



ETHICAL STORYTELLING ON GENDER BASED VIOLENCE

A Guide by the Irish Consortium on Gender Based Violence (ICGBV)

ACKNOWLEDGEMENTS

The ICGBV would like to give thanks to those who contributed their time to provide input and direction to this guide. We would like to particularly thank members from fundraising, communications, and programme teams from the consortium membership who attended participatory sessions, lent us their time for information gathering, and provided input to this document. Your participation, expertise, and feedback were invaluable in developing this guide. Also, we would like to thank the oversight group in the initial scoping and development of the Guide: Oluchi Porter, Sarah Martin, Sarah O'Suilleabhain and Sarah Jane Hennelly.

Thank you to ICGBV staff, Abby Ryan (Coordinator, ICGBV) and Brianna Guidorzi (Policy and Communications Officer, ICGBV) who designed and led the participatory sessions with key inputs from an advisory group. A special word of thanks to Aideen Conway and Áine Hanrahan (Policy and Research Officer, ICGBV) who reviewed and finalised the document. Finally, a word of thanks to Giulia Vuillermoz who formatted and designed the Guide.

Requests for further information on the guide: info@gbv.ie



TABLE OF CONTENTS

Acknowledgements	11
Summary of the guide	4
Introduction to the Guide	6
Section 1	
Before engaging with a survivor of GBV	8
1.1 What do I need to know about the sensitivity of engaging with a survivor of GBV?	8
1.2 Do you need to engage with a survivor? Considering alternatives	8
1.3 What if your organisation decides it wants to approach a survivor of GBV? What if a survivor shares her story even though your organisation did not ask her to?	10
1.4 What are the power dynamics involved?	10
Good practice spotlights	11
Section 2	
While engaging with a survivor of GBV	13
2.1 A survivor-centred approach to content gathering	13
2.2 Informed consent	15
2.3 What if my organisation did not directly engage with the survivor?	16
Section 3	
After engaging with a survivor of GBV: Producing & Disseminating Content	18
3.1 What are the GDPR requirements?	18
3.2 Use of words and images	19
3.3 Do I have to show outputs to local offices/partners or survivors before dissemination?	22
Good practice examples	23
Key Resources	25

SUMMARY OF THE GUIDE

This guide is not suggesting that survivors of GBV do not want to talk about their experiences or should not talk about their experiences.

Rather, the guide distinguishes between talking about an experience in safe fora (e.g. case management) versus sharing one's story with an organisation for the public. Sharing one's story publicly is different and comes with much higher risks for a survivor of GBV.

What is this guide about?

The aim of this guide is to help organisations talk about gender-based violence (GBV) in a way that respects and protects those who have experienced GBV. The guide is primarily focused on the ethical challenges of engaging with a survivor of GBV who chooses to make her story public, via communications campaigns, fundraising campaigns, or programme reporting. You do not have to be an expert in gender equality or GBV to use this guide - it has been designed for any staff working across communications, fundraising, and programming in development and humanitarian contexts.

This guide contributes to the broader work that we do as international organisations/agencies to achieve gender equality. Through varied initiatives, our organisations raise awareness, fundraise, and implement programmes to improve the lives of women and girls globally. Representing the issues people face while upholding their dignity is essential to how we convey our values and work, particularly in external facing work like communications and fundraising. Simply put, **the stories we tell matter.**

Why is telling stories on gender-based violence any different than from the other stories we tell?

On the one hand, it is important for organisations to speak out about GBV to catch the attention of audiences, including donors - globally, there is **significant stigma attached to GBV**, and within humanitarian contexts, **GBV receives less than one per cent of funding**.¹ On the other hand, storytelling on GBV involves additional ethical questions that need to be answered to **uphold the safety and dignity of survivors of GBV.**

It can be cathartic and healing for survivors of GBV to speak about their experiences. However, speaking publicly to an organisation for external communications or fundraising is very different from speaking to a close confidant or psychosocial professional. Survivors of GBV who go public with their stories may face dangers, including but not limited to ostracization, violence, and retribution. Organisations that work with survivors of GBV for external facing work must **ensure the survivor's safety and wellbeing** and ensure that they **accurately represent the survivor's experiences.**

This guide does not need to be read in its entirety. Rather, it has been divided into three key, mutually reinforcing sections.

1. IRC (2019) "Where's the Money? How the Humanitarian System is Failing to Fund an End of Violence Against Women and Girls"

1. BEFORE

ENGAGING WITH A SURVIVOR OF GBV ([page 8](#))

This is the section you should go to if your organisation is considering doing a campaign on GBV and considering whether to speak with a survivor to hear and share her testimony. It provides an **overview of the ethical considerations**, such as power dynamics and the survivor becoming retraumatised by sharing her story publicly. It also provides **suitable alternatives to speaking with a survivor of GBV** - such as focusing on other gender equality programming, speaking with a survivor activist, or with a staff member - so that your organisation can meet its communications, fundraising, and programme goals.

2. WHILE

ENGAGING WITH A SURVIVOR OF GBV ([page 13](#))

If your organisation has decided to interview or speak to a survivor for external facing work, this is the section you should refer to. It explains **what it means to take a survivor-centred approach**, including the importance of **creating a safe, empowering experience for the survivor**. It also goes into detail about the **informed consent process** and covers considerations to be made if your organisation is working with a media organisation.

3. AFTER

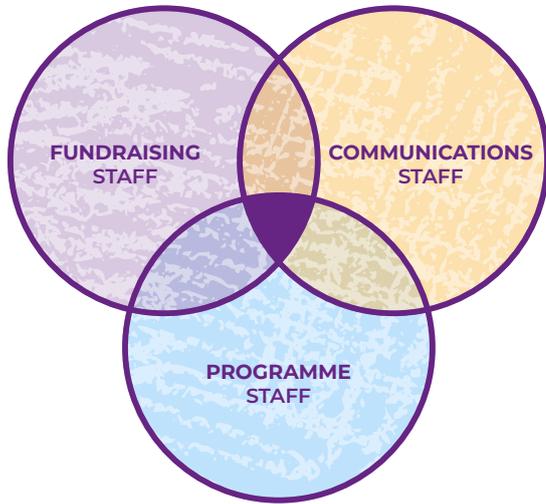
ENGAGING WITH A SURVIVOR OF GBV ([page 18](#))

If you and your organisation are at the stage of producing or disseminating content on GBV - particularly content that includes a survivor's personal story - this is the section for you. This section gives a **brief overview of General Data Protection Regulations (GDPR)** to date (April/2022), which explains what to do if a survivor decides to withdraw consent from the process. This section also provides **guidance on recommended words and images to use** (and not use) when talking about GBV.

Finally, and because examples often demonstrate it best, **good practice examples of communications and fundraising campaigns on GBV** have been placed in the section 'Good Practice Examples' on [page 11](#) and [23](#).



INTRODUCTION TO THE GUIDE



Who is this Guide for?

The guide is for anyone working in fundraising, communications, or programmes who is interested in **learning best practices and challenges regarding storytelling on GBV, particularly within development and humanitarian contexts.** This guide values mutual understanding and respect across all roles and acknowledges that successful operations of our organisations are dependent on not only programme staff but also the vital work of communications and fundraising colleagues, who play no small role in keeping our organisations running successfully. All roles have different responsibilities, goals, targets, and audiences that determine messaging. In that sense, respect for the need for different approaches to messaging is key; mutual understanding across roles can foster better collaboration, which is highly valuable when thinking about ethical storytelling on GBV.

Why is storytelling on GBV challenging?

