



# **Sexual and Gender-based Violence (SGBV) Communications**

Guidance for IPPF Member Associations



# At a glance

SGBV is an important issue that is often overlooked and misunderstood, so it's critical IPPF shares powerful, survivor-centred stories when appropriate and in a safe and ethical way.

However, communicating about sexual and gender-based violence (SGBV) can be extremely sensitive, challenging and harmful if survivors' safeguarding and dignity are not prioritized. Poor practice around SGBV storytelling and inappropriate messaging can put survivors at increased risk, jeopardize IPPF and the MA's trusted position in the community, reinforce harmful stereotypes and limit our ability to help survivors.

It is vital that we ensure that we follow a 'do no harm' approach when creating and sharing communications material about SGBV, based on the following guiding principles:

- **Safety**
- **Confidentiality**
- **Respect**
- **Non-discrimination**

*For more details on these, go to page 6.*

## **Key points when producing SGBV communications**

- Every survivor and situation is unique. For any survivor recounting their experience can be re-traumatizing, even if they have decided to share their story.
- Remember that our audience will always include survivors. Think first and foremost about what a survivor reading the communications might feel – are they being spoken about respectfully? Does the piece include information on what help is available? Do they feel that there is a hopeful future for survivors?
- Consider first whether you need to speak to a survivor directly or whether you can produce an equally compelling story about how MA staff and volunteers respond to the needs of survivors.

- When interviewing a survivor, always ask for informed consent and get them to sign IPPF's [consent form](#), which includes an explanation (and accompanying visual aid) outlining how the image and story will be used.
- Ensure safety, privacy and confidentiality during the interview process and when writing (i.e. use a pseudonym, conduct the interview in private, preferably with someone of the same gender and ask if the survivor would like a supporter to accompany them).
- Explain to the survivor how their story will be used in IPPF's digital media channels and/or in donor reporting, and give them the opportunity to decide if they are comfortable with that.
- Don't show the survivor's face or any other identifiable features in photos or videos such as tattoos, identifiable jewellery or clothing.
- Don't use graphic or sensational details when describing sexual violence.
- Use appropriate language (see page 10)
- Always be able to provide referrals to MA or other legal, medical or counselling services if the survivor asks for them
- In a humanitarian setting, do not collect or use population-based data on SGBV due to safety and ethical challenges in collecting this information. Instead, use reliable secondary data and focus on collecting qualitative evidence including survivor stories or stories about response, prevention or mitigation strategies. Refer to the [Murad Code](#) of conduct for collecting information from survivors of conflict-related sexual violence.

*For 10 steps to producing SGBV comms, go to page 7.*

*For examples of "bad", "better" and "best" case studies, refer to the examples on pages 14–16.*

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# Introduction and purpose of this note

Communicating about sexual and gender-based violence (SGBV) is extremely sensitive, challenging and can put survivors at risk. IPPF abides by the 'do no harm' principle, and our top priorities when communicating SGBV internally, with donors and with the wider public are to protect the safety and dignity of survivors.

Poor practice around SGBV storytelling and inappropriate messaging, particularly during a humanitarian response, can jeopardize IPPF and the MA's trusted position in the community, reinforce harmful stereotypes and limit our ability to help survivors.

Yet, it's important that IPPF share powerful survivor stories when appropriate and in a safe and ethical way. Each testimony adds to a wider campaign to end SGBV. We must engage with the public to stop SGBV and contribute to a public discourse that is supportive of survivors by accurately and appropriately explaining what it is and how to help end or address it.

Thus, the better IPPF and its MAs can communicate with the public about SGBV in line with core principles, the more effective our work will be.



IPPF/Isabel Corthier/ Mozambique



# What is sexual and gender-based violence?

According to IPPF's International Medical Advisory Panel [statement](#), "sexual and gender-based violence (SGBV) refers to any act that is perpetrated against a person's will and is based on gender norms and unequal power relationships."

IPPF understands gender-based violence (GBV)<sup>1</sup> as an umbrella term, which includes a wide range of physical, psychological, sexual and socioeconomic violence. To be explicit about the inclusion of sexual violence, IPPF uses the term 'sexual and gender-based violence' (SGBV) instead of gender-based violence.



IPPF/Hannah Maule-ffinch/Sudan

<sup>1</sup> Read more about it in IPPF's statement <https://www.ippf.org/resource/imap-statement-sexual-and-gender-based-violence>, and in resources listed at the end of this guidance.

