

MEDIA GUIDELINES FOR REPORTING ON GENDER-BASED VIOLENCE IN HUMANITARIAN CONTEXTS¹

I. Purpose and Audience

At its best, media reporting on sexual and other forms of gender-based violence (GBV) in emergency contexts facilitates advocacy with decision makers and communities to ensure protection for refugees, internally displaced persons (IDPs) and other vulnerable groups and supports fundraising for comprehensive GBV programs. However, media reporting on GBV in emergency contexts – when it fails to take into account basic ethical and safety principles – can also put GBV survivors, their families and those who are helping them at risk.

The guidelines are intended to ensure that all actors who play a role in facilitating or engaging in media reporting on GBV are aware of and able to prioritize the ethical and safety considerations that preserve the safety, confidentiality and dignity of survivors, their families, their communities, and those who are trying to help them.

The audience for these guidelines is two-fold: first, the guidelines are meant to support those actors who are working in humanitarian contexts to address the needs of GBV survivors, e.g. as part of a UN, NGO or Government entity, including senior management of these organisations. Second, the guidelines propose best practices for journalists and other media professionals who are reporting on GBV in emergency contexts.

Survivors' Best Interests

Any efforts to document GBV for the purposes of media reporting must first prioritize survivors' safety and best interests. Considerations around a survivor's best interest must take precedence over other objectives, including drawing attention to particularly grave GBV violations, such as mass rape. Concretely this means that journalists, reporters and other media professionals, as well as those actors who may be supporting access to survivors, must prioritize survivors' rights to dignity, privacy, confidentiality, safety, security and protection from harm or retribution and should consider if and how a story could potentially violate any of these core principles.

Survivors' best interests are deeply impacted by the context in which a story is reported. Prior to facilitating access and/or covering any story on GBV, there must be a clear purpose for the story (beyond "human interest") and the implications of publicising the issue in that context must be carefully considered. Both those entities that are facilitating access to affected populations and the media professionals who are reporting the story must remain aware of the changing dynamics within crisis-affected communities, and the possible negative impacts that such a singular focus on sexual and other GBV could have on their well-being. The potential positive impact of reporting on GBV for survivors and others within the affected population must be clearly articulated beyond

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¹ Unless otherwise noted, these Guidelines have been adapted from two key resources: *Reporting guidelines to protect atrisk children*, UNICEF (http://www.unicef.org/media/media_tools_guidelines.html) and *IFJ Guidelines for Reporting on Violence Against Women*, Ethical Journalism Initiative (http://ethicaljournalisminitiative.org/en/contents/ifj-guidelines-for-reporting-on-violence-against-women)



simply raising awareness, promoting an organization to increase their visibility and/or generating greater donor interest.

II. Guiding Principles for Media Professionals

Journalists and other media professionals play a critical role in not only raising awareness of GBV but also in counteracting myths and outdated attitudes that may persist on the issue. Drawing attention to positive stories of empowerment and resilience, for example, can assist in illustrating how survivors often act as advocates and agents of change. Below are some additional suggestions for journalists and other media professionals to guide safe and ethical reporting on GBV in humanitarian

contexts:

- Avoid judgmental language. Writing about a survivor's history, her/his sexual practices or sexual orientation, what she/he was wearing, where she/he was, what she/he was doing, or what time of day the abuse occurred could imply survivor blame. Generally, contextual factors such as those just listed should be avoided in all media reporting on GBV. Additionally, forms of GBV should not be presented as "normal" or part of the culture of the crisis-affected context. Unless justifiably relevant to the story, survivor and perpetrator ethnicities should not be reported. It is also recommended to avoid using the term "alleged" rape or sexual assault or referring to a survivor as an "accuser" as this could reinforce the disbelief that a crime actually occurred and reinforce has the potential to stereotypes.²
- Never report details that could put survivors at further risk. Names, photographs, or other identifying information of survivors, their family

Important Consideration: Working with Internal Media Professionals

It is important to consider the possible power differentials that may factor into reporting of a GBV-related story that is generated from within an agency versus from an external media source. For instance, if a communications staff from headquarters regional offices requests access survivors for the production of communication materials, a country office may feel obligated to provide such access. In such cases, if a country office believes that granting access could jeopardize current efforts to address GBV or to provide services to survivors, field staff should reach out to relevant GBV, Gender, RH, or Protection focal points at HQ or regional office for support and to ensure that all staff are aware of these guidelines. However, depending on the country context, field staff may establish that there are no risks involved and that, as long as communication staff respect interview guidelines, access to survivors can be provided.

members, or even at times those actors who are providing assistance (depending on the context), should not be used. Other information including certain specifics of the incident and the physical characteristics of the survivor may also put survivors and those helping them at risk and should be avoided. Any breaches to this best practice can put survivors' lives at risk.³

² For more information on "Words to use, words to avoid' see *Reporting on Sexual Violence: A Guide for Journalists*, MNCASA, http://www.mncasa.org/index 451 3523309454.pdf,

³ Since the name of the survivor or any other identifying information must be changed in the story, there is no need to write it down. In fact, once a name is in the notes it can put confidentiality at risk: journalists or media specialists could be stopped by parties to the conflict at a checkpoint and the notebook or computer could be confiscated or stolen, putting the survivor and family at risk even for having spoken to the media.