GBV is a sensitive topic. It comes as no surprise then that it is challenging for international organisations or our local partners to communicate about and fundraise on GBV, especially at the individual giving level. Given the worldwide and widespread nature of GBV and the fact that GBV is not an uplifting topic, information about GBV can overwhelm people, rather than inspire them to share a campaign or click the donate button.

Beyond talking about GBV thematically, speaking with survivors of GBV with the aim of sharing their stories (e.g. their experience or testimony) publicly comes with greater challenges, including but not limited to re-traumatisation or danger associated with breaches in confidentiality. We live in a highly globalised and digitised world where content disseminated in one country can make its way back to the location where the content was gathered - this is especially true for places where social media usage (e.g. Facebook, Twitter) is high and where access to mobile phones and internet is widespread. Survivors of GBV can face retaliation by a perpetrator, family, or members of the community if it is discovered that they shared their story.

They can also face ostracization, or threats, due to the pervasiveness of victim blaming around GBV. These are only a few of the ethical concerns, which arise when organisations communicate the story of a survivor of GBV, and these concerns will be covered in more depth within this guide.

Awareness raising by international organisations on GBV is essential to keep this important issue on the international agenda, removing stigma, and implementing the prevention, mitigation, and response to GBV through programmes and policy. While organisations do communicate on GBV and speak to survivors of GBV, which comes with risks, the **best way to maintain the dignity and safety of any survivors involved is to educate staff on the core ethical concerns involved in doing so.** The key to ethical storytelling on GBV lies in collaboration and partnership among all of us - programme, communications, and fundraising staff.

	FUNDRAISING	COMMUNICATIONS	PROGRAMMING
Why do you tell Stories?	<ul style="list-style-type: none"> • To communicate with donors • To evoke an emotional response • To solicit donations • To raise awareness 	<ul style="list-style-type: none"> • To highlight the work of the organisation • To educate • To solicit engagement and dissemination of information • To raise awareness and advocate for change 	<ul style="list-style-type: none"> • To apply for institutional funding • To promote internal learning • To strengthen GBV programming • To report to donors (e.g. annual reports) • To highlight the work of the organisation • To raise awareness
Who is your Audience?	<ul style="list-style-type: none"> • Public (Usually older; Usually women) • Non development/humanitarian specialists • Private/corporate donors 	<ul style="list-style-type: none"> • Widest audience – general public & specialists • Audience varies by platform 	<ul style="list-style-type: none"> • Humanitarian/development staff • Institutional donors • Programme and policymakers

Why do we tell stories? And to whom?

Before launching into the guidelines on ethical storytelling on GBV, it is worth considering why, how, and to whom we tell stories to within our organisations (see mapping above). The purpose of storytelling and audiences across organisational roles vary, and they each create unique challenges when storytelling on GBV. With the objective of promoting mutual understanding, the challenges associated with various roles and targets will be highlighted throughout this guide.

This guide is presented in three main sections:

- 1) Before engaging with a survivor of GBV;
- 2) While engaging with a survivor of GBV;
- 3) After engaging with a survivor of GBV.

This framing helps breakdown complex principles into stages and can help with locating where you play a role in the process. While sections of the guide are inter-linked, and many of the principles (such as survivor welfare) are important throughout all stages, **this guide was designed to be user-friendly and enable professionals to identify which section applies to their role or current task.**

Key term:

Gender-based violence

Gender based violence (GBV) is any harmful act – including physical, sexual or mental harm or suffering, threats of such acts, coercion, and other deprivations of liberty – that is perpetrated against a person's will and that is based on socially ascribed differences between women and men. This can include intimate partner violence (IPV), female genital mutilation/cutting (FGM/C), rape, sexual harassment, as well as emotional or financial abuse.

GBV is a **human rights abuse** and can have **long lasting physical and psychological consequences** for survivors. Although men and boys can also experience GBV, it is important to note that women and girls are most impacted by GBV. (*Inter-Agency Standing Committee*). According to UN Women, more than 1 in 3 women globally will experience some form of GBV in their lifetime. As such, this guide uses the pronouns she/her when referring to survivors of GBV.

This guide recognises that women in all of their diversity are impacted by GBV and are even differently impacted by GBV, including women and girls with disabilities, women and girls from ethnic or racial minorities, and women who identify as lesbian, trans, or queer.



SECTION 1

Before Engaging with a Survivor of GBV

GBV pocket guide:



For staff members with limited GBV experience or in contexts with limited referral pathways, please refer to the *GBV Pocket Guide* available [here](#).

The Pocket Guide is a useful tool that details how to support a survivor of GBV where there is no GBV referral pathways or GBV focal point.

While acknowledging that individual stories make for the most powerful communications pieces and fundraising campaigns, this section asks organisations to **interrogate whether they truly need to speak to a survivor of GBV** to meet their goals, and the section presents **alternatives to speaking with a survivor**. It also covers considerations to be made if a survivor approaches your organisation, or if your organisation decides to solicit the story of a survivor. Finally, the **power dynamics present within the international development and humanitarian section** are discussed, calling for reflection on how this impact on the solicitation and/or collection of stories of GBV.

What do I need to know about the sensitivity of engaging with a survivor of GBV?

Before deciding whether to speak with a survivor of GBV for external communications purposes, there are several considerations to be made. The first one is **understanding the various factors that influence whether a survivor is interested (or not) in sharing** her story with an NGO for public facing programme, fundraising or communications purposes. These factors can include, among others, the amount of time that has passed since the GBV experienced, whether she has ever told her story publicly before, whether she is an activist, and/or whether she has accessed or is accessing psychosocial support.

It cannot be emphasised enough that every survivor and situation is unique. Some survivors of GBV will find it empowering to share their stories externally and to have their story heard and listened to by the public - for example, when access to justice is limited, sharing can be an avenue to put their experience on public record. Other survivors will not feel this way and while they may wish to speak to a confidant - such as a case worker, friend, or family member - about the GBV they have experienced, they may not want to talk about it publicly.

For any survivor of GBV, recounting an experience of GBV can evoke visceral memories of the abuse endured and, in that sense, the recounting can be re-traumatising, regardless of who the audience is. Even survivors who found it positive to share their story publicly may still experience re-traumatisation or could subsequently struggle with being in the spotlight once their story is in the public domain. For organisations that are committed to upholding the dignity and wellbeing of the communities and beneficiaries they work with, these are the challenges faced when interacting with survivors of GBV. It is for this reason that **organisations must exercise caution and do no harm when engaging with survivors** for the purpose of sharing their story more widely.

Do you need to engage with a survivor? Considering alternatives

The first question to ask yourself is whether your organisation works to prevent or respond to GBV. If not engaged in either area, then it should not pursue speaking to survivors of GBV, as it would not be ethical to exploit someone's story without funds or awareness raised circulating back into proactively supporting programming, policy, or advocacy on GBV. Interviews or content gathering should never interfere or cross over with programme operations. For example, it would not be appropriate to interview women during food distribution or in lieu of attendance at an empowerment programme, because this could interfere with the provision of services to these women and their community.

If your organisation does work to prevent and respond to GBV and it wants to highlight the issue of GBV, it is then worth asking, "**Do I need to talk to a survivor of GBV?**" There are a number of alternatives which may be suitable for your organisation (these are summarised in the flowchart on [page 12](#)).



Highlighting Work that Intersects with GBV:

There may be other work to spotlight that touches on or intersects with GBV that does not involve having a survivor of GBV recount her experience for public dissemination. Consider, for example, a GBV prevention programme focusing on women's empowerment or challenging social norms. These activities and outputs - as well as the women's experiences - could be highlighted. As an example, consider the [International Rescue Committee's \(IRC's\) fundraising](#) below, on women's dignity kits. This example evokes the risk of GBV that women in refugee camps face without going into detail of any one person's experience and it provides individual donors with a tangible, specific way that they can help.