# Guiding principles for communicating on SGBV

All SGBV communications materials must adopt a survivor-centred approach that creates a supportive environment in which the survivor's rights and wishes are respected, their safety is ensured, and they are treated with dignity and respect. A 'do no harm' approach is based on the following guiding principles from the UNFPA's [Managing Gender-Based Violence Programmes in Emergencies Guide](#):

1. **Safety:** The safety and security of the survivor and their children is the primary consideration.
2. **Confidentiality:** Survivors have the right to choose to whom they will or will not tell their story, and information should only be shared with the informed consent of the survivor.
3. **Respect:** All actions taken should be guided by respect for the choices, wishes, rights and dignity of the survivor. The role of helpers is to facilitate recovery and provide resources to aid the survivor.
4. **Non-discrimination:** Survivors should receive equal and fair treatment regardless of their age, gender, race, religion, nationality, ethnicity, sexual orientation or any other characteristic.

## **Risk assessment checklist**

- Has the survivor worked through any trauma that she is still facing as a result of the SGBV? E.g. has she received psychosocial support?
- Does the survivor still live with the perpetrator?
- Does the perpetrator live in her community?
- Is there a likelihood that the perpetrator would find out about the story?
- Could there be negative consequences for the survivor?
- Could the survivor face legal consequences in telling the story?
- Could the survivor regret sharing their story if it was to be read by their children in the future?
- Could the survivor lose her income or support from talking about her case?
- Could the survivor lose access to her children?
- From "Ethical storytelling on gender-based violence." [Irish Consortium On Gender Based Violence](#)



# 10 steps for producing SGBV communications

1. **Consider** whether it's necessary to speak directly to a survivor. A case study/success story does not need to be about an individual survivor to be effective. If you choose to interview a survivor, consider speaking to a survivor activist who has shared her story and is advocating publicly on the issue. See for example this [film](#) about an anti-FGM activist. Stories that focus on the work that staff and volunteers do in response to SGBV can also be really powerful.
2. **Explain possible negative outcomes.** Before interviewing an SGBV survivor, ensure that they are aware of the possible negative repercussions of speaking to the MA or media, such as re-traumatisation or possibility of identification. For example, a key question suggested by Save the Children is "would you feel safe if your mother-in-law saw this story?" It is part of the MA's responsibility to ensure that someone's choice to share their story is well-informed and consensual, and that all steps are taken to protect their anonymity.
3. **Ask for consent.** Anyone participating in an interview with IPPF must sign our [consent form](#). MA or IPPF staff are required to explain the purpose of content gathering to the client in a language they understand and to translate these documents in their regional language. We also have a '[How Your Image Will be Used](#)' [guide](#) which provides visual examples for clients who cannot read. Please note that IPPF does not use photos or videos that identify the survivor in any of its SGBV communications, and the interviewee should be made aware of this (See step 5).

Informed consent is the voluntary agreement of someone who has maturity and legal capacity to give consent.

4. **Ensure safety and privacy.** Interviews with survivors should be conducted in a quiet, private space away from onlookers and anyone that could overhear. Discuss the best location with them, and explain who will be present. Ideally, the only people involved in the interview process should be yourself and the survivor, and survivor's supporter if they choose. If the survivor has young children nearby, it may be possible to ask a trusted friend or relative to look after the children for the interview time. Babies under the age of two (who cannot understand what is being said) can remain with the survivor.
5. **Protect confidentiality.** IPPF discourages MAs from using a survivor's real name and photo, even if they request it. Always use a pseudonym and leave out any personally identifying biographical or geographical details, as well as other real names and locations. When using a pseudonym place an asterix (\*) next to the name, which alerts the reader to the fact that is not the real name of the survivor. Images of a survivor collected during the interview must obscure the face, voice, tattoos/piercings, or any other details that could reveal the person's identity. Unless the story is specifically about a service provider, do not show the face of the service provider either, to further protect the survivor's location and identity. Offer to show the survivor the photographs that have been taken. Note: if a survivor is a witness in a legal trial their witness status might be compromised if their story is filmed or published before the case.
6. **Offer a choice of interviewer.** If possible, provide the option for the survivor to choose which gender of interviewer (and interpreter) they feel more comfortable with. Some survivors may feel more comfortable with an interviewer from their

own community, others will prefer someone 'outside'. If possible, work with a translator of the same gender and brief the translator on their role in ensuring confidentiality and the importance of accurate and authentic translation.

