

Glossary of Key Terms

Plain-language definitions of all terms used across the Safe Spaces pack

How to use this glossary

Terms are listed alphabetically. The "See also" column points to the document where each concept is explained in full. Where a term appears in bold in any Safe Spaces document, its definition is here.

New in this version: 7 additional terms have been added following the external review. These are: Abuse, Balance of Probability, Duty of Care, Intervention, Proportionate, Psychological First Aid, and SEND.

Term and definition	
ABUSE Any action — or failure to act — that causes harm to a person. Abuse can be physical (hitting, restraining, injuring); emotional (humiliation, threats, controlling behaviour); sexual (any sexual act or behaviour without consent); financial (theft, exploitation, controlling someone's money); or neglect (failing to provide essential care). Abuse can be carried out by any person in a position of trust or authority, by peers, or by partners. Abuse can happen once or repeatedly. Repeated low-level behaviour that individually might seem Minor can constitute abuse over time.	F0 Section B; R3; R4; R5
ADULT AT RISK An adult aged 18 or over who has care and support needs, is experiencing or at risk of abuse or neglect, and is unable to protect themselves as a result of those needs. In Erasmus+ and ESC contexts, adult participants at risk may include people with disabilities, mental health conditions, or significant economic or social vulnerability. Having care and support needs does not in itself mean a person is at risk — the combination of need, harm risk, and inability to self-protect is what defines the category.	R4; F0 Section B
ALLEGED PERPETRATOR The person who is the subject of a safeguarding concern — the person alleged to have caused harm. "Alleged" is essential: it means the concern has been raised but has not been investigated or proven. Using "alleged" protects procedural fairness and prevents premature judgement, while still	I4; P2 Section 4



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allowing the organisation to take protective action. The alleged perpetrator is entitled to know a concern has been raised (at an appropriate point in the process) and to be treated with fairness throughout.	
ALTERNATE DSL A trained safeguarding person who can carry out all DSL responsibilities. At Tier 2 and Tier 3, the Alternate DSL is an internal staff member trained to the same level as the primary DSL. At Tier 1, the equivalent is the external backup. The Alternate DSL steps in automatically when the primary DSL is unavailable or has a conflict of interest.	P1; P2
ANONYMOUS REPORTING A reporting channel that allows a person to raise a safeguarding concern without their name or any identifying information being recorded. "Anonymous" means no identifying information — not just no name, but also no digital address (IP address). Standard email and website contact forms do not guarantee anonymity. Only purpose-built verified platforms (such as Whispli, EQS Integrity Line, FaceUp or SpeakUp) provide genuine anonymous reporting.	I2; QRC Card 2
BALANCE OF PROBABILITY The standard of evidence used in internal safeguarding investigations. It asks: is it more likely than not that this concern is substantiated? This is lower than the criminal standard of "beyond reasonable doubt." At balance of probability, you weigh all the available information and reach a reasonable, documented conclusion. A finding of "more likely than not" can justify safeguarding action, even where a criminal prosecution would not succeed.	I4; F0 Section J
CHILD For safeguarding purposes, a person under the age of 18. All under-18 participants in Safe Spaces projects are subject to the child protection measures in R3, regardless of their maturity, apparent independence, or the age of majority in their home country.	R3; F0 Section B
COMPLAINANT	I2; F0 Section J

A person who has formally raised a concern, complaint or allegation. The complainant may be the person who was harmed, or a witness, colleague, parent, partner organisation or third party. The complainant is not always the person at risk.	
CONCERN CLASSIFICATION The Safe Spaces framework uses three levels to classify safeguarding concerns: MINOR: a low-level welfare concern with no immediate risk to safety. Requires documentation and monitoring. A single Minor concern may become Moderate or Major if it is repeated or forms part of a pattern. MODERATE: a single concerning incident, or a pattern of Minor concerns, that requires DSL assessment and may require precautionary action. MAJOR: an immediate risk to safety, or a concern that meets the threshold for statutory referral. Requires emergency response.	F0 Section J.5; I3; P2 Step 4
CONFIDENTIALITY Keeping information about a safeguarding concern private and sharing it only with the people who need to know it in order to act on it. Confidentiality in safeguarding does not mean secrecy — it means controlled, deliberate, need-to-know sharing. The DSL always needs to know. Beyond the DSL, information is shared only with those directly involved in managing the response. Confidentiality cannot prevent disclosure where there is a duty of care to protect a person from harm.	F0 Section K; O3
DESIGNATED SAFEGUARDING LEAD (DSL) The named, trained person responsible for coordinating the organisation's safeguarding response. The DSL receives and acts on all safeguarding concerns, maintains the case log, makes statutory referrals, and reports to the board. Every organisation running activities with participants must have a named DSL before any activity begins.	P1; P2; F0 Section F
DISCLOSURE When someone tells you directly that they have experienced harm. A disclosure is one of the four types of safeguarding concern. The others are: observation (you witness something), allegation (someone reports harm	I3; I2; F0 Section J