Speaking with Staff Working to Address GBV:

Your organisation can also consider **speaking to staff working to prevent and respond to GBV**. See below, for example, [Trócaire's communications video](#) on the work of its partner SOFEPADI in the Democratic Republic of Congo which profiles a staff member who works with survivors of GBV.

The alternatives presented – highlighting work that intersects with GBV or speaking with staff working in the area – could be well suited, particularly for programming purposes (i.e. for narratives in annual reports, grant proposals, or internal documentation and learning).

They could also be suitable for communications and fundraising, although they pose more challenges here, particularly for fundraising. Empirical studies in marketing show that people are more likely to be motivated to donate as a result of a story of a single individual who is facing hardship or who has overcome hardship (see, for example, marketing studies done by [Deborah Small](#) at the University of Pennsylvania). Taking this into account, your organisation might decide that they still want to speak with a survivor of GBV for the purpose of communications or fundraising.



Speaking with a survivor activist:

If your organisation still wishes to speak with a survivor of GBV, speaking with a survivor activist should be the next option. If a survivor of GBV has shared her story publicly multiple times and is advocating publicly on the issue of GBV or women's rights, then it is more likely that this is an active decision for her, in which she has decided where her boundaries with the story lie.

See, for example, the [video from the UK's Department for International Development's \(DFID\)](#)² on Sarian, an anti-FGM activist from Sierra Leone, working to raise awareness in the UK and in Sierra Leone on female genital mutilation (FGM). If your organisation decides to engage with a GBV survivor activist, you should still follow the guidelines present in the subsequent sections (thorough informed consent process, survivor welfare, etc).

The option of speaking with a survivor activist of GBV may still pose challenges for communications and fundraising staff – often individual donors want to hear from people who are benefiting from a programme, not those who are advocating or implementing.

Fundraising on GBV:



Reflecting on individual giving versus institutional and corporate giving

Marketing research has shown that individual giving is highly dependent on emotional responses – see for example studies by Deborah Small at the University of Pennsylvania, which illustrates that **people are more likely to give when they can relate to one individual who they deem in need of help, compared to when they are presented with a larger problem captured by statistics**.

In contrast, **corporate giving is characterised as strongly guided by a company's values and thematic priorities** – for example, private sector organisations who prioritise gender equality and/or whose market base is largely composed of women may be interested in funding GBV in order to promote gender equality. Institutional giving is also more guided by evidence of programme impact and success. In that sense, statistics related to the number of women and girls that your organisation has provided services for may be very compelling to an institutional donor even if it is not compelling to the individual donor. It is unlikely that the story of an individual survivor of GBV would be necessary to encourage institutional giving. Need to state more clearly what this means for staff who are reading the guide.

2. Since closed and replaced with the Foreign, Commonwealth & Development Office (FCDO)

“

“I never told my story, as a survivor, until two years ago... because I did not want an NGO to own my story, and I knew that’s what would end up happening if I came out as a survivor. So until I was ready to tell my story, I kept quiet. Unfortunately in most communities, most people don’t have the privilege to make those decisions”.

Sophie Otiende,
HAART Kenya

(from [webinar Ethical Storytelling](#))

”

What if your organisation decides it wants to approach a survivor of GBV?

What if a survivor shares her story even though your organisation did not ask her to?

If your organisation decides to solicit a story from a survivor of GBV, there are several considerations to be made before arriving at the informed consent process. First, the power dynamics between the organisation and beneficiaries/members of the community (see next sub-section) should be analysed, and **a risk assessment should be conducted**, taking into account the risk to the woman, risk to the programme, and risk to the organisation.

Second, if the survivors of GBV are part of programmes such as women and girls safe spaces (WGSS), or if they are participating in case management, it is essential that a programme staff member or the case worker/case manager be approached first. Case workers or programme staff will know whether a survivor of GBV has ever expressed desire to speak out about her experience(s) of GBV. If she has never expressed desire to do so and if the case worker/programme staff feel that it would be inappropriate to solicit the survivor’s story for communications and fundraising, then the survivor should not be approached.

In another scenario, it is also possible that a survivor may share her story of experiencing GBV without the organisation asking. Perhaps, for example, your NGO is seeking stories from livelihoods programmes, and someone’s experience of GBV is part of that story. If this happens, it is still important to follow a thorough informed consent process (See [Section 2](#)). Just because the survivor has shared her story with you on the basis of doing a piece on livelihoods does not mean that your organisation can share her experience of GBV without adapting the informed consent process. If her story of GBV becomes central to the narrative, survivor welfare should always be taken into account before further dissemination internally or externally (See [Section 2](#)).

To summarise, if speaking with a survivor (activist or not) of GBV, **her welfare should become the primary concern above the organisational outputs and goals** (See primarily [Section 2: Engaging with a survivor of GBV](#)). This will have budget implications including but not limited to commissioning a translator who is experienced in speaking sensitively to individuals who have experienced trauma, finding a private and safe space to speak, and ensuring that the survivor has access to psychosocial supports and care.

What are the power dynamics involved?

There are a number of power dynamics across and between organisations, donors, and the communities and individuals they work with.

There are **large power differences between GBV survivors and INGO staff members**, particularly white western staff. Even if survivors of GBV are told that their decision on whether to share their story (or not) has no bearing on the organisation’s programmes – which is an essential part of the informed consent process – it is possible that **due to the power imbalance they will feel pressured to acquiesce and tell their story**.

Once a story of GBV is shared, the narration also shifts from the survivor of GBV as storyteller to the INGO as storyteller, a process that is not necessarily empowering (see [Section 3](#) on production and dissemination of content). Again, this is why it can be less fraught to speak to GBV survivor activists who are already actively sharing their story in the public domain and who are more likely to have shaped their narrative themselves.

There are other power dynamics that will be involved in whether your organisation speaks to a survivor of GBV. Consider the following:

The power dynamics present between donors and INGOs. **Institutional donors could put pressure on organisations to solicit stories of survivors of GBV to demonstrate programmatic needs or programmatic success.**

Power dynamics exist in many directions between western, (often) white aid workers/international headquarters and national aid workers/national offices/partners. These power dynamics include historical, racial, colonial, and financial dynamics. It is important that all aid workers, particularly western aid workers, avoid the 'fly-in' approach, particularly regarding stories of GBV. **National aid workers focusing on GBV programming, protection, and case management must be included in the process of engaging with a survivor from the start, when initiating and planning pieces of external communications and fundraising work.**

GOOD PRACTICE SPOTLIGHTS:



Trócaire – Why do we need a global campaign to eliminate violence against women?

This video spotlights Trócaire and its partner *Solidarité Féminine Pour La Paix Développement Intégral's* (SOFEPADI) response to high levels of sexual and gender-based violence in the Democratic Republic of Congo. **A staff member** at SOFEPADI, Edouine Kiere, **gives a compelling narrative** on the psychosocial support provided to women and the journey of healing she sees them go through.

Good practices: the identity of survivors who access SOFEPADI's services **are not revealed**. However, we are still able to learn about their struggles and journey through a local service provider. This video also **avoids the white saviour narrative** by focusing on the partner.

International Rescue Committee – Women dignity gifts

IRC's fundraising on women's dignity kits on their website provides insight into the risks which women and girls face in refugee camps such as Dadaab in Kenya.

General information is provided on the types of risks, such as sexual assault, without detailing a specific individual's experience

Good practices: The IRC provide donors with information on the risks which women and girls face in refugee camps without identifying specific survivors. The text allows the reader to learn about the challenges which women and girls face in refugee camps, while also providing tangible ways to help.

