

CARE Guidelines on Communications Involving Survivors of GBV

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Overview

Gender-based violence (GBV) is an extraordinarily sensitive and often dangerous issue to communicate about. CARE's top priorities when addressing GBV with the public are to protect the safety and dignity of survivors. Identifying a survivor can lead to expulsion from her or his family and community, further violence, and devastating social stigma. Inappropriate messaging can also jeopardize CARE's trusted position in the community, reinforce harmful stereotypes and limit our ability to help survivors. The process of collecting survivors' stories can impose further trauma if the effects of violence on individuals and those around them aren't taken into account.

Nevertheless, it's important that CARE share powerful survivor stories when appropriate and in a safe way. Engaging the public in efforts to stop GBV and support survivors requires explaining what it is and how to help end or address it. Personal details such as names or pseudonyms make stories more authentic and therefore more engaging. The more skillful CARE is at communicating with the public about GBV, the more effective our work will be.

CARE's definition of Gender-Based Violence

Gender-based violence (GBV) refers to any harm perpetrated against a person's will on the basis of gender—the socially ascribed differences between males and females. GBV is rooted in historically unequal power between men, women, boys and girls. Women and girls are often targets because of social norms and beliefs that perpetuate their second-class social status. Gender-based violence also refers to the violence directed at people who do not conform to traditional gender roles and norms, including LGBT people.

GBV includes physical, sexual and psychological abuse of women and girls (and in some cases men and boys) in the home, community, workplace and in schools; trafficking; traditional practices such as female genital cutting and honor crimes; and sexual violence and exploitation during and after conflicts and natural disasters.

Key steps and considerations in documenting GBV Stories

Section 1: Do you really need to talk to a survivor?

- **Consider whether it's necessary to speak directly to a survivor** to meet your objectives. Are there other options available in that circumstance e.g. might be more appropriate and equally compelling to speak instead to a service provider, activist or advocate etc.?

Section 2: Before any interviewing, writing, photographing or filming begins, plan for your interviewee's welfare and safety.

- **Ensure that the process of seeking out and approaching interviewees is done with sensitivity and respect and does not itself compromise a survivor's confidentiality.**

Ensure a location where a confidential discussion can take place: Before approaching any individual to discuss story gathering related to GBV, CARE staff must first assess whether the very act of approaching someone in a conspicuous manner might alert family members or neighbors that someone is a GBV survivor.

- **Always interview survivors in a safe location** away from family or onlookers, where discussions cannot be overheard. If no such location can be found, the discussions should be postponed until a location for confidential discussions can be found. Involve the interviewee in decisions about how and where to conduct the interview and respect their contributions and perspectives.
- **If possible offer the choice of a male and female interviewer** and allow the interviewee to pick which will make them more comfortable.
- **Never identify children:** It is not permissible for CARE to depict the face of, or convey personally identifying biographical or geographical details of a GBV survivor under the age of 18, regardless of parental consent. This applies to children of survivors as well if they are to be included in materials about GBV.

Section 3: Ensure informed consent

- **CARE must help the survivors with whom we speak to make informed decisions** about whether it is safe to share their story.
- **Make sure consent is obtained in the survivor's native language or a language in which they are fluent.**
- **CARE must explain possible negative reactions:** Before interviewing a GBV survivor about her or his experience, CARE staff must discuss with the survivor the possible negative repercussions of speaking to CARE or media. GBV is physically and emotionally traumatic and a survivor may not have had an opportunity to think through all the potential consequences of sharing a story. We must do what is in our power to ensure that someone's choice to speak to us or share his or her story with the media is a well-informed one.
- **Set parameters.** Let them know how long the interview is expected to last and that they don't have to answer any questions that make them feel uncomfortable. They can discontinue the interview at any time.
- **CARE must clearly explain to survivors the purpose of the documentation and when and where their story is going to be used:** People in poor, marginalized communities might not have a complete understanding of the pervasiveness of electronic media. It's important they understand that the materials CARE and professional news media produce are potentially accessible through broadcast and digital media in their own communities, not just on TV stations, print publications and social media networks in far-away countries. Help survivors make an informed decision about sharing their story by showing examples of the types of media where the story might be used. Examples include CARE publications or news stories that feature survivors, either as hard copies or in digital form on a Smartphone, tablet, etc.