- Consult GBV experts who are familiar with the context. The input of local GBV experts will always increase the depth of understanding by providing relevant contextual information. These experts are usually well-placed to support journalists and other media professionals to ensure survivors' rights are protected. If there is ever a question of a story's potential for violating survivors' rights (or a "grey area" in terms of safety and ethics), these experts can also guide media professionals to ensure that they are presenting their story in such a way so as to not increase the risk of further abuse or retribution against survivors, their families, or others who are helping them get care.
- Provide information on local support services and organizations who are addressing GBV in the context. With the consent of service providers, media reports can include the contact information of local support organizations and services in order to allow survivors/witnesses, their families and others who may have experienced or been affected by GBV to access the care they need. It is critical to obtain the consent of service providers prior to printing or broadcasting information on services. In countries where parties to the conflict have been implicated in perpetrating GBV, media professionals must use caution to ensure that service-providing entities do not face retaliation (including violence, threats of violence, and/or getting shut down by the host government).

Ethical and Safe Survivor Interviews

- Sensitive reporting means ensuring that the media interview meets the needs of the survivor. When interviewing female survivors, a female interviewer and interpreter should be on hand. It is important that the interpreter is briefed about confidentiality and agrees to it before meeting the survivor. Too often interpreters are found at the last minute and may not understand the dynamics and consequences of GBV. They also may not have the vocabulary needed for the interview. If interviewers are trained they can also function as cultural brokers and re-phrase questions so as to minimise harm.
- <u>Ensure a secure and private setting</u>. In recognition that stigma may be associated with any step of an interview process. Media practitioners must do everything they can to avoid exposing the interviewee to further abuse. This includes avoiding actions that may undermine their quality of life or standing in their family or community.
- Treat the survivor with respect. For journalists this means respecting privacy, providing detailed and complete information about topics to be covered, and fully informing the survivor on how the information will be used. It also means informing the survivor before the interview begins that she/he does not have to answer every question the reporter asks and that she/he has the right to ask the interviewer to skip a specific question or to take a break if the interview becomes upsetting.
- <u>Survivors have the right to refuse to answer any questions</u> or divulge more information than they are comfortable with. Journalists and other media professionals should provide contact details to interviewees and make themselves available for later contact. This will ensure interviewees are able to keep in touch if they wish or need to do so.



- Avoid questions, attitudes or comments that are insensitive to cultural values, that place an individual or group in danger, that expose an individual or group to humiliation⁴, or probing for details that reactivate an individual's or group's pain and grief associated with their exposure to GBV.
- Pay attention to where and how the survivor is interviewed. Try to make certain that she/he is comfortable and able to tell his/her story without outside pressure, including from the reporter/interpreter or other media professional. Survivors should also be allowed to have someone with them whom they trust and who can act as a survivor advocate. The survivor should be asked where and when to hold the interview. Survivors may face increased risk of harm just by being seen with someone who is foreign and are best placed to determine the most appropriate and safest context for the interview. It is also important to consider who may be within hearing range of the survivor who is telling her story. Sometimes rooms may only be partitioned by a curtain. The time of day of the interview should ideally also be determined by the survivor: it may be easier for her to leave the house un-noticed at certain times.
- The <u>use of images, footage and photographs</u> to illustrate GBV is complicated. Except in cases where survivors have given their informed consent, photos should not include any identifiable information. Any use of images should present the subject in a way that upholds their dignity. Where possible, images should be used to illustrate a general situation, rather than a specific incident of GBV. It is not recommended to take pictures of survivors. If pictures are taken by photographers, it is important to obtain written consent from the survivors and to stay in contact with photographers to review and select images, clarify any information, and discuss possible uses. Unless the individuals represented in the images have given their written, informed consent for use of their image in association with a story on GBV, the use of stock footage to illustrate a story on GBV should also be avoided. Photos of child survivors should never be used.

III. Guiding Principles for UN, NGO and other Survivor Advocates

Due to the potential repercussions on the safety, security and psychological well-being of the survivor, <u>facilitating individual interviews between journalists and GBV survivors is not recommended</u>. Agencies and organizations who are providing direct support for survivors should not be responsible for "finding" survivors for journalists to interview. Instead, aid workers can assess the environment and consider if and how survivors could be directly or indirectly engaged.

