-Making
- C - Preparation, Budgeting and Resourcing
- D - Contextual Understanding
- E - Safety and Risk Management
- F - Survivor Individuality, Inclusion, Autonomy and Interactions

NOTE: Not all organisations will have the same level of formal infrastructure or operating systems, but will take thoughtful and measured steps to apply the principles consistently in practice. Consistent application of principles is the most important measurement in terms of survivor-centred approaches. For smaller community-based or grass-roots organisations, which may not need that infrastructure or complex systems, this tool should be adapted before use to focus on what thinking and steps have gone into assuring consistent application of these principles in practice.

Instructions:

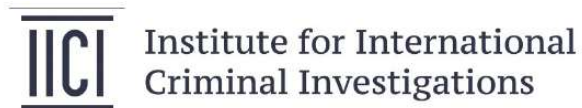
- a. Decide whether you are completing a short form version (i.e. Part A only), a specific dimension audit (any of Parts B-F) or a holistic audit (Parts A-F).
 - b. Consider the statements/indicators for the relevant dimension and work through the series of questions using an evidence-based approach (what evidence is there to support my answer).
 - c. Based on the evidence, select **green** if you can determine that the organisation/its personnel (including consultants and other contractors, such as intermediaries, fixers or interpreters, who work closely with the organisation) meets that statement/indicator (all 'yes' answers), **amber** if there are a few concerns or the evidence does not 'fully meet' (you have a few 'no' answers) or **red** if there is a significant gap between the evidence and the statement/indicator (your answers are mainly 'no's').
- For the overall assessment for each dimension, select the column which has the most answers or select the average if they are evenly spread across the three. Add notes based on your findings in the far right column or on a separate set of notes/report.

References to Murad Code principles are included throughout, as denoted by 'MC' and the principle number, e.g. 'MC7.1'.

Acknowledgements

This pilot version Audit Tool was created by Dr Ingrid Elliott, with assistance and in consultation with Olivia Head, Marion Volkmann-Brandau and Gabriël Oosthuizen. Further consultation and fine-tuning is envisaged during the piloting phase as different organisations in different settings trial this tool and provide input to make it more user friendly and valuable. Its development forms part of a series of professional tools created through the Murad Code Project, spearheaded by the Institute for International Criminal Investigations (IICI).

From 2023 to 2026, the Murad Code project, including work to develop this pilot Audit Tool, was supported by the government of Canada through Global Affairs Canada.



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Dimensions	Key considerations	Green: <i>No significant concerns, consistently meets or exceeds Code standards</i>	Amber: <i>A few concerns, on way to compliance with some more steps</i>	Red: <i>Concerns, significant steps or change needed to meet Code standards</i>	Notes: findings and recommended steps
A. Leadership Commitment and Ensuring Consistent Practice					
A1. There is a leadership commitment to the principles in the Murad Code, and implementation through supporting policies. MC7.1	Q. Is there a leadership commitment and published statement committing to the Murad Code or its principles? Q. Have steps been taken to convert these commitments to policies and organisational principles and values?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
A2. There are operational instructions, protocols, procedures, budget templates and work tools which aim to implement the Murad Code Principles into practice. MC7.1	Q. What steps have been taken to move these principles into protocols, procedures, instructions, SOPs, budget templates which provide an operational framework for them to be implemented across all operations? Q. Has there been an audit or assessment or existing procedures, protocols, operational guidance or manuals against the Murad Code or its principles? Q. If so, has its recommendations been acted upon?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
A3. Appropriate resources are allocated to ensure the principles of the Murad Code are upheld in operations, including budget, leadership/management, team/personnel and time. MC7.1	Q. Has there been an audit or assessment of organisational resources including existing project/programme resources such as budget, personnel - competencies, team selection and allocated time for implementation of Murad Code principles? Q. Does organisational resourcing correspond to and support Murad Code principles? Q. Does the leadership/management have the right competencies and resources, in decision-making roles? Q. Which dimensions in this tool are represented in that resourcing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
A4. Measures support, monitor and review operational practice to ensure the policies, procedures embedding Murad Code principles are consistently followed. MC7.1	Q. Has there been an audit or assessment of practice against policies, procedures and the principles in the Murad Code? Q. What steps, such as training, mentoring, supervision, spot checks, monitoring, etc. have been employed to assess practice against the principles in the Murad Code (as well as policies and procedures)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