7. **Set interview guidelines.** Explain how long the interview will last and let them know that they don't need to answer questions that make them feel uncomfortable. Share a list of questions before the interview if you can. The survivor can also end the interview at any time. Remind them that the decision to take part in the interview will not affect their access to services either negatively or positively. After the interview, ask the survivor if there's anything they'd like to add. Give them time to 'decompress' after the experience, and make sure to give them a timeline of when they can expect to see the story draft.
8. **Explain the purpose and use of the interview** and that the content and materials gathered during the interview could be used in IPPF and the MA's publications or news stories, social media channels, and website. Ensure that the survivor understands the implications of their story being shared on digital media, TV or radio in their local community or around the world. Always share SGBV communications content with colleagues and/or the IPPF global communications team before publishing.
9. **Provide referrals to services where they are available.** Even if the survivor has already received services from the MA, or others, interviewers should always know what services are available and be able to support the survivor with a referral if asked.
10. **Provide a copy of the story to the survivor.** If possible, provide the survivor with a copy of the approved story published in a language they can understand or share other material from the visit for their personal use only. Make sure the survivor has the details of the correct person at the MA who they can contact should they wish to ask follow up questions about the use of their story, or retract their consent (if needs be).

## Children

'Identifying details of a child survivor of SGBV should never be used for external communications purposes.' (CARE 2009 and GBV AoR 2020). To safeguard and protect, avoid taking and using photographs of children (under 12 years old) on their own or in very small groups; and specifically, those who are not directly related to the project or programme. (IPPF Policy on Storytelling)



# Dos and don'ts on gathering photos and videos

## DO

- ✓ Show the survivor the image for their approval.
- ✓ Ask for consent before taking any photos/videos.
- ✓ Capture non-identifying details such as hands, ankles, back of the head, etc. Obscure the survivor's face using shadows, scarves or masks. Other techniques to hide identity include filming against sunlight, pixelation or filming from behind. Check out techniques used in this [film](#) from Profamilia.
- ✓ Remember abstract imagery, graphics and animation can be just as effective in storytelling.

## DON'T

- ✗ Show the survivor's face or distinctive clothing or hairstyles.
- ✗ Shoot geographically identifying scenes (i.e. their house, workplace, school).
- ✗ Show the survivor as isolated and brutalised or removed from their own environment.

### General Data Protection Regulation (GDPR)

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.

# Use of language

When producing communications materials on SGBV, it is important to use language that is specific, concrete and non-judgmental. Survivors are often portrayed as helpless or vulnerable so avoiding these stereotypes provides an opportunity to create a different, more empowering narrative. This International Rescue Committee [film](#) which focuses on girls' agency and goals, is a good example.

In non-English communications, MAs should use appropriate wording in their local language.<sup>2</sup>

Instead of	Use	Because
Victim	Survivor	'Victim' implies passivity and helplessness. Survivor conveys the strength and hard work required to overcome trauma.
Defiled	Assaulted (or raped, if applicable)	Defiling something is to ruin it – and people who have been raped/abused are not 'ruined'.
Non-consensual sex	Rape	There is no such thing as 'non-consensual sex'. Sexual violence should never be described as sex.
Confessed	Reported, Shared, Said, According to	A confession can imply guilt, responsibility or shame on the part of the survivor.
Prostitute / Prostitution	Sex worker / Sex work	'Prostitute' has historically negative connotations. The term sex work has been used by sex workers to highlight the work that they do, as opposed to the word which defines them.
Sex scandal / controversy	Sexual assault	Don't use words that sensationalize sexual assault. Instead, depict sexual assault as a serious crime.
Alleged		Introduces doubt as to whether the crime occurred.



IPPF/Masada Vuikadavu/Fiji

<sup>2</sup> Note: if the survivor has a preferred term – for example specifically using 'victim' rather than 'survivor', then that should be respected.