to a third party), and third-party report (someone outside the situation raises a concern).	
DUTY OF CARE The legal and ethical obligation to take reasonable steps to protect people from foreseeable harm. In safeguarding, duty of care means: all staff and volunteers have a responsibility to report concerns; the DSL has a responsibility to act on them; and the organisation has a responsibility to have systems in place. Duty of care does not require certainty that harm has occurred — it requires reasonable steps in response to reasonable concern.	F0 Section A; I2
EXTERNAL SAFEGUARDING ADVISOR A qualified, independent safeguarding professional from outside the organisation who provides expert guidance on complex or sensitive cases. Particularly valuable when a case involves a child, when a statutory referral decision is uncertain, or when a case is outside the organisation's previous experience. Not the same as the external backup at Tier 1, though a qualified external safeguarding advisor may fulfil both roles if they have agreed to do so.	P1 Section 7; P2
GROOMING The process by which someone builds trust and gradually erodes a person's boundaries with the purpose of facilitating abuse. Grooming is not a single act — it is a pattern of behaviour that develops over time. Warning signs include: giving one participant significantly more attention than others; gifts or special treatment; seeking private communication outside official channels; creating secrecy around a relationship; and testing physical or emotional limits. Report patterns to the DSL. Do not confront. Do not wait for something explicit to happen.	F2; P3
INTERVENTION A deliberate action taken to prevent, reduce or respond to harm. An intervention may be protective (separating a person from risk), investigative (gathering information to assess what happened), or supportive (providing care and assistance to the person affected). In safeguarding, interventions are coordinated by the DSL and must be proportionate to the level of concern.	P2; I4; F0 Section J

IMMEDIATELY (in safeguarding)	"Immediately" in safeguarding means as soon as you are able to do so safely — not within seconds or minutes. This means: once you have ensured your own safety and the immediate safety of the person at risk, and you have had a moment to compose yourself if needed. For most people in most situations this means within the same session or the same day. A report made hours after a disclosure is not a failed report. It is still a report, and it is still acted on. What matters is that it is made. "Immediately" is kept in its plain sense (within seconds) only for physical emergency actions: calling 112, evacuating a burning building, dropping to the floor in an earthquake. These are the only contexts where seconds genuinely matter. If you were affected by what happened, injured, or needed to support the person at risk before you could report: say so when you do report. This context matters and will be recorded. I3, How to Use; I2 Section 1; P3 Section 5; F0 Section J.2
JURISDICTION The country or legal area whose laws apply to a situation. In international projects, jurisdiction matters because it determines which country's police, child protection services and legal system are responsible. Jurisdiction generally follows location: if an incident occurs in Portugal, Portuguese authorities have jurisdiction — regardless of where the participants are from.	I3, Chart 4 — Travel and Partner Site; O1; F0 Section N
LISTENING EAR An informal, confidential support role that sits between self-help and formal escalation to the DSL. A Listening Ear is a trained or briefed person (not the DSL) who can receive early concerns, provide initial emotional support, and help a person decide whether and how to make a formal report. Organisations may choose to introduce a Listening Ear role as an accessible, low-threshold option for staff and	F0 Section J.4; P3

volunteers who are not yet ready to make a formal report. The Listening Ear does not replace the DSL — all concerns that meet the reporting threshold must be formally escalated.	
MONITORING PLAN A written, structured plan for following up with a person at risk in the days and weeks after a concern has been reported. A monitoring plan must contain six elements: (1) named contact person; (2) contact schedule (frequency, channel, time); (3) risk indicators to watch; (4) support in place; (5) review date; (6) closure criteria. Monitoring plans are built with the person at risk, not imposed on them.	P2 Step 7; F0 Section J.4
POSITION OF TRUST A legal and ethical concept that describes the relationship between an adult who holds responsibility for, authority over, or influence on a young person or participant through their professional or voluntary role. All staff, volunteers, mentors, coaches, facilitators, group leaders and accommodation hosts hold a position of trust. The power created by a position of trust must never be used for personal benefit in any form, including emotionally, sexually, financially or socially.	F2; P3; F0 Section F
PRECAUTIONARY ACTION A step taken to protect participants before a concern has been investigated or proven. The most common precautionary action is asking the alleged perpetrator to step back from contact with participants temporarily. Precautionary action is protective, not punitive — it does not mean the organisation believes the concern is proven. It must be communicated in writing. It does not affect the alleged perpetrator's pay or employment status unless a formal finding is made.	P2; I3; I4; F0 Section J
PROPORTIONATE A response to a safeguarding concern that is appropriate to the level of risk — neither excessive nor insufficient. A proportionate response to a Minor concern is documentation and monitoring. A proportionate response to a Major concern is immediate action including statutory referral. Proportionality means matching the response to the evidence and the risk, not minimising action because a case is difficult or inconvenient.	F0 Section J; I3; I4