A5. The organisation values and ensures transparency and accountability for its commitment to the Murad Code Principles. MC3.8	Q. Is the organisation transparent about its methodology and practice? Q. Are methodology statements published by the organisation and do they extend to consistency with Murad Code principles? Q. Does the organisation have policies, mechanisms, systems or pathways for complaints (external and internal)? Q. Do those extend to consistency with Murad Code principles, e.g. from people engaged or affected by the organisation's actions or publications? Q. Are steps taken to ensure these systems are accessible and working? Q. Is the organisation responsive to complaints or feedback, internally or externally? Q. What evidence is there of practice being open to and responsive to negative feedback and making changes/improvements as a result?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
A6. The organisation values and prioritises trustworthiness and ethical decision-making and conduct. MC3.5-3.6	Q. Does the organisation value trustworthiness and ethics, as compared to e.g. project delivery and funding? Q. Have those values been reflected in policies, procedures, practice and responsiveness to feedback? Q. What examples are there of these values being prioritised over other issues in practice?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Overall Assessment:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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B. Responsible Decision-Making					Notes: findings and recommended steps
B1. The organisation makes responsible decisions about its activities, considering the elements in Principle 4 of the Murad Code [MC4.1], including engaging in affected community consultations (and codesign) when possible, and reflections to check for and avoid drivers of bad practice [MC4.7].	Q. Does the organisation have a decision-making process or protocol for activities which includes the elements in Principle 4 of the Murad Code? Q. Does the organisation seek community consultation and input when possible before designing and making decisions on what work to do where? Q. As part of decision-making processes, is there any consideration or reflection on drivers of bad practice, such as urgency, greater good, public interest, prevention, etc., to ensure these justifications are not being used to avoid safe, effective and ethical practice set out in the Murad Code? See Murad Code Project, "Drivers of Harmful Practices in the Collection and Use of Information on SCRSV"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
B2. The organisation undertakes efforts to understand who is doing what in relation to SCRSV information gathering and use in the context(s) it intends to work in ("Actor Mapping"). MC5.5	Q. Have steps been taken to understand which actors are operating in the same spaces/contexts as the organisation (actor mapping - who is doing what where)? Q. Was there an initial actor mapping sourced or undertaken before starting work in that context? Q. Has a review or updating of that mapping taken place? Q. Has any gap analysis been undertaken to understand whether there is a need for additional actors with a particular focus/objective in the space?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
B3. There is a clear delineation of the organisation's role and purpose for each activity in each context [MC4.2], that there is no conflict of interest, and checks to ensure intended outcomes are realistic [MC4.4].	Q. Have efforts been made to develop a clear statement of the organisation's role and purpose for each of its operational activities and contexts? Q. What does this include - e.g. a clear delineation of role and mandate, what falls outside the scope and mandate, what information gathered or obtained will be used for, what intended outcomes and objectives are, etc. Q. Has a conflict of interest assessment been undertaken to understand if the intended work and activities would create a conflict of interest in relation to its existing work or core mandate? Q. Has an assessment been undertaken to understand whether the intended outcomes and objectives are realistic in the circumstances, and to understand risks and threats to achieving those outcomes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
B4. For each activity, there is a clear, stateable added value for survivors and affected communities. MC4.5-4.6	Q. Does the organisation conduct an added value assessment of its proposed activities? Q. Does it include added value to survivors and affected communities? Q. Does it consider their input? Q. Does it weigh any benefits against risks? Q. What evidence is there to show that the organisation takes this approach and is careful not to proceed if the risks outweigh the benefits or when no added value can be found for survivors?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
B5. The organisation has carefully considered what actual information is needed for its intended purpose, including whether there are alternative sources available which reduces demand on survivors [MC4.2-4.3, 4.8, 8.1] and whether it is appropriate for it to handle potential original evidence [MC 3.7].	Q. Does the organisation consider what kind of information is needed from what sources in terms of its intended purpose and mandate? Q. Does the organisation appropriately set standards of information/ level of verification/proof in terms of their mandate and purpose? Q. Does the organisation ask whether it needs to engage survivors directly at all to obtain information? Q. Does the organisation not insist on direct information from survivors if this is not necessary? Q. Does the organisation have a policy and practice to seek alternative sources for SCRSV information (rather than seeking information directly from survivors)? Q. Does the organisation have a policy and a practice to ask about prior statements and the use of those with survivor consent? Q. Does the organisation have a clear policy and practice with donors to ensure information for reporting does not create risks and harms for survivors (alternative sources, confidentiality/privacy and consent, safe collection in line with the Murad Code Principles), etc. Q. Does the organisation have a protocol/policy on non-collection of original evidence if it does not have an appropriate mandate, it is not necessary to do so, it cannot be done safely, there is someone else in a better position and role to do this, or it does not have the capacity to manage and safeguard the integrity of such evidence.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