# Other phrases to avoid

Phrase/statement to avoid	Because
<b>"Even though she tried very hard to please her husband, he hit her"</b>	It's wrong to hit women even if they don't try to please their husbands. It's important to steer clear of any victim-blaming or anything that could be perceived as victim-blaming.
<b>"The woman was raped." "She was raped." "A rape occurred."</b>	<p>The subject of the phrase (woman) is experiencing the action of the verb (raped) which could imply fault or inaction. Instead, flip the sentence to write in 'active voice' where the subject (the man) is performing the action (i.e. Man rapes woman). This puts the emphasis on the person performing the abuse, and shifts the focus to prevention.</p> <p>Making the woman the subject of the phrase, as the one experiencing the action (i.e. rape) implies that the rape belongs to the survivor and removes the accountability of the perpetrator.</p> <p>Don't use phrases like "she was raped" or "a rape occurred" without identifying the role of the perpetrator.</p>
<b>"The survivor was unharmed" or "The survivor was not physically hurt"</b>	<p>These phrases fail to consider the psychological trauma of sexual assault for survivors. Use accurate language that conveys the gravity of the sexual assault, but don't go into graphic detail.</p> <p>Note: Ensure that every detail you include about the assault serves to honour the survivor's story or to contextualize sexual assault in broader culture. If a graphic detail does neither of these things, it doesn't need to be in the story.</p>
<b>"The woman had a long history of drug addiction and she was living on the streets when the rape occurred."</b>	Focusing on a survivor's clothing, addictions, employment, marital status, sexuality, past relationships, or involvement in sex work implies responsibility on the part of the survivor or that they were "asking for it." Again, always identify the role of the perpetrator in a rape case.



IPPF/Jenny Frans Pongrangga/Indonesia



# Root causes and exacerbating factors

When communicating about SGBV, it's important to understand the difference between the root causes and the exacerbating factors. This will help us frame our approach to intervention and prevention.

For the difference between root causes and exacerbating factors, refer to the table below:

Root Causes	Exacerbating Factors / Risk Factors
Power Imbalance	Behavioural: alcohol, drugs, boredom, retaliation.
Gender Inequalities	Structural: camp/evacuation centre layout in humanitarian settings, lack of access to services.
Disregard for human rights	Systems and cultural norms: impunity, lack of representation, participation. (More on how under-representation of women and LGBT+ people contributes to SGBV <a href="#">here</a> .)



IPPF/Kathleen Prior/India

# Collecting data on SGBV

In a humanitarian emergency, collecting population-based data on the true magnitude of SGBV should not be a priority due to safety and ethical challenges in collecting this information.

Instead, stories can reference available secondary data such as existing assessments/ studies; qualitative and quantitative information; IDP/refugee registration data from the UN or the UN Office of the High Commissioner for Human Rights.

MAAs should focus on collecting qualitative evidence including survivor stories rather than numbers. A good strategy can be to use stories about what the MA is doing to address SGBV, such as stories about response, prevention or mitigation strategies. See the examples below:

Response Strategy	Prevention Strategy	Mitigation Strategy
Delivering rape kits and providing SGBV counselling and referrals to survivors in humanitarian emergencies as part of the Minimum Initial Service Package (MISP).	Leading community education and awareness sessions on SGBV and SRHR.	Working in coordination with legal, medical and social institutions to treat and refer survivors of SGBV.

If you do choose to include data in your case study or success story, remember the 'do no harm' principle and avoid sharing the following:

- number of cases of SGBV
- the number of times a service user seeks SGBV assistance (including repeat visits)
- proportion of SGBV survivors who receive medical and psychological care

Instead, you could use data about:

- the number of MA health service providers who have been trained in SGBV identification and care, and how this training has helped them
- the percentage of the MA's health facilities (static/mobile) with at least one provider who has been trained in the identification, care and support of SGBV survivors, using this to demonstrate the availability of services.

'The key to ethical storytelling lies in collaboration and partnership among all of us - programme, communications, and fundraising staff.' (Irish Consortium on GBV)

*The next section provides examples of 'bad, better and best' case studies, with details on what to include and what not to include when writing.*



## Case study – Bad

Use a pseudonym, first name only, and indicate that the name has been changed to protect the survivor's identity.

Too much detail that could identify Mira and her children. All names must be changed or left out altogether, not just that of the survivor.

Steer clear of victim blaming. Even if she hadn't tried to please him, there is no justification for sexual violence.

Mira Sultan is a 25-year-old seamstress in a small shop next to a vegetable market in the Akhtar Colony in Karachi, Pakistan. She is in an arranged marriage with a man 20 years older than she, who works as a driver. They have four young children together named Ali, Yusuf, Hamza and Arfaana who study at the High Rise Academy.