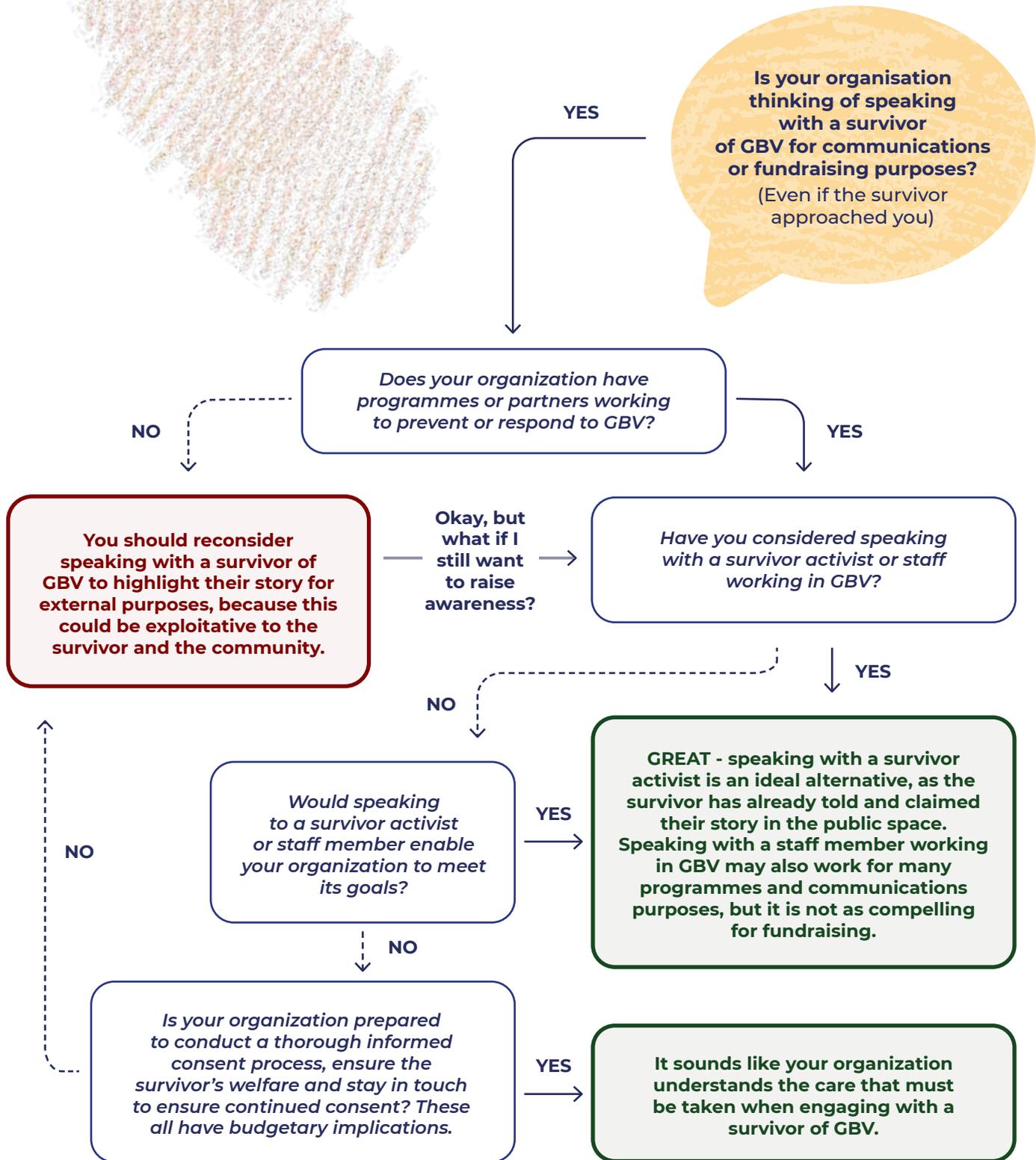


Department for International Development – Sarian's Story An Anti-FGM Campaigner

In this video, Sarian shares some of her experience of undergoing FGM when she was 11 years old and the impact it has had on her life, including difficulty in having sexual relations and in childbirth. She also shares how she has become an **anti-FGM activist** setting up a community interest group in the UK and encouraging relatives at home in Sierra Leone to stop practicing FGM.

Good practices: This video features **a survivor sharing her story** of experiencing FGM; it becomes clear through the video that Sarian has been an activist for a number of years, indicating that it is likely that **this is not the first time she has shared her story**. The video has a **positive tone**, and Sarian is shown laughing with the videographer at the end.

DO I NEED TO SPEAK WITH A SURVIVOR OF GBV?





SECTION 2

While engaging with a Survivor of GBV

If your organisation has decided to engage with a beneficiary and/or activist who is a survivor of GBV, this marks the beginning of a journey, which may or may not end with your organisation having outputs for the purpose of programming, communications, and/or fundraising. It is now important to consider **what it means not only in theory but in practice to take a survivor-centred approach and conduct the informed consent process.**

This section discusses why a survivor-centred approach - a perspective that puts the concerns of the survivor first - is essential in creating an empowering environment that minimises the risk of re-traumatisation or disempowerment. If a survivor finds herself in a situation where she does not feel in control or feels pressured to do something or answer questions she does not want to discuss, this could be triggering and risk re-traumatisation and further harm to her.

This section also covers **informed consent**, noting GDPR for organisations in the European Union (EU). Finally, this section ends with guidance on **working with partners, consultants, and the media** when engaging with a survivor of GBV.

A survivor-centred approach to content gathering

It is recommended to see the sub-section "[What do I need to know about the sensitivity of engaging with a survivor of GBV?](#)" and "[What are the power dynamics involved?](#)" from Section 1. These subsections give an essential overview of the many factors that inform whether a survivor wants to share her story (or not) and reminds readers of the power differentials that need to be recognised in the work that we do. These considerations below provide an overview of how to create an empowering, survivor-centred environment to feed into the informed consent process, presented later in this section.



Prioritise the safety of the survivor

Your organisation should first **assess the physical, emotional and financial safety situation of the survivor** of GBV in telling her story. If the survivor is still in danger of experiencing GBV from the perpetrator, gathering content with this survivor could put them in further danger (for example, if the survivor still lives with an intimate partner or family member who is a perpetrator, or lives in the same community as the abuser). Even in cases where the survivor is not at imminent risk of experiencing GBV, it is important to know whether her family or community is aware of her story and how they would react to her sharing the story. Negative reactions from family or community could range anywhere from being blamed for the violence experienced or being retaliated against, to being thrown out of her community.

The **questions below are examples of what will need to be considered while conducting a risk assessment**, and a detailed conversation about the areas of risk must be part of the informed consent process (discussed later in this subsection). If the risk assessment shows that the survivor is not in danger of experiencing further harm by sharing her story, it is still important to ensure safety of the content gathering itself, including finding a confidential place to talk. For example, consider speaking to a survivor of GBV living in a refugee camp: even if she experienced GBV during displacement and the perpetrator does not live in the camp, it may not be known that she has experienced GBV and confidentiality needs to be guaranteed, which can be difficult to achieve in close living conditions, even for INGOs.

Key Term:



Psychosocial Support

Psychosocial Support (PSS) services include a number of interventions, such as psychological first aid; opportunities for social networking and solidarity-building among women and girls; more specific psychological interventions, through case management, that contribute to survivors' safety, healing and recovery (Inter-Agency Minimum Standards on Gender Based Violence in Emergencies Programming).