Section 4: Once a survivor agrees to share their story, it is imperative to protect their identity.

- **When story-collecting begins, assume the survivor wants to remain anonymous** unless they “opt-in” to identification details per guidelines in Section 3.
- **CARE staff or story gatherers working for CARE must actively protect the confidentiality and anonymity of survivors:** Unless a survivor actively decides to share his/her own photo or name, CARE must work with the survivor being interviewed to guarantee her/his anonymity. This means that written or recorded stories should not convey a combination of personally identifying biographical or geographical details. Names and locations must be changed or de-specified as needed. Images of a survivor collected during the interview must obscure the face, voice, or any details that could reveal the person’s identity.
- **When sharing not-yet-approved stories within CARE for edits and approvals, clearly indicate that a GBV survivor is featured in the story:** To alert official “approvers” that there is a GBV survivor in particular story or image, please note it in a prominent way on the product along with the level of identification (confidentiality fully protected, name changed but face shown, etc.)

Section 5: How survivors can “opt-in” to identification details (partially or fully).

- **Respect the wishes of people who have made an informed choice not to hide their identities:** There are instances when it is, in fact, appropriate for a GBV survivor who is 18 or older to reveal her/his identity, completely or partially. Generally, these will be stories about people who survived GBV in the more distant past and who may not risk serious repercussions for speaking publicly. Some may be anti-GBV activists who want to use their real names and show their faces as a way of humanizing their story and advancing the cause. After discussing all of the possible consequences above, CARE can consider revealing the person’s identity in a public communication if that person has given full informed consent in writing, and the resulting product (story/photo/video/press release, etc.) is approved under CARE’s communications guidelines.
- **Come to a clear understanding with the survivor about the level of identification:** The options here are many, as they may be OK with revealing their face but not their name, or vice-versa. The key here is to clearly get permission from the survivor about whether they agree for CARE to share their own name (versus pseudonym), visual identification (especially face) and their geographic location. The level of identification should be clearly obtained in informed consent. Also, the story-gatherer should note on the end product (story, photo, etc.) that a GBV survivor is involved and what level of identification they consented to.
- **Consider making an audio or video recording of any consent/permission discussion:** If a GBV survivor “opts-in” to partial or full identification for a story, record the assertion of consent along with story. This might be very helpful in circumstances when the interviewer and the interviewee are communicating through an interpreter as it will allow the interviewer and CARE staff to review the consent – in the words of the survivor – after the interview.
- **Obtain documentation of permission before capturing a story through notes, photographing or filming. Confirm that permission afterward.** CARE staff and outsiders

working on CARE's behalf must obtain express written permission from a survivor before capturing her/his story or recording her/his image. Best practice is to have a signed release form that, in the space provided, notes any specific agreements about how the survivor can be identified and how the images may be used.

- **Confirm that permission afterward to make sure going through the interview/photo shoot hasn't changed the survivor's mind.** (NOTE: there are special circumstances where a country office may bar signatures based on cultural norms and/or operational concerns, so a separate arrangement can be made with the country office that stays true to the intent of this requirement).
- **Seek out local GBV prevention and survivor advocates as likely "opt-in" candidates:** Local GBV activists, some of whom are themselves survivors, are often comfortable communicating openly with media. They may have already considered the repercussions of speaking openly and in some case may have already spoken openly to local or global media.

Section 6: Rules and tips for the use of images

- **As noted above, documentation of permission is required before photographing or filming can begin:** Best practice is to have a signed release form that, in the space provided, notes any specific agreements about how the survivor can be identified and how the images may be used.
- **Tips for photographing and filming:** For those who choose to remain anonymous (and do not give permission for their image to be used by CARE), there are techniques for video-taping or photographing someone while protecting their identity, for example: (1) photographing or filming from the neck down; (2) filming someone from behind; (3) showing someone in silhouette. It is also possible to blur a person's face and/or obscure a person's voice who does not wish to be identified.
- **Use of stock images rather than survivor-specific images:** With director-level approval it is permissible to use stock images of people (identifiable photos or video of CARE program participants) in GBV-themed communications if the image does not explicitly or implicitly identify or imply that the specific individuals pictured are themselves GBV survivors. For example, if one wanted to convey the statistic "one in X-number women will suffer GBV", it's permissible to use an image of X-number of women alongside the statistic.