B6. The organisation has made reasonable efforts to coordinate its work with others, and based on survivor consent share information to this end. MC4.9, 5.7	Q. Does the organisation coordinate and collaborate with other actors who are gathering or using SCRSV information in the same context (as far as its mandate does not prevent this)? Q. Does the organisation at least seek to communicate and deconflict work with such actors? Q. Does the organisation at least coordinate and collaborate around referral pathways and support services for survivors, for continuity and sustainable support for survivors? Q. Does the organisation have a protocol around ensuring that the format in which the information gathered is recorded allows for sharing if the survivor wants this/consents to this (e.g. that internal names, etc. are coded or redacted, that survivor preferences for de-identification could be implemented)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Overall Assessment:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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C. Preparation, budgeting and resourcing					Notes: findings and recommended steps
C1. The organisation ensures that preparation is a critical foundation to its work, and is a key step taken in advance of work, [MC 5.1, 5.8], including the briefing of teams prior to and regularly after commencing work [MC5.10].	Q. Does the organisation have a well-resourced (time, budget and personnel) start-up and preparation phase at the beginning of its work cycle/activities? Q. Does that preparation include consideration of unexpected disclosure of SCRSV during activities/work? Q. Does that preparation include an assessment of readiness in terms of Murad Code principles? Q. Does the planning consider post-activity issues, such as archiving/preservation of data, follow-up and sustained support/safety/repercussions for survivors?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
C2. The organisation ensures that its personnel (and its partners) have the right set of demonstrated competencies across its work teams to ensure the work is safe and effective. MC7.3, 7.4	Q. Has the organisation taken steps to resource, recruit or develop the relevant demonstrated competencies necessary for SCRSV information gathering and use? Q. Does team selection for a set of activities include a requirement for the necessary demonstrated competencies within that team and to ensure some flexibility available for survivor choice on at least gender? Q. Does the organisation have a system of supervision, mentoring and performance review around these competencies to ensure practice in activities demonstrates those competencies too? See Murad Code Project, "Murad Code Competency Framework & Assessment Tools"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
C3. For each set of activities, there is appropriate budgeting for upholding Murad Code principle compliance, including provisioning for systems development, capacity building and any missing expertise or competencies that need to be resourced externally. MC7.5 (See A3 above for holistic organisational resourcing)	Q. Does the budget for each set of activities adequately financially resource the following, a) scoping and preparation activities, b) team training and briefings, c) risk assessments and mitigation measures, d) security assessments, advice and response, e) MHPSS mapping and vetting, f) confidentiality measures and information protection, g) survivor support lines (travel, sustenance, child care, etc.), h) coordination time, i) follow-up and sustainability measures, j) staff wellness and vicarious trauma prevention and response measures, k) time to develop appropriate informed consent processes and tracking tools, l) reasonable accommodations for inclusivity and non-discrimination. Q. Are there budget lines for external expertise where necessary? See Murad Code Project "Guide for Funders" Annex 2.2 Guidance on Activities, Resourcing and Budget lines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
C4. For each set of activities, sufficient time has been allocated to ensure safe and effective work, necessary preparations, reduced time pressures and elements for sustainability are provided for. MC4.4, 9.2	Q. Is the time allocated for activities realistic? Q. Does the overall time for a series of activities allow for preparation/start-up time, as well as responsible closing down at the end? Q. Does the time allocation ensure sufficient contingency time for adaptations for individual survivor needs and provide time for making decisions without pressure? Q. Is there preparation time and time with survivors to plan logistics and interaction arrangements built in?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
C5. The organisation ensures the necessary systems and procedures are in place before starting work, including: a. information management and protection [MC7.8], data minimisation [MC4.10], b. safe and effective fully informed voluntary explicit and specific consent processes [MC2] c. emergency escalation protocols [MC7.7] d. continuity and follow-ups [MC5.9, 7.9]	Q. Has the organisation assessed whether it has all the necessary systems and procedures in place for gathering and using SCRSV information in place before it starts activities? a. Q. Does the organisation have the necessary systems and competencies to ensure safe and confidential information management and protection (physically, electronically, etc.)