If a survivor volunteers to tell her/his story, these are the key steps to be taken by humanitarian professionals before an interview is arranged:

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⁴ For example, suggesting that men from certain ethic groups are more prone to violence or that women from certain communities or socio-economic backgrounds are accustomed to marrying their daughters to much older men.



- Secure consent from the survivor for all interviews and audiotaping. Informed consent⁵ is obtained when a survivor has demonstrated understanding of all potential known positive or negative consequences of divulging his or her information, and can explain exactly how his or her information will be used, including what, if any, identifying information may be shared. Humanitarian personnel should be aware of actors who may be intentionally or unintentionally exploiting the power differential between the interviewer and survivor, family or community members who may be pressuring the survivor to tell her story against her will, or any other factors that might make consent not truly informed.
- Even when survivors consent to being photographed, photos should not be taken that could enable survivor identification (thereby putting them at risk of further abuse and/or retaliation). This equally applies to stories that will appear in local press as it does
 - to those stories that will only be published online.

How to ensure a decision is "informed"

In advance of the interview, journalists and other media professionals must:

- Explain the objective of the interview, the context of the news story, the background on the media outlet, the steps in the interview, who will interview, who will be present during the interview, where the interview will take place, how interview will be published, name of translator, etc.
- 2. Explain the potential risks of undertaking the interview.
- Explain that he/she has the right to decline or refuse any part of the interview and interrupt the interview at any time.
- Explain what will be kept confidential and the limits of confidentiality.
- At all times, secure a written agreement from the reporter to remove identifying information from interviews. This will include changing the name of the survivor and obscuring the physical identity and voice. The exception to this is if, after having all of the potential implications clearly explained to him/her, the survivor explicitly agrees to have her/his identity divulged. NGOs and service providers should also receive a written agreement that the name of the provider and organization will not be used publicly and not be mentioned in the report. It should be assumed that nothing that is said will be "off the record"; rules of engagements should be negotiated before any information is divulged. As feasible, media professionals should share the story in advance with a GBV expert as well as any other actors (survivors or their helpers) who have been featured in the report to review. This applies equally to an in-house story and a story that's being reported by an external actor or entity.
- Even in the few cases of when a survivor's identity is used based on their full and informed consent, he/she must still be protected against harm and supported through any stigmatization or reprisals. Some examples of these special cases are when a survivor initiates contact with a reporter or when a survivor is part of a sustained program of activism or social mobilization and wants to be identified.
- Children: Except in very limited circumstances, journalists or other media professionals should avoid any direct interviews with children. If an interview is required for the story, in addition to

⁵ "Informed consent" occurs when someone fully understands the consequences of a decision and consents freely and without any force. There is no consent when agreement is obtained through deception, or misrepresentation or when a promise is made to the person to provide a benefit (even if this promise is implied).



applying all of the principles described above, the following steps should be taken when it comes to children⁶:

- 1) The interview should never take place without another adult being present. The adult would normally be a parent, but might be someone else who is acting in the place of a parent, such as a teacher, or someone working for a children's protection agency.
- 2) Older children can speak for themselves, but there is a danger that even young people in their teens may be misled or make a snap decision they later regret. Journalists should consider whether even older teenagers properly understand how material is to be used and whether they can give informed consent. Indeed the older the child, the more necessary it is to explain the use of material fully and let them make a decision.

For additional information, go to: www.unicef.org/media/media tools quidelines.html.

IV. GBV Terminology

The following are some of the most common type of GBV in emergency contexts. Journalists and other media professionals should adhere to the below definitions in reporting on GBV.⁷

TYPE OF GBV	DEFINITION/DESCRIPTION*
Rape	Non-consensual penetration (however slight) of the vagina, anus or mouth with a
	penis or other body part. Also includes penetration of the vagina or anus with an
	object. Rape includes marital rape and anal rape/sodomy.
Sexual Assault	Any form of non-consensual sexual contact that does not result in or include
	penetration. Examples include: attempted rape, as well as unwanted kissing,
	fondling, or touching of genitalia and buttocks.
Sexual Exploitation	The term "sexual exploitation" means any actual or attempted abuse of a position
	of vulnerability, differential power, or trust, for sexual purposes, including, but
	not limited to, profiting monetarily, socially or politically from the sexual
	exploitation of another. Some types of "forced prostitution" can also fall under
	this category. ⁸
Sexual Abuse	The term "sexual abuse" means the actual or threatened physical intrusion of a
	sexual nature, whether by force or under unequal or coercive conditions. ⁹
Physical Assault	An act of physical violence that is not sexual in nature. Example include: hitting,
	slapping, choking, cutting, shoving, burning, shooting or use of any weapons, acid
	attacks or any other act that results in pain, discomfort or injury.
Domestic	Intimate partner violence refers to violence that takes place between intimate
Violence/	partners (spouses, cohabiting partners or boyfriend/girlfriend). Domestic violence
Intimate	is often used interchangeably with intimate partner violence, but also can include
Partner	violence by family members other than a spouse. This type of violence may