Section 7: Rules and tips for the use of words

When presenting a story about a survivor gender-based violence, protecting the survivor's rights and well-being should always be a central consideration. We must ensure that, in the course of doing our work, that we do not cause any harm, trauma or indignity. We are obligated to present narratives that are accurate, informed by context, and that seek to empower survivors and their communities.

- **A survivor's name must be protected unless they opt in under standards described above:** Substitute a common local name and make clear that you're using a fictional name to avoid confusion (Ex. Jane, whose name was changed to protect her identity).
- **Leave out or change (in the case of family member names, for instance) personally identifying biographical and geographical details to protect the survivor's identity:** Because we often work with people from small, tight-knit communities, stating where a survivor lives along with some details of a GBV incident may reveal her identity to family and neighbors. Likewise, using the real name of a family member can reveal a survivor's identity, so either leave those out or change them (noting the change as described above).
- **Survivor, not a victim:** CARE prefers to describe someone who has been raped or the target of other forms of GBV as a "survivor." "Victim" implies passivity and helplessness. Survivor conveys the strength and hard work required to overcome trauma.
- **The phrase "gender-based violence," while technically correct, isn't yet widely used or understood by much of the general public:** CARE's mass communications should avoid technical language and jargon in favor of other phrases such as "violence against women" or "sexual or physical violence against women." Likewise, communications may eschew the term GBV survivor in favor of "women who have suffered sexual violence."
- When possible **use accurate statistics and social background information** to place personal stories in context of the issue of GBV in the community or crisis.
- Avoid words implying that a crisis or problem is hopeless or unchangeable.
- Avoid narratives and statements that paint all as men in a community or culture as violent or all women as victims.
- **Female Genital Cutting vs. Mutilation:** CARE uses the term "cutting" instead of mutilation to avoid alienating people in communities where we work.
- When referring to sexual violence against children, never use the word "defilement" to describe it. Describing an act of rape as defilement places emphasis on a child's virginity and diverts attention from the fact that an adult has committed an act of rape against a child.

Section 8: Facilitating contact with outside media

- **Do not put CARE project participants in contact with any media or outside party who will not adhere to the rules above:** We cannot control the relationship between a member of the media and CARE program participants. Still, we have a duty to our program participants to minimize the risks to them best we can. Before helping journalists or any members of the media speak to a CARE-affiliated GBV survivor, assure they have read these guidelines and CARE's [Stories and Images Consent Policy](#) and secure a commitment that they agree to abide by the rules of engagement contained in them. CARE project participants place trust in CARE staff as responsible experts. It is vital to honor that trust by doing our utmost to ensure respectful and safe interactions with any outside actors that we introduce, however well-meaning, who may not be technical experts in the subject or understand all of the pertinent risks, or whose professional interests conflict with CARE's.

- **Verify agreements between survivors and journalists:** It may not always be possible for CARE staff to be there for every exchange between a journalist and a survivor. But at the very least CARE staff should confirm with the survivor and the journalist any claimed agreement between them around identification, in the survivors native language.

Section 9: Special Exceptions

- **Child marriage:** Being a child bride is not as socially stigmatizing as surviving some other forms of gender-based violence. For this reason, while child marriage is a form of GBV in CARE's work, women who were married under the age of 18 aren't covered by these rules for that reason alone. Those who suffered violence within a child marriage are covered.
- If pursuing interviews and photos of child brides, for ethical reasons, **speak with adults and not children under the age of 18.** Girls who were married young are in a particularly vulnerable position of lack of power. An adult husband, or her family members who married her off, are not necessarily the best 'guardian' for a child to ensure an informed consent process and their best interests for media stories.
- **Public figures who have already shared their stories publicly:** We don't need to follow these rules with public figures who have already made their GBV story public. Examples: President Joyce Banda in Malawi or Malala in Pakistan.
- **When GBV is not the focus of the interview:** Sometimes in the course of interviewing someone about another subject they reveal that they suffered GBV previously in their life. The interviewer should ensure before the conclusion of the interview that the adult survivor signs (or completes) the full consent form including decision whether to share this detail and whether to share their face and name with the details. The key is to give the person the option of NOT having that detail in the story if they don't want it revealed, or to ensure anonymity (no face, no name, no geographical information) if that detail is shared. Again, there is no opt-in possible for children under age 18 to reveal personal/identifiable personal details with their story of GBV.