? Q. Are there protocols around this? Q. Does this include ensuring that personnel can recognise confidential information? Q. Is there personnel training and briefings on this to ensure safe and effective practice, including redaction practices, use of encryption and passwording, pseudonyms and separate of identifying details from narratives and other such techniques? Q. Is there an effective reporting and response system if there is a breach or unauthorised leak or disclosure of confidential information? Q. Do personnel feel able to use this reporting system? b. Q. Has the organisation designed a tailored and inclusive informed consent process with supporting forms? Q. Does it factor in giving survivors time to consider and take advice before making their decision? Q. Does it have variations for different development stages under 18 years old, literacy challenges and disabilities such as cognitive or intellectual disabilities? Q. Do these processes include a clear indication of all the information needed to be provided and understood (including the elements in MC2.2)? Q. Do these processes consider power dynamics and imbalances and seek ways to mitigate these? Q. Does the process include clear information about limitations and risks, including ensuring realistic information and management of expectations? Q. Does the process require a two-way conversation, open questions and survivor articulation of what they understand they are providing consent to? Q. Does the process include ensuring the survivor can say no, and can withdraw or change their consent at any time (including discussion of limitations if information already shared)? c. Q. Does the organisation have an escalation protocol supported by emergency/acute medical and MHPSS support in the locality of the survivor or accessible online? Q. Are teams briefed on this protocol? Q. Is it checked/simulated in location to ensure it works? d. Q. Has the organisation a mechanism which would allow for ongoing communications from and to survivors if necessary (for security/well-being repercussions, for follow-up for reconfirming consent or reporting outcomes)? Q. Has the organisation a system where existing trusted and known personnel remain the point of contact for survivors if necessary? Q. If the organisation cannot provide continued communication, has it found a partner in the locality of the survivor who can take up this role? Q. If the organisation has not, does the organisation have a policy and practice to discuss this with the survivor in advance of information sharing so the survivor can decide whether they wish to proceed without that continuity or means of future communication?				
C6. The organisation recognises the expertise and adapted approach required for survivors who are under 18 years of age. If there is no internal expertise, the organisation resources external expertise or identifies another organisation which has competency and does this work (to give children access). MC7.3-7.6, 7.7	Q. Does the organisation recognise the need to adapt its approach for persons under 18 years old? Q. What evidence is there of this recognition and adaptation? Q. Is there internal expertise for U18? Q. If not, has the organisation identified external expertise it can engage (or has engaged)? Q. If not, has the organisation identified another organisation with such expertise and demonstrated competencies which is undertaking the same work in that context which it can refer U18 to? Q. If so, has the organisation vetted that potential referral pathway?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Overall Assessment:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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D. Contextual Understanding					Notes: findings and recommended steps
D1. The organisation undertakes or considers context and gender analyses as part of its planning and work in each context. MC6.2-6.3, 6.5	Q. Does the organisation undertake its own conflict and gender analysis in preparation for or part of its work? Q. If not, does it source and consider such an analysis completed by someone else? Q. Does the organisation incorporate such an analysis into its design and planning for activities in each context? Q. What evidence is there for this incorporation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
D2. The project team has relevant in-country/context expertise and experience. MC6.1, 7.3, 7.4	Q. If the organisation is not a community-based organisation, does the organisation have a requirement that there is in-country/context expertise and experience as part of its activities teams? Q. If the organisation has not worked in a context before, does it take the time to research, scope, visit and understand the context including engaging with community-based organisations and context experts before it designs and plans activities? Q. If the organisation has not worked in a context before, does it partner with community-based organisations to ensure a contextual understanding? Q. Does the organisation have a shared information resource readily available for team members which contains understanding of contexts, including analysis, information, reports, lessons learned, contacts, etc.?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
D3. Each team has resources to ensure appropriate, safe, non-stigmatising and effective communication and use of language. MC6.8	Q. If appropriate, has the organisation taken steps to resource language assistance (and interpretation if necessary) and understanding of communication practices which allows its teams to understand safe, respectful and culturally appropriate means of communication (spoken, gestures and other forms of interaction and communication)? Q. Does the organisation require preparatory work and briefings with any necessary interpreters and translators to ensure their sensitivity to communication issues and language choice around SCRSV and stigma? Q. Has the organisation prepared a glossary of terms including common euphemisms, safe terminology (non-offensive, non-stigmatising language), terms to avoid (those with derogatory meanings or connotations) and gaps in SCRSV terminology relating to all relevant languages for that context?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