RISK ASSESSMENT CHECKLIST

It is the responsibility of all staff in this process to ensure that this checklist has been completed by the appropriate staff member

Has the survivor worked through any trauma that she is still facing as a result of the GBV? E.g. has she received psychosocial support (PSS)?	<input type="checkbox"/>
Does the survivor still live with the perpetrator?	<input type="checkbox"/>
Does the perpetrator live in her community?	<input type="checkbox"/>
Is there a likelihood that the perpetrator would find out about the story?	<input type="checkbox"/>
Could there be negative consequences for the survivor?	<input type="checkbox"/>
Could the survivor face legal consequences in telling the story? (for example, in some countries organisations have a legal duty to report GBV if they are aware of it or working with a survivor; as another example, in countries where same sex rape is reported, the survivor could face legal prosecution).	<input type="checkbox"/>
Could the survivor regret sharing their story if it was to be read by their children in the future?	<input type="checkbox"/>
Could the survivor lose her income or support from talking about her case?	<input type="checkbox"/>
Could the survivor lose access to her children?	<input type="checkbox"/>



Click the Button to download the checklist (use Adobe Acrobat)



Respect the informed consent process and let survivors have control and power over their narrative

It is important to think about **how you can shift the power and control in this process to the survivor of GBV**. Much of this is covered in the informed consent process, namely discussing in advance the aims of the content gathering, explaining how the testimony will be used, and what questions will be asked. There should be no surprises for the survivor when it comes to the content collection. Before the content gathering (whether via interviewing, photography, or videography), agree on logistics such as how long it will last, who will be present, how the content will be used, and what the survivor will be asked to answer or do. Because GBV is such a sensitive subject, details matter – ensuring the survivor knows what to expect may help to put them at ease.

During content gathering, **respect the terms and conditions that were agreed on in advance**. Do not bring in additional people last minute or assume that the survivor is willing to go over the time agreed upon. Most importantly, **do not push the survivor past the questions that were agreed upon**. Open-ended questions are recommended, as they enable the survivor to tell the story in her own words and create a narrative, as opposed to being guided by closed yes/no questions. It is important to avoid questions that imply blame over what happened (e.g. asking why they were out at that time of night, if they knew the perpetrator was violent, etc.).



“A common complaint of people working with GBV survivors is that journalists ‘phone up in order to speak to a child bride’ or make similar inappropriate requests; in fact, those field workers may choose not to deal with such requests as they can be harmful for those involved. You are much more likely to be successful in both securing an interview and producing an effective GBV story if you can show that you understand the ethics of working with GBV survivors.”

UNFPA, *Reporting on GBV in the Syria Crisis: A journalist handbook*



Informed Consent:

Interviewing a survivor

It is possible to go beyond the bare minimum presented within informed consent. In addition to all of the above, before the content gathering, have a talk with the survivor and **ask how she wants to be portrayed. Be adaptive** to the survivor's emotions and how they evolve during the interview – she could decide to answer fewer questions than agreed on, or she may need to take a break in the middle of the conversation.

Remember that **the narrative of the survivor's story should remain the focus** – to raise awareness on GBV from a gender equality perspective and human rights perspective, your organisation does not need to know the details of the violence experienced, as that risks sensationalising the content. The interview is not a legal deposition – do not be intrusive, do not interrogate. Giving the survivor as much control over the content gathering experience and letting her frame her own story will go a long way to ensuring that the survivor is not re-traumatised by the experience and by interacting with your team.



Ensure the accessibility of psychosocial support during and after content gathering

Offer professional support (e.g. case worker) to survivor both during and after content gathering. If they decline, encourage the accompaniment of a trusted friend or family member.

As discussed previously, the option of psychosocial support after content gathering is important. Not only is it possible that a survivor will not have previously accessed support and will now want to, but also because sharing one's story can re-evolve difficult memories.

Informed consent

What is informed consent, and how do you do it?

Informed consent is the voluntary agreement of someone who has the maturity and legal capacity to give consent and who is above the age of 18. When it comes to interviewing, informed consent means that the individual receives information in writing and in a language they understand - the survivor should understand clearly what will happen in the interview, how and where the information they give will be used, and what the risks of sharing her story are.

Informed consent also conveys that individuals have the power to not answer questions they are not comfortable with.

It is important to note that for organisations in the EU, GDPR made informed consent a legal requirement, stipulating that three aspects be clear to the participant:

- 1. Why** the organisation is doing content gathering with the survivor (for fundraising, communications, and/or programming purposes).
- 2. What** outputs will be created (campaign; case study; communications materials).
- 3. How** it will be disseminated and to whom.

When reading the definition of informed consent above, it can seem that informed consent is a tick box exercise. However, **consent must be continuous throughout your engagement with a survivor of GBV**, and the process will not always be linear. A survivor of GBV may consent to an interview and then on the day of the interview could decide that she wants to change the questions that she answers or that she no longer feels comfortable conducting the interview. A thorough informed consent process with a survivor of GBV will have budget implications including but not limited to interpretation services, presence of and support of a case worker or counsellor, and/or obtaining a safe physical

space for the interview. See below a [checklist](#) on a survivor-centred informed consent process, which can be used to inform your organisation's internal informed consent process.

A note on child survivors of GBV:

This guide acknowledges that there are instances in which girls under the age of 18 are treated as adults in their society - for example, girls who are married and/or have children. These girls may feel passionately about speaking out against the GBV they have experienced. Although the age at which someone can give consent to share their personal information varies by country and organisational policies, it should be noted that **according to best practice, identifying details of a child survivor of GBV should never be used for external communications purposes** (see *CARE 2009* and *GBV AoR 2020* in [Key Resources](#)). If an organisation wishes to profile the experiences of a survivor under the age of 18, extreme caution must be used.

Engaging with a survivor of GBV:



Development versus Humanitarian Contexts

Context will have an impact on engagement with survivors of GBV. It could be more difficult to locate or connect with a survivor activist in emergency settings, especially in areas where there has been mass displacement or in areas where civil society is suppressed. In refugee camp settings, survivor anonymity, confidentiality, and safety will be more challenging to ensure. Crisis settings may also make it more difficult to maintain contact with a survivor, to ensure she can withdraw her consent if she chooses to.

Safeguarding



in fundraising, communications and/or programmes:

Safeguarding is mitigating risks to survivors of GBV. When talking to a survivor it may be necessary to **consider safeguarding aspects such as protecting their identity, limiting the number of times they are interviewed and providing health and psycho-social support.** In these circumstances it is important to manage the survivors data safely, communicate clearly with them how their story will be used, and follow the survivor centred approach and principles outlined in this guide.

For further info please see the [Resource and Support Hub](#).

Key resources:

Working with the media:

· UNFPA (2015) - [Reporting on GBV in the Syria Crisis: A journalist handbook](#) (English and Arabic).

· UNFPA – [Reporting on GBV in the Syria Crisis: Good Practices in the Media](#) (English and Arabic).

Seeking informed consent via a legal guardian of the child (e.g. a parent or spouse) - which is usually standard when speaking to children - is more sensitive when it comes to GBV, as the guardians may not be aware of the GBV or may have been perpetrators.

What if my organisation did not directly engage with the survivor?

It is possible that your organisation will not have directly engaged with a survivor sharing her story - for example if you are working through a partner organisation or working with consultants. **It is important, however, that you can vouch that the partner or consultant is aware of the sensitivities of working with a survivor of GBV and has followed the informed consent process.** Importantly, it is essential that your organisation and the partner or consultant understand who is storing the survivor's data and how to protect that data.

When hiring the services of a consultant to collect stories from individuals who have experienced trauma, this guide would recommend including working with vulnerable groups as an essential requirement for conducting the body of work. This could include, for example, checking their safeguarding knowledge and experiences with references. This relationship goes both ways: many consultants will equally choose not to work with organisations who they feel do not have robust safety mechanisms in place or who do not prioritise survivor welfare and safety over content.