⁶ Child Rights and the Media: Putting Children in the Right: Guidelines for Journalists and Media Professionals; International Federation of Journalists, Jan. 2002 (http://www.unicef.org/magic/resources/childrights_and_media_coverage.pdf)

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⁷ Managing Gender-based Violence Programmes in Emergencies, E-learning Companion Guide, UNFPA

⁸ UN Secretary General's Bulletin on Protection for Sexual Exploitation and Abuse (ST/SGB/2003/13).

⁹ ibid.



Violence	include physical, sexual and/or psychological abuse, as well as the denial of
Violence	resources, opportunities or services. 10
Foresed	resources, opportunities of services.
Forced	Forced marriage is the marriage of an individual against her or his will.
Marriage	
Early or Child	Early or child marriage (marriage under the age of legal consent) is a form of
Marriage	forced marriage as the girls are not legally competent to agree to such unions). 11
_	Infliction of mental or emotional pain or injury. Examples include: threats of
Psychological/	physical or sexual violence, intimidation, humiliation, forced isolation, social
Emotional	exclusion, stalking, verbal harassment, unwanted attention, remarks, gestures or
Abuse	written words of a sexual and/or menacing nature, destruction of cherished
	things, etc. Forms of sexual harassment may be included in this category of GBV.
	Denial of rightful access to economic resources/assets or livelihood opportunities,
Denial of	education, health or other social services. Examples include a widow prevented
Resources,	from receiving an inheritance, earnings forcibly taken by an intimate partner or
Opportunities	family member, a woman prevented from using contraceptives, a girl prevented
or Services	from attending school, etc. "Economic abuse" is included in this category. Some
	acts of confinement may also fall under this category.
	"the recruitment, transportation, transfer, harbouring or receipt of persons, by
	means of the threat or use of force or other forms of coercion, of abduction, of
	fraud, of deception, of the abuse of power or of a position of vulnerability or of
Trafficking in	the giving or receiving of payments or benefits to achieve the consent of a person
Persons	having control over another person, for the purpose of exploitation. Exploitation
	shall include, at a minimum, the exploitation of the prostitution of others or other
	forms of sexual exploitation, forced labour or services, slavery or practices similar
	to slavery, servitude or the removal of organs."12
	Cultural, social and religious customs and traditions that can be harmful to a
	person's mental or physical health. It is often used in the context of female
Harmful	genital circumcision/mutilation or early/forced marriage. Other harmful
Traditional	traditional practices affecting children include binding, scarring, burning,
Practices	branding, violent initiation rites, fattening, forced marriage, so-called "honour"
	crimes and dowry-related violence, exorcism, or "witchcraft". 13
	Sex selection typically occurs because of discrimination against women and girls
Female	and a systematic preference for boys. 14 This can lead to neglect and/or
Infanticide	discrimination against girls in access to care, food and other resources and in
	extreme cases to female infanticide.
	"Son preference refers to a whole range of values and attitudes which are
Son Preference	manifested in many different practices, the common feature of which is a
	preference for the male child, often with concomitant daughter neglect. It may
	p. c.

GBVIMS User Guide (2010).

11 Sexual and Gender-Based Violence against Refugees, Returnees and Internally Displaced Persons, (UNHCR, 2003).

12 Protocol to Prevent, Suppress and Punish Trafficking in Persons, especially Women and Children (2000). http://www2.ohchr.org/english/law/protocoltraffic.htm

13 "Rights of the Child" Note by the Secretary-General. 29 August 2006.

http://www.unicef.org/violencestudy/reports/SG_violencestudy_en.pdf

14 "Preventing Gender-based sex selection" (Inter-Agency Statement, 2011)

http://www.unfpa.org/webdav/site/global/shared/documents/publications/2011/Preventing_genderbiased sex selection.pdf



mean that a female child is disadvantaged from birth; it may determine the quality and quantity of parental care and the extent of investment in her development; and it may lead to acute discrimination, particularly in settings where resources are scarce. Although neglect is the rule, in extreme cases son preference may lead to gender-biased selective abortion or female infanticide." $^{\rm 15}$

*Please note: the definitions provided here refer to commonly accepted international standards. Local and national legal systems may define these terms differently and/or may have other legallyrecognized forms of GBV that are not universally accepted as GBV.

¹⁵ Fact Sheet No.23, Harmful Traditional Practices Affecting the Health of Women and Children (OHCHR, 1995) http://www.ohchr.org/Documents/Publications/FactSheet23en.pdf