D4. Each team has a good understanding and analysis of context/community dynamics, potential repercussions and implications of national laws on the work. MC6.5, 6.7, 6.9	Q. Does the organisation either undertaken or source an analysis of community context dynamics, potential repercussions and the implications of national laws which may impact the work or activities? Q. Does the organisation include these in its risk assessment and mitigation measures? Q. Does it either resource internal work or external advice to understand, mitigate and monitor these risks? Q. Does the organisation have a response plan or approach if these risks manifest during the work/operations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
D5. The project team has a good understanding of different levels, manifestation and impacts from stigma and avoids myths, misassumptions and stereotyping in their planning and work. MC3.3, 6.4	Q. Does the organisation have an internal or external advisor/expertise (demonstrated competency relevant to the context) who provides an understanding of stigma related to SCRSV and how it potentially affects its work, personnel and its beneficiaries/interlocutors? Q. Does the organisation take steps to ensure that stigma, including myths, stereotypes, misassumptions, are avoided in their activities and are not perpetuated through the acts or communications of their personnel? Q. What evidence is there of such steps in practice? Q. Are team/activity personnel aware of stigma, stigmatising language and do they know how to avoid perpetuating them?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
D6. The project team has a good understanding of different collectivities and collective harms in the context of their work. MC6.6	Q. Are steps taken to ensure there is a good understanding of collectivities (groupings) and collective harms from SCRSV, its radiating impacts and its stigma? Q. What evidence is there of this in practice? Q. Is there information relating to this in a central accessible resource/repository that personnel can access? Q. Is it included in context analysis? Q. Is it factored into planning and activities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Overall Assessment:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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E. Safety and Risk Management					Notes: findings and recommended steps
E1. The organisation and its personnel demonstrate prioritisation of safety. MC1.4-1.5	Q. Has the organisation taken steps to ensure that organisational, operational and individual decision-making prioritises safety and well-being, as well as other aspects of safety? Q. Does the organisation's work culture reflect the priority? Q. Do team members and activity personnel understand and share that priority? Q. Does the organisation take steps to identify persons or situations in which there may be heightened risks? Q. Does the organisation take additional, specific precautions where there are heightened risks? Q. What evidence is there for that in practice?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
E2. For each project and activity with that project, the organisation conducts and reviews risk assessments and puts in place mitigation measures. The organisation and its personnel do not proceed, or continue, unless risks can be appropriately mitigated. MC5.3, 3.8	Q. Does the organisation conduct and regularly review risk assessments and mitigation measures? Q. Do the risk assessments and mitigation measures extend beyond physical security to the full range of potential risks including physical, psychological, social/reputational, economic and legal? Q. Do the risks assessments and mitigation measures extend beyond the organisation and its personnel, to include individual survivors and affected communities? Q. Does it include risks to existing efforts and access to justice for survivors and the affected community? Q. Is the risk assessment and mitigation work informed by relevant expertise, and are there sufficient resources (time, budget and personnel) to ensure this work is done properly and is reviewed regularly? Q. Does this approach extend to individualised assessment and measures for individual survivors? Q. Are these risks and mitigations monitored? Q. Is there a response plan if these risks manifest? Q. Are records kept for all these aspects? See UK PSVI International Protocol on the Documentation and Investigation of Sexual Violence in Conflict 2nd Ed. (2017) Chapters 7 and 8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
E3. The organisation has identified and assessed available support for survivors in the contexts of its work, including MHPSS support mapping. Personnel discuss support options with any survivors they are to engage with and help to refer safely if consent [MC 5.6/7.7]. The organisation works with community-based organisations as part of continued support for survivors. [MC6.10]	Q. Does the organisation include referral pathways and MHPSS support ("MHPSS readiness") as a necessary ingredient for working with survivors (for information gathering)? Q. Does the organisation undertake research or scoping visits to identify and vet referral services in the locality of survivors? Q. Does this work include an assessment of accessibility and suitability for different groups of survivors (including characteristics such as age, gender, sexual orientation, etc.)? Q. Does the assessment include confidentiality, safety, effectiveness and survivor-centred approaches? Q. Does the organisation have a policy or guidance on how to assess whether it is appropriate to start or continue with work in situations where there are limited or no appropriate support services? Q. Do personnel discuss with survivors the available options for support? Q. Do personnel provide any kind of accompaniment or assistance in attending or approaching such services? Q. Has the organisation partnered with or assessed any community-base organisations which might be able to provide survivors with sustained support? See Murad Code Project, "Guidance on Implementing the MHPSS Principles of the Murad Code"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