What if my organisation is working with a media organisation (e.g. a media visit to a programme site)?

Working with the media when speaking to a survivor of GBV can introduce more complexities. **The media have rules that govern decision-making that differ from INGOs, and INGOs do not have the ability to approve media organisations' outputs.** This can create tension between INGOs working with vulnerable groups and the media, posing challenges for colleagues in our organisations, particularly communications colleagues. When working with the media, there will always be a risk of sensationalising a story or taking it out of the framing that an INGO would use.

While acknowledging that INGOs do not have control over the decisions of media counterparts - particularly when it comes to the dissemination stage - there are some actions that INGOs can take to shape their partnerships with the media including but not limited to:

- **Do not give media unaccompanied access** to a survivor of GBV – staff from your organisation, ideally a case manager, should be present during all interactions a survivor has with media professionals;
- Ensure the **informed consent** process;
- **Shape the conditions of conversations/interviews** with survivors of GBV - for example, requiring that a friend, family member, or case worker of the survivor be present during the interview;
- **Select journalists** who already have a strong track record of reporting sensitively on vulnerable individuals or groups of people.

INFORMED CONSENT CHECKLIST

<p>Have you been speaking with the survivor in a language they feel comfortable using?</p> <p><i>This will necessitate the engagement of a translator who is familiar with terminology related to GBV and has the level of sensitivity and expertise necessary to speak to a survivor of GBV. It should be noted that survivors of GBV often but not necessarily prefer to speak to someone of the same gender, so they should be asked their preference.</i></p>	<input type="checkbox"/>
<p>Have you told the survivor why you are interested in her story, how it will be shared, and with what audience? (e.g. to raise money; to raise awareness; to promote your organisation's work)?</p>	<input type="checkbox"/>
<p>Have you told the survivor that she is not obliged to tell you her story, and that her choice will have no impact on the work that your organisation does, or may do in the future, in her community?</p>	<input type="checkbox"/>
<p>Have you told the survivor that they can remain completely anonymous? (Meaning no photos, not using her name, not using other identifying information)?</p> <p><i>This is the default that should be assumed unless/until a survivor decides to reveal part of her identity. This will involve obscuring or concealing someone's face or voice to protect anonymity.</i></p>	<input type="checkbox"/>
<p>Have you conveyed the scale at which the survivor's story will be told?</p> <p><i>This will involve giving relative examples – e.g. audience size relative to the size of the survivor's hometown/village or capital city, or explaining that on social media the size of the audience cannot be controlled.</i></p>	<input type="checkbox"/>
<p>Have you identified and discussed the risks that sharing her story will involve?</p> <p><i>These risks will be different for each survivor of GBV.</i></p>	<input type="checkbox"/>
<p>Have you informed the survivor how long you will keep the content that is gathered? (GDPR stipulates up to 5 years maximum)</p>	<input type="checkbox"/>
<p>Have you informed the survivor that she can change her mind about her participation while telling you her story? Have you told her she can change her mind about participation after telling you her story, before content is published?</p>	<input type="checkbox"/>
<p>Do you have a way of staying in touch with the survivor? Or does the survivor have a way of staying in touch with you?</p> <p><i>This will necessitate working with local actors, organisations, or partners if your organisation does not work in the area where the content was gathered.</i></p>	<input type="checkbox"/>





SECTION 3

After engaging with a survivor of GBV: Producing & Disseminating Content

After content gathering with a survivor of GBV, organisations store data and produce and disseminate content. While this guide understands that all organisations have different internal processes for the production and dissemination of content, this section gives an overview of **steps to take to continually ensure survivor welfare and safety**.

This section covers the current **GDPR regulations** which apply to all organisations equally. Beyond the legal minimums presented by GDPR, though, there are a number of **considerations organisations can make while producing and disseminating content containing a survivor story**. This section discusses the role of staying in touch with a survivor and/or local organisations while producing content, and this section covers the **sensitive use of words and images on GBV**, which is useful information even if your storytelling does not include a survivor's personal story.

What are the GDPR requirements?

For organisations in the EU, **GDPR sets the minimum requirements for data collection and storage** within the EU (even if the content was gathered elsewhere). GDPR is no different when it comes to survivors of GBV.

GDPR made informed consent a legal requirement, stipulating that the following three aspects must be clear to the participant sharing her story for your organisation:

- 1. Why** the organisation is doing content gathering with the survivor (for fundraising, communications, and/or programming purposes).
- 2. What** outputs will be created (campaign; case study; communications materials).
- 3. How** it will be disseminated and to whom.

GDPR also requires organisations to:

- Inform participants **how long** the content gathered (whether photo, recorded testimony, video) will be kept by the organisation, noting that five years is the maximum and if the organisation wishes to keep it for longer, then they need to get consent from the survivor.
- Inform the survivor that **they can withdraw consent** for further use at any time.
- Inform the survivor **how they could withdraw consent**.

These regulations all serve to **protect the rights and dignity of any survivors of GBV** that your organisation will interact with. The requirement to inform the survivor that she can withdraw consent for further use of her story and how she can do it is particularly important. Some survivors of GBV who were happy to have their story shared by an organisation may change their mind after six months, or after four years. This could be for many reasons, such as feeling that the way they view their experience of GBV has changed over time, which can be the case with processing trauma, or that they simply no longer want to be identified as a survivor of GBV in the public view. Another example could be that their story might receive more coverage than they expect, and after that particular campaign they do not want their story shared anymore.

Regarding the storage of data, **care must also be taken to respect confidentiality at every level**. For example, if the survivor has chosen not to disclose any identifying information, the organisation that is responsible for storing this information should not share such information with other internal staff, even if they know that that internal staff member will not be sharing it publicly. Information should be shared on a need-to-know basis.

If a survivor withdraws consent after content has been stored, produced, or published:

According to GDPR, “Once consent has been withdrawn, your company/organisation needs to ensure that the data is deleted unless it can be processed on another legal ground (for example storage requirements or as far as it is a necessity to fulfil the contract)”.³ This means that **if a survivor withdraws consent, her information (photos, videos, story, text) should be removed from internal content platforms, and any published content online should be taken down.** It is important to note that organisations only have control over their own platforms and would not be able to remove information republished on external sites. It is important to highlight this risk to survivors in the informed consent process.

Use of words and images

Effective storytelling is achieved using words and imagery - including tone of messaging, sound and audio, editing, and other factors - that resonate with a particular audience. When creating outputs on GBV, especially when the outputs include testimony from a survivor of GBV, we must consider carefully how we choose to portray the issue and the survivor. This subsection **offers a few rules of thumb to guide you as you choose words and images to depict your story.**



Sensitivity and dignity of survivors of GBV comes first:

It is important that all outputs - whether for fundraising, communications, or programming - respect the dignity of survivors. Campaigns which are not sensitive, perhaps relying overly on stereotypes for example, can be upsetting to other survivors of GBV even if their story is not the one portrayed. If outputs contain the testimony of a survivor of GBV, **it is absolutely essential that her individual dignity as well as the story that she shared is reflected in the final outputs.**



Avoid stereotypical words and imagery – considering gender, race, ‘white saviourism’:

Survivors of GBV are often treated exclusively as victims, portrayed as helpless, vulnerable, or damaged. While we know that GBV can cause long-term physical and/or psychological harm and that every survivor is impacted and processes their experience uniquely, survivors who decide to share their story often feel empowered by the choice to work with an organisation to raise awareness. Given the above, **avoiding stereotypes of what a survivor of GBV looks like also provides an opportunity to create a different, more empowering or uplifting narrative.**

Beyond how survivors of GBV are often stereotypically portrayed, there are other gendered and racial stereotypes to be aware of that relate to GBV. Across societies globally, women are often shown as passive, or predominantly framed within their domestic and caregiving roles. In the humanitarian and development sector,

3. European Commission “[What if somebody withdraws their consent?](#)”.

Fundraising on GBV:



The Donor Journey and A/B testing

At the time of writing this guide, there were few examples that we could identify of fundraising on GBV in individual giving. Fundraisers shared with us the challenges of galvanizing donors on a heavy topic, while also understanding that they cannot spotlight individual stories as easily, due to the ethical challenges that arise.

