

# **CALL TO ACTION** on Protection from Gender-Based Violence in Emergencies

## **Applying a Do No Harm Approach to High-Level Missions on Gender-Based Violence (including CRSV)**

High-level visits conducted by UN agencies, INGOs, donor countries, media and other influential stakeholders to humanitarian contexts can play an important role in advocacy, strategic planning and fundraising related to gender-based violence in emergencies, including conflict-related sexual violence. Such missions provide an opportunity for the delegation to engage with colleagues who are working on these issues directly, observe the realities on the ground, and better understand the life-saving GBV programmes in place, as well as the relevant challenges and gaps. Most importantly, they can serve as a way for the voices, needs and concerns of women and girls directly affected by the crisis to reach policy and decision-making arenas.

While there can be strategic value in these missions, it is imperative that delegation members understand the sensitivities around GBV and the need to exercise extreme caution when engaging in conversations on this topic. First and foremost, the “Do no harm” principle must be upheld as the top priority. All activities that take place during the mission must be planned and carried out in a way that protects and respects the dignity, safety and confidentiality of GBV survivors, communities and GBV service providers. It is important to remember the power differentials that exist between members of a high-level mission and the affected community that can -- often unintentionally -- make people feel pressured to participate in a conversation even when they do not feel comfortable.

GBV prevention and response is one of the most sensitive and complex programmatic areas of humanitarian service delivery. In many places, being identified as a GBV survivor -- and, sometimes, as someone who is helping a survivor -- can result in isolation, social stigmatisation, re-traumatisation, rejection from family and community, and, in some extreme cases, death.<sup>1</sup> As such, GBV programming must employ a *survivor-centred approach* that promotes safety, confidentiality, non-discrimination and respect for the choices of survivors.<sup>2</sup> Any activity that fails to comply with these basic ethical and safety principles runs the risk of creating additional harm for GBV survivors, their families, communities and those who are helping them.<sup>3</sup>

***Due to the potential threats to safety, security and psychological well-being, it is recommended that high-level delegations avoid conducting interviews directly with GBV survivors.***<sup>4</sup> In general, a safer option is to meet with GBV service providers, local women’s groups and/or other people who are familiar with GBV and the broader concerns of women and girls in that context. If -- after meeting with these groups and carefully reflecting on the potential risks of meeting with survivors -- the delegation determines they will proceed with meeting with survivors, below are some recommendations for doing so in the safest way possible. *NOTE: this guidance refers to adult survivors only; child survivors of GBV should not be interviewed by visiting delegations.*

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<sup>1</sup> IOM, 2018. Guidance on visits and information sharing for donors.

<sup>2</sup> GBV AoR 2019, Inter-Agency Minimum Standards, Standard 1, 2019.

<sup>3</sup> GBV AoR, 2014, [Media Guidelines on reporting on GBV in Humanitarian Contexts](#).

<sup>4</sup> GBV AoR, 2014, [Media Guidelines on reporting on GBV in Humanitarian Contexts](#).

1. **As a first step, the delegation should always meet with GBV service providers and leaders of local women's organizations, as well as government representatives, where appropriate.** This not only serves as a precaution to minimize potential harm, but also provides valuable background information on GBV trends, risks and programming needs. Often, these meetings are in and of themselves sufficient for meeting the delegation's goals for the visit, while helping to avoid potential re-traumatization or discomfort for survivors. It is important to note that GBV service providers are not obligated – and should never be pressured to -- “find” survivors for high-level delegations or journalists to interview nor should visitors find survivors on their own.
2. **Delegations should be prepared to share information on available GBV response services in case of disclosure.** Engaging in conversations about GBV often results in individuals disclosing their own experience, even if they have never done so previously. Under-reporting of GBV is common due to a number of factors including fear and stigma, lack of awareness of the health and psychosocial consequences, and lack of trust in available services or institutions. Mission delegates and their technical-level staff should be prepared to provide information to the people they meet on the availability of services and how to access them. Interviews with GBV survivors should not be conducted in locations where response services are not in place.

In order to respect the principle of “do no harm” it is *strongly* recommended that delegations do not conduct interviews with GBV survivors in locations where response services are not available.
3. **It is critical to uphold confidentiality and take every precaution possible to protect survivors' personal information.** Failure to respect confidentiality can lead to serious repercussions, including retaliatory attacks. Any meetings where GBV will be discussed should take place in a safe and confidential space, far enough away to avoid family members or community members overhearing what is said (except for individuals the survivor wants to have with her for support), but not so isolated that the survivor cannot seek help if needed. Individuals should not be asked to recount the details of a particular GBV incident (whether their own or involving someone else); instead, questions should focus on general concerns related to GBV in the community.
4. **Interviews should only proceed after obtaining participants' informed consent.** Consent should be established based on a thorough explanation – preferably provided ahead of the meeting by someone the person knows and trusts – of who the delegation is, the purpose of their mission, how the information will be used, and potential pros and cons of participating. Individuals should be clearly informed that they have the right to choose not to meet with delegations; to limit their interaction to certain members of the delegation (for example, females); to refuse to disclose their names or other potentially identifying information; to not be photographed/videotaped/recorded; to respond or decline to respond to any questions asked; to request breaks as needed; and to conclude the interaction at any time. It must be clearly explained that whatever choices an individual makes regarding interaction with delegations will not affect their ability to access humanitarian assistance, including but not limited to GBV services. Such information should be provided in a simple and practical matter, ensuring space to ask questions. Before beginning the meeting, delegates should confirm that all participants have freely given their consent and ask the GBV specialists who conducted the informed consent process to brief them on the participants' 

GBV specialists can help advise on how to carry out the interviews in manner that is safe and respects the participants' wishes as expressed during the informed consent process.

preferences (any topics to avoid, etc.). Survivors should also be given the option to have a service provider/family member/friend whom they trust present during the interview.

5. **It is unethical to photograph or record anyone – and particularly GBV survivors – without their explicit consent.** Photography and recordings inside service areas should only occur with advance consent from the women and girls who use those spaces, and with full consideration of possible unintended negative consequences, such as undue attention from the community or stigmatization of women who use the centre. Survivors' faces, names or specific location details should not be shown directly in media coverage or communications materials. It is important to remember that, even without showing faces, photographs may contain other details that can breach confidentiality and/or create safety risks for an individual or group.
6. **Delegations have the responsibility to respect and uphold a survivor-centred approach in their communications with survivors.** Delegations that engage directly with survivors should be accompanied by GBV technical staff with experience applying the survivor-centred approach.<sup>5</sup> Questions must be framed in a manner that upholds all participants' dignity. To enable full participation and exchange, delegations should ensure that interpreters – preferably female interpreters – are pre-identified and briefed on the topics that will be discussed and the expectations regarding confidentiality. Interpreters can also act as cultural mediators to help ensure questions are asked in a culturally appropriate manner. It is critical to confirm *before the conversation begins* that the survivor is comfortable with the interpreter. The delegates' time should be allocated carefully, allowing sufficient space for all participants who wish to express themselves.

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<sup>5</sup> UNFPA, 2015. [Minimum Standards for Prevention and Response to Gender-Based Violence in Emergencies](#)