E4. The organisation has measures in place aimed at prevention and response to Vicarious Trauma and Burn Out of personnel. MC7.10	Q. Does the organisation have a policy on personnel well-being? Q. Has the organisation taken steps to minimise and respond to vicarious trauma, compassion fatigue and burn-out in its personnel? Q. Are personnel trained to recognise the signs of these conditions? Q. Has the organisation put in place parameters and protocols for safe working aimed at prevention or minimising the risk of these conditions? Q. Are there organisational support responses and protocols? Q. Are these measures supported by leadership commitment and modelling? Q. What measures are in place to monitor well-being and help identify issues early? Q. Do these measures ensure they extend to personnel working outside the office? Q. Does the organisation's working culture reflect prioritisation of personnel well-being? Q. What evidence is there for these aspects?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
E5. The organisation recognises, assesses and mitigates specific risks of remote interaction with survivors, and does not proceed if it cannot appropriately address such risks and challenges. MC5.4	Q. Does the organisation have a specific set of protocols and steps required for risk assessment and preparation for remote interactions with survivors (by telephone or online)? Q. Does the organisation require a trusted support person in the locality of the survivor to provide technical and safety support? Q. Does the organisation require a means of monitoring a survivor's well-being during any remote interaction? Q. Does the organisation resource the necessary technical equipment (hardware and software), locations and privacy measures to ensure the remote communications are secure and confidential? Q. Does the organisation have a protocol around when it is safe to proceed and when a remote interaction should not proceed due to inability to mitigate the risks? Q. Do personnel follow these protocols in practice? Q. What evidence is there for these aspects? See IICI "Guidelines on Remote Interviewing", JEC/PIAC "Restricted Access Interviews: A Guide to Interviewing witness in remote human rights investigations"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
E6. The organisation recognises, assesses and puts measures in place to mitigate privacy, legal and security implications from use of indirectly-sourced information. MC8.2-8.4	Q. Does the organisation recognise the risks of using open source or indirectly-sourced information? Q. Does the organisation and its personnel recognise that just because information is available in open sources, this does not mean that viewing, using or sharing is safe and won't cause more harm? Q. Are these recognitions reflected in policies, protocols, systems and practice? Q. Does the organisation consider survivor intent/consent for open source material and whether it is specific and explicit to cover its intended use? Q. Does the organisation refrain from reaching out to survivors (about whom they have indirectly-sourced information) unless it has personnel with the right demonstrated competencies and it has adequately mitigated risks? Q. Does the organisation have protocols and tools in place to counter search bias? Q. If conducting open source research, has the organisation put in place protocols to recognise and respond legally and ethically to Child Sexual Abuse or Exploitation Material (CSAM/CSEM) if encountered? Q. Do personnel know that to do (and not do) and who to contact if they find this type of material? Q. Has the organisation taken steps to recognise the legality and laws related to accessing, downloading and preserving sexual content from the internet? See Murad Code Project "Open Source Practitioners' Guide to the Murad Code"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Overall Assessment:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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F. Survivor Individuality, Inclusion, Autonomy and Interactions					Notes: findings and recommended steps
F1. The organisation actively seeks to include different persons including marginalised groups and make reasonable accommodation to be inclusive (non-discrimination). The organisation does not engage in or tolerate any form of discrimination. MC1.10	Q. What is the organisation's policy on non-discrimination? Q. Does that extend to all persons including all marginalised groups? Q. Does it extend in practice to groups who face specific discrimination with the relevant culture(s) or context(s) - (e.g. persons with diverse gender expression or identity or sexual orientation? or persons of minority religions?) Q. Does the organisation take specific steps to ensure safe inclusion for such groups/persons? Q. How does the organisation ensure that personnel also take the same approach and do not tolerate or practice any form of discrimination? Q. Does the organisation have a policy and resourcing for reasonable accommodations (adjustments for persons with disabilities or specific needs which would allow them to participate)? Q. What evidence is there in practice of these aspects?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