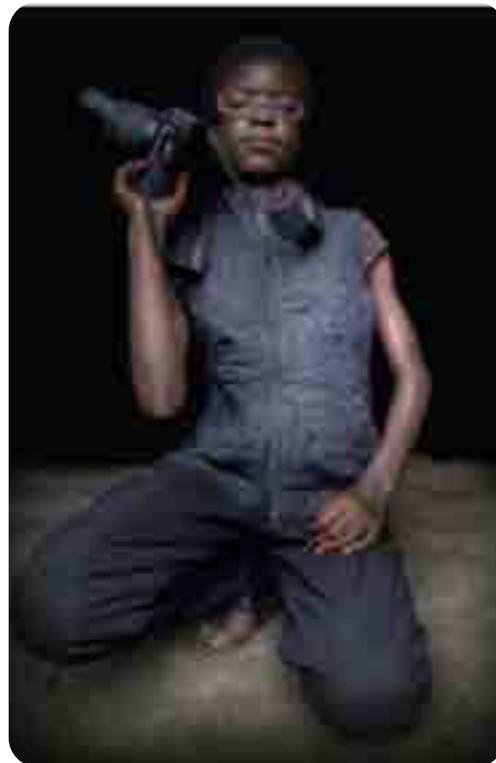
Even if your organisation is not doing specific campaigns on GBV, **there are other moments in the donor journey where GBV can be brought to the attention of donors.**

While fundraising teams across organisations have different strategies for meeting targets, there are similarities in how they engage with regular donors. This can be characterised by the **“ask, thank, report, repeat” pattern.** If your team decides not to include information about GBV in the “ask” stage while acquiring new donors, there will be other moments in the donor journey to highlight the work that your organisation does to prevent and/or respond to violence against women and girls. With regular donors, this could be in the “report” stage, where you share with them what work their donations have supported.

A/B testing can also play an important role in deciding whether and how your organisation wants to try raising funds on GBV. Although, as noted above, **it is challenging to raise money on GBV,** there has been increased discussion in the last five years about violence against women – think, for example, how the #MeToo movement has rallied people around violence against women which was previously shrouded from public view. In sum, as there is increased awareness of GBV, it will likely become more of an issue which unites people to action, including through fundraising. With large campaigns (online advertising, email, and direct mail) starting around 5,000 contacts minimum (which ensures that you receive robust and statistically significant results), A/B testing can prove effective for organisations who wish to try new ways of communicating ethically on GBV with individual givers.

there has long been a narrative of **white saviourism**, with external outputs that we now consider to be “**poverty porn**” - narratives that simplify or sensationalise suffering, pointing to the INGO as the redeemer with the solution. Additionally, when it comes to GBV in aid contexts, there has been an implicit and stereotypical framing of non-white men as perpetrators of crime. However, recent reports have exposed a disturbingly high level of sexual exploitation and abuse perpetrated by aid workers, against other aid workers and beneficiaries. In reality, **we know that perpetrators of GBV include people of all races, ethnicities, and socioeconomic groups**. It is important for us to **not reinforce gender, racial or class stereotypes in our programmes, communications, and fundraising work**.

Regarding imagery, in practice this can mean thinking about what types of framing are used in photography or videography-for example, shooting a photo or video at an angle above the survivor of GBV can make them appear small, whereas from a below angle can achieve the opposite. See, for example, the photo of Yvette to the right, part of the International Rescue Committee’s “*Vision not Victim*” campaign. This campaign worked with adolescent girls (not survivors of GBV) to enact scenes of what they want to be when they grow up. Not only does this campaign use words to subvert the viewer’s understanding of girls as helpless or vulnerable, instead focusing on girls’ agency and goals, but the girls are shown as active and enacting their goals, as opposed to passive and static.



© International Rescue Committee
“*Vision not Victim*” campaign

The table in the next page “*Use of Words*”, provides an overview of **recommended language** to use when producing content on GBV, whether it includes survivor testimony or not. There are also questions below which can be used for reflection regarding the words and imagery that your organisation has decided to use.

QUESTIONS TO CONSIDER ON USE OF WORDS AND IMAGES ON GBV

- Do the words/images reinforce or challenge stereotypes (e.g. about gender, race, etc)?
- Are the words/images disempowering or empowering?
- What feeling do you think your viewer will be left with as a result of these words/images?

Not all words/images fall into a binary of reinforcing or challenging stereotypes, or disempowering or empowering. Rather, the questions above are meant to serve as points for reflection as you and your team develop content.



Use of stock images and/or animation:

Animation, graphics, and stock images can be helpful when your organisation does not have or does not want to highlight a survivor’s specific story. See, for example, the video created by ActionAid Ireland for Facebook on [page 24](#). Using simple images and words, this short video informs the viewer that “*While you watch this, 1600 girls are at risk of being cut in Ireland. Female genital mutilation is a torture and a crime. Help us put an end to FGM.*” See also an example from the Internal Displacement Monitoring Centre (IDMC) in the “Good Practice Examples” section on [page 24](#), where the narrator shares the true story of Grace, who was abducted by the Boko Haram - the video’s description notes that all identifying details have been changed.

USE OF WORDS

RECOMMENDED WORDS	NOT RECOMMENDED LANGUAGE
Survivor; woman/person who has experienced gender based violence; woman subjected to GBV	Victim
<p>WHY? <i>'Survivor' is the most common term used in the international community to refer to someone who has experienced GBV. For many survivors of GBV, it is a more empowering way to describe themselves.</i></p> <p><i>Victim is more of a legal term. Additionally, for some women's organisations, using the word 'victim' means that a woman has died as a result of the violence. For many women who have experienced violence, victim is not an empowering term.</i></p> <p>If the person who experienced violence has a preferred term, that is the term that should be used (e.g. if the individual specifically uses and prefers the term "victim" over "survivor", then that should be respected).</p>	
Rape; sexual assault; domestic abuse; GBV	Sex; lover's fight; defile
<p>WHY? <i>In the #MeToo era, it is important to name and call out acts of violence. If consent is not given during a sexual act, it is rape, not sex. It is important not to sensationalise stories of abuse or diminish the experience as trivial.</i></p> <p>If the person who experienced violence has a preferred term, that is the term that should be used.</p>	
Gender-based violence; violence against women and girls; domestic violence; coercive control (psychological violence and economic violence against women can also be forms of GBV)	Acronyms or jargon
<p>WHY? <i>These are all common terms. Spelling them out can be helpful. For a non-specialist audience, it is best to avoid acronyms and jargon.</i></p> <p>Avoiding acronyms and jargon is best for fundraising and communications staff.</p>	
Perpetrator; offender; rapist; abusive partner	Monster; fiend, great dad, great friend.
<p>WHY? <i>These terms convey clearly that someone has committed an illegal, offense, hurtful act against another person. When someone commits gender-based violence, it is important to neither convey the perpetrator as an abnormality (because we know many women experience GBV), or to focus on the positive aspects of the perpetrator's life. The focus should remain on the survivor of GBV.</i></p>	



Click the Button to download the Use of Words Table
(use Adobe Acrobat)

Graphics and animation can be successful in storytelling - particularly in learning about programming - and organisations that were consulted in making this guide have experienced success. See, for example, [ActionAid Ireland's campaign](#) on FGM on social media which uses graphics to portray statistics. However, according to other communications and fundraising staff who played a role in developing this guide, there can be some downsides to animation and graphics - animation is expensive and for some fundraising campaigns graphics are not as impactful as individual donors can become overwhelmed by statistics (further explanation on [page 24](#) on how and why this is a good practice example). Each organisation will have different audiences and campaign strategies, and what may not be possible or successful for one organisation may be for another organisation.