PSYCHOLOGICAL FIRST AID (PFA) A practical, non-clinical approach to supporting someone who is in acute distress after a traumatic or frightening event. PFA involves: being calm and present with the person; listening without judgment; helping the person feel physically safe; helping them think through one practical next step; and connecting them to appropriate support. PFA is not therapy. It does not require professional qualifications. It is available to anyone. Five steps: (1) Prepare yourself; (2) Look and listen; (3) Stay and listen; (4) Connect; (5) Refer.	F0 Section J.2; P3; eLearning Modules 2 and 5
REFERRAL (STATUTORY REFERRAL) The act of formally notifying a statutory authority — the police, child protection services, social services or victim support — about a safeguarding concern. Making a statutory referral is the DSL's responsibility. The DSL has the authority to make a referral without management approval when a person is at risk. Once a referral is made, the statutory authority leads the investigation.	P2; I2; F0 Section J
RIGHTS-HOLDERS People who have rights that the organisation is legally and ethically obligated to respect. In safeguarding, participants are rights-holders — not passive recipients of a project. They have the right to: be safe; know their rights; raise a concern without retaliation; be informed about what will happen before it happens; and receive appropriate support.	F0 Section O; F4; O4
SECONDARY VICTIMISATION When the process of responding to harm causes additional harm to the person who was already hurt. Examples: asking the person to repeat their account to multiple people; questioning whether they are telling the truth; sharing information about them without their knowledge; and making them feel guilty for speaking up. Secondary victimisation often happens in organisations that are trying hard to do the right thing. Knowing about it is the first step to avoiding it.	F0 Section J; P3; eLearning Module 2
SEND Special Educational Needs and Disabilities. Participants with SEND may require additional support, adjustments or specific safeguarding considerations due to a disability or learning need. In safeguarding contexts, SEND may	A2; R4; F0 Section B

affect how a concern is communicated, how a disclosure is received, and what support is appropriate. Staff and volunteers working with participants with SEND must be briefed on any relevant considerations before the project begins, in line with the confidential needs assessment (R4).	
STATUTORY AUTHORITIES Official government agencies with legal powers and responsibilities in safeguarding. In most EU countries these include: police; child protection services (variously called social services, child welfare services or child protection boards); adult safeguarding authorities; and health services. Statutory authorities have the power to investigate, remove a person from risk, and prosecute. The Country Legal Supplement lists relevant statutory authorities by country.	P2; I3; F0 Section J; Country Legal Supplement
SURVIVOR A person who has experienced harm or abuse. "Survivor" emphasises that the person is more than what happened to them — they are continuing, moving forward. In day-to-day safeguarding conversations this is generally the preferred term. Always follow the person's own language: if they say "victim," use that word with them. "Victim" is the formal legal term used in statutory and legal contexts. "Complainant" means the person who formally raised the concern, who may or may not be the person who was harmed.	F0 Section J.2; eLearning Module 2
TRIAGE To triage a concern means to assess it quickly and decide how urgent it is and what needs to happen next. Triage is always the DSL's responsibility. At triage the DSL asks: is there immediate danger? What type of concern is this? Who is involved? What is the jurisdiction? Then classifies it as Minor, Moderate or Major. Triage is Step 3 of the DSL seven-step response.	P2; I3; F0 Section J
VICTIM/SURVIVOR-CENTRED APPROACH (VCA) An approach to safeguarding that puts the rights, needs, safety and dignity of the person who has experienced harm at the centre of every decision. The VCA has six principles: (1) Safety — will this action make the person	F0 Section C; eLearning Modules 2, 5, 6

safer? (2) Confidentiality — share only with those who need to know. (3) Dignity — treat the person as a full human being. (4) Non-discrimination — same quality of response regardless of identity. (5) Informed choice — tell the person what will happen before it happens. (6) Access to support — connect to medical, psychological, legal or practical help.

Source

All definitions in this Glossary are consistent with: F0 Safe Spaces Safeguarding Policy Framework v2.0 (2026); IASC Definition and Principles of a Victim/Survivor Centred Approach (2023); WHO and UNHCR Psychological First Aid: Guide for Field Workers (2011); Care Act 2014 (UK); GDPR Regulation (EU) 2016/679; IASC Investigators' Manual (February 2025).



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