F2. The organisation and its personnel take the individuality of survivor into consideration in design, planning and implementation phases, and ensures flexible and adaptable methodologies for individual needs and choices. The project team identifies a range of options for safe spaces, including with enhanced privacy, prioritising all dimensions of safety and well-being over numbers, time savings or team convenience. MC1.1, 5.2, 9.3-9.5, 10.3	Q. Is there a recognition in the organisation that each survivor is unique and has individual needs, capacities, abilities, challenges, etc.? Q. Does the organisation factor in this individuality into its design, planning and implementation? Q. Does the organisation at least consider gender, age and intersectional (multi-dimensional) discrimination in its design and planning? Q. Is there flexibility in the methodology and resources allocated for activities? Q. Do the resources and methodology allow for adaptation for individual needs? Q. Does this cover different safe spaces/locations for meeting, different genders of personnel (including interpreters if necessary) interacting with survivors, different forms of supported decision-making if necessary? Q. What evidence is there of this?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
F3. Once in contact with individual survivors, personnel seek survivor input and participation on risk assessments, and engage survivors in co-planning and decisions over forms and timing of communications, meeting places, who is present including choices around gender and other characteristics of those participating. Personnel do not assume, they ask the survivor at this stage. MC 1, 5.2, 5.3, 9.5	Q. Does the organisation require that individual survivors participate in and provide input into individualised risk assessments relating to them? Q. Do personnel ask individual survivors about their needs, concerns, priorities and objectives? Q. Do personnel discuss safe and private means and timings of communication with the survivor? Q. Do personnel work with individual survivors to give them choices about the date, place, time and personnel involved in interactions with them? Q. Do personnel work with individual survivors to understand what makes a space safe for them? Q. What evidence is there in practice for these aspects?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
F4. The organisation and its personnel consider individual survivor informed consent as the fundamental basis for all aspects and stages of interaction with survivors, and considers tailored approaches to support decision-making and autonomy. MC2.2-2.3, 1.1 (See also C5b above for informed consent systems and processes)	Q. Does the organisation require/verify informed consent before it gathers and uses SCRSV information relating to survivors? Q. Does the organisation consider information gathered from survivors as confidential, only to be shared or used with the survivor's express consent? Q. Does the organisation provide for ways for survivors to participate in decision-making even where their decision-making needs to be supported or they have a legal guardian? (e.g. persons under 18 years old, persons with cognitive disabilities) Q. Does the organisation keep consent information records in a way that allows tracking of survivor consent for specific uses or sharing with types of organisations? Q. Is consent checked before every use and sharing? Q. What evidence is there of this approach in practice?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
F5. Personnel ensure they are ready, alert to communication, well-being and other challenges during survivor interactions and are trauma-informed and responsive. MC 9.1, 10.1-10.2	Q. Does the organisation consider and provide for readiness checks for interviewers/personnel who will interact with survivors (as part of or separate from personnel well-being measures)? Q. Does the organisation understand trauma-informed approaches and does it provide training/briefings to personnel on this? Q. Does the organisation ensure that personnel can recognise signs of trauma, distress, restimulation, retraumatisation and know some basic responses to help alleviate these well-being issues? Q. Does the organisation require that personnel are briefed/trained on escalation protocols and emergency responses available in the locality of their work? Q. What evidence is there for personnel's recognition and appropriate response to trauma in survivors in practice?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
F6. Personnel take active measures to reduce time pressures on survivor decision-making and on survivor accounts [MC2.6, 9.2], and create safe structures and processes for interactions and interviews [MC10.4-10.7], using open questions and not asking for details they don't need [MC10.8]. Personnel take time closing an interaction or interview with a survivor safely, discussing what to expect next and considering ongoing support and follow-up options with survivors. [MC10.4, 5.9]	Q. Does the organisation have interview protocols which include careful interview planning, elements for opening an interview (engage and explain), survivor control and open narratives, safe structures or sequencing, reducing pressures and slowing pacing, use of open questions, identification of relevant information/information needs, and a safe interview closing process? Q. Are personnel trained and briefed on these protocols? Q. Are personnel mentored or observed to ensure demonstrated competencies before conducting any survivor interviews? Q. Do personnel ask questions which are limited to the information they need? Q. Do personnel ensure in practice that there is sufficient time and space for a safe interview closing? Q. Do personnel discuss what to expect in the coming days and what kind of support a survivor has before the end of an interview? Q. Do personnel provide a means of contacting them to survivors, for the purposes of safety, support or change in consent? Q. What evidence is there in practice for these aspects?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Overall Assessment:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	