Regarding stock imagery, it is acceptable to use stock photos of a woman or women when discussing GBV generally. It is not recommended to use a stock image to portray a single survivor of GBV (see *CARE's guide* and the *GBV AoR Helpdesk* report in [Key Resources](#)), but if you decide to use a stock image to depict one survivor specifically, it should be clearly captioned as a stock image, to prevent the implication that the person shown is a GBV survivor.

Do I have to show outputs to local offices/partners or survivors before dissemination?

The answer to this question will depend on your organisation's processes in producing outputs and what types of outputs you are creating. Wherever possible, **the guide encourages contact and collaboration between producers of content and the national or local offices where the content was gathered.** Continuous communication in this regard can add a layer of accountability in ensuring that the content produced fairly represents the content that was gathered and that all parties involved feel that the content is represented sensitively.

This is also true when it comes to the survivor of GBV who shared her story. While the informed consent process should have made it very clear in what her story would be used for, what types of outputs, and what audience, survivors can be surprised to see finalised outputs, where their testimony has potentially been shortened or edited.

GOOD PRACTICE EXAMPLES



Sifa, Age 15, Future Journalist. Photo taken as part of the IRC's "Vision not Victim" campaign.



Yvette, Age 13, Future Photographer. Photo taken as part of the IRC's "Vision not Victim" campaign.

International Rescue Committee

"Vision not Victim"

The IRC's 'Vision Not Victim' Project is a programming component that integrates media, with the aim of affecting transformative change among adolescent girls and their communities. In these examples, girls participated in sessions where they defined goals for themselves and designed and implemented a photo shoot showing what they want to be when they grow up. These photos were then shared with their parents and the community to engage in conversations about how the girls in their community can reach their goals.

Good practices: The slogan "Vision not Victim" uses words to subvert the viewer's understanding of girls as helpless or vulnerable, instead focusing on their agency and goals. In the images, girls are seen as active and enacting their goals, as opposed to passive and static. And finally, the girls played a direct role in deciding how they wanted to be photographed, shifting the power from the INGO and photographer to them.



Screenshot from Trócaire newsletter to regular donors.

Trócaire

"Specialised Trauma Supports: An Inside Look"

Good practices: In this newsletter to regular donors, Trócaire asks the donor to put themselves in the shoes of refugees. The newsletter humanises the message with a photo and testimony of an older man who attests that there are high levels of violence in his community. Here it was possible to speak with a community activist working to address GBV, without having to speak to or disclose the identity of a survivor.

Plan International Ireland

"The Gender Based Violence Survivor Making Her Voice Count"

Good practices: Part of the blog post accompanying this image reads: "Aishatu, who identifies herself first as a gender-based violence survivor, was displaced from her home in Borno State after it was attacked by insurgents. Now living in another part of the region, she is a member of Plan International's Girls Get Equal and founder of the Zenith support group, an organisation that advocates for the rights of girls and women in North East Nigeria...Aishatu, who is a third-year student of Mass Communications at the University of Maiduguri, passionately believes that no one should ever feel oppressed because of their gender and has this message for girls and women."



Screenshot from the Plan International Ireland website.

A few of the **Good practices** seen here include: positive imagery, where Aishatu is shown smiling and active. It is also clearly stated that she identifies as a survivor herself and that she is an activist for Plan International and, more broadly, for women's rights. Finally, a positive, empowering message is shared – that Aishatu is a thriving university student.



Still from ActionAid Ireland's advertisement to end FGM in Ireland.

ActionAid Ireland

"End FGM in Ireland and Abroad"

When this fundraising advertisement plays, viewers see the text "While you watch this, 1600 girls are at risk of being cut in Ireland. Female genital mutilation is a torture and a crime. Help us put an end to FGM. Sign Now". Organisations have mixed results using graphics and statistics to capture the issue of GBV - while marketing research shows that statistics are not typically effective in fundraising, there is growing evidence to show that statistics can be helpful in social media advertisements such as ActionAid Ireland's.

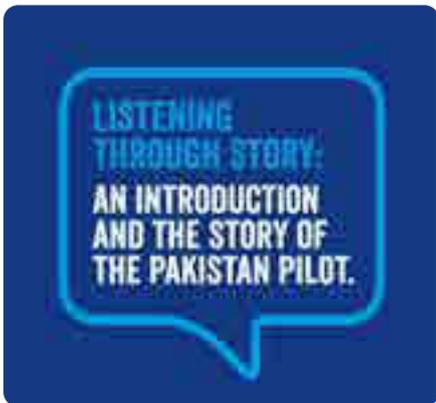


Still from IDMC video "Grace Runs from Boko Haram in Nigeria"

Internal Displacement Monitoring Centre (IDMC)

Faces of Internal Displacement: "Grace Runs from Boko Haram in Nigeria"

In this animated video, the narrator tells the true story of Grace, who was abducted by Boko Haram. The description notes that all identifying details have been removed, and as the video is an animation, there are no images of the girl.



Trócaire

"Listening through Story: An introduction and the story of the Pakistan Pilot"

This pilot is about how engaging storytelling and story sharing opportunities in women's empowerment and GBV programming can be beneficial, not only for programming purposes but also to amplify women's voices safely and to enact conversation and social norm change. Stories presented from the pilot were anonymised to protect the participants identities, and safety challenges are acknowledged in the programme methodology. An excerpt from the report can be seen below:

"Often as we read programme case studies and evaluations, we fail to hear the richness of the testimonies of change and what it has truly meant in the lives of the people involved...It was with this hope that we embarked upon the "Listening Through Story" Project. Our intention was to facilitate a process that harnessed the skills of women's empowerment programme teams in creating and holding safe space for deep listening conversations to support the voice of programme participants, particularly women to be expressed, heard and understood."

KEY RESOURCES

Ethical Storytelling on GBV

- CARE International Secretariat (2014) – *Communications Involving Survivors of Gender Based Violence*
- GBV Information Management System (GBVIMS) Podcast (2019) – *What does ethical storytelling have to do with GBV data?*
- End FGM European Network (2015) – *How to talk about FGM*
- Witness – *Conducting interviews with survivors of GBV.*
6 - part video series, including perspectives from survivors

Ethical Storytelling (General, not GBV specific)

- Bond (2019) – *Putting the people in pictures first: Ethical guidelines for the collection and use of content (images and stories)*
- Dóchas (2014) – *Illustrative Guide to the Dóchas Code of Conduct on Images and Messages*

Ethical Storytelling on GBV with the Media

- UNESCO (2019) – *Reporting on violence against women and girls: A handbook for journalists*
[Also available in French]
- UNFPA (2016) – *Reporting on Gender-based Violence in the Syria Crisis: Good practices in the Media*
[Also available in Arabic]
- UNFPA (2015) – *Reporting on Gender-based Violence in the Syria Crisis: A Journalist's Handbook*
- Global Protection Cluster (2014) – *GBV Area of Responsibility: Media Guidelines for Reporting on Gender-based Violence in Humanitarian Contexts*



Irish Consortium
on Gender Based
Violence