Mira says she did everything she could to please her husband but nothing would satisfy him and he was constantly violent with her.

She claims to have endured years of beatings and being burnt with matches, cut with razor blades thrown down the stairs and kicked repeatedly in the stomach until she threw up. One evening when she returned home, she confessed her husband had violent sex with her without her consent.

After the sex, Mira could barely walk. She went to a women's shelter to seek refuge.

The staff at the shelter consoled Mira and suggested that she should file for divorce from her husband.

Mira is grateful for the support she received and says she will consider leaving her husband if the abuse continues.

Use "said". Words like "claims" or "confessed" imply disbelief or guilt on the part of the survivor.

A 'success story' doesn't have to mean the end of a violent relationship or a magical happy ending. But stories and case studies should demonstrate that the MA is doing more than just responding to an immediate need.

There is no mention of referral to a specialist SGBV service, safety planning and ongoing support.

This is missing information about how she heard about the shelter and how she got there.

Avoid using too much graphic detail to describe the violence/abuse.

There is no such thing as "violent sex without consent". Instead, write: "her husband raped her."

## Case study – Better

This contains some details about the survivor but not enough to make her identifiable.

Mira\* is a 25-year-old seamstress living in Karachi, Pakistan. She is in an arranged marriage with a man 20 years older than she, who works as a driver. They have four young children together.

This is a contributing factor to violence/abuse (ie. Behavioural: alcohol) but doesn't address the root causes. Again, steer clear of victim blaming Mira for not pleasing her husband.

Mira's husband drank a lot. When he was drunk, he became very abusive. Mira says that even though did everything she could to please her husband, nothing would satisfy him and he was constantly violent with her.

Make sure to include the role of perpetrator. Write: "After her husband raped her" or "after she was raped".

Mira endured years of violent beatings from her husband who would burn her, cut her and kick her. One evening when she returned home, her husband raped her.

After the rape, Mira could barely walk.

Direct quotes from the survivor can help tell the story and fill in missing details.

"A cousin told me about a women's shelter so I came here to seek advice," she said.

The next day, Mira went to the shelter. She brought her children with her. The staff questioned her about the incident and she was medically examined. A nurse also gave her the phone number of a counsellor that deals with domestic abuse and intimate partner violence.

Not clear whether the children were with her while she was being examined. Medical examinations and counselling services should be done in private.

Mira says she is grateful for the support she received and says she will consider leaving her husband if the abuse continues.

\*Name changed to protect identity

Still missing details about safety planning or ongoing support.

This is shows that a referral was given, but could go into more detail of the support offered.

## Case study – Best

Mira\* is a 25-year-old seamstress living in Karachi, Pakistan. She is in an arranged marriage with a man 20 years older than she, who works as a driver. They have four young children together.

Mira's husband drank a lot. When he was drunk, he became abusive and Mira says she endured years of beatings from her husband who would burn her, cut her and kick her. One evening when she returned home, her husband raped her. She says that he told her she was worthless and she should be more grateful to him for earning money to support them.

← This power imbalance is the 'root cause' of the abuse.

After she was raped by her husband, Mira could barely walk.

"I was scared for my life," she said. "A cousin told me about a women's shelter in Karachi where I could seek refuge."

The next day, Mira went to the shelter. She brought her children with her.

← Indicates the steps the MA took to support Mira and her children by ensuring her privacy.

A social worker at the shelter took Mira's children into a separate room while a doctor examined Mira. After administering antibiotics to prevent her wounds from becoming infected and medications for the relief of her pain and anxiety, the doctor also administered emergency contraception with Mira's consent. Since Mira was not on any contraception at the time, she was also informed about her options including the pill, IUD or injections. The doctor said Mira could take her time to decide and that she would be available to answer any of her questions by phone, text or in-person.

← Important details about the MA's response strategy (ie. Emergency support).

After her medical examination, a nurse gave her the phone number of a counsellor that deals with domestic abuse and intimate partner violence. The nurse explained to Mira that the shelter could help her report the case to the police and she could stay in the shelter for as long as she needed. She explained that the shelter runs an informal school for her children and training programs for women like Mira who are fleeing abuse. She assured Mira that she would be safe there even if her husband tried to find her.

← More details about the MA's mitigation strategy (ie. Referral and treatment).

"I feel strong, and I want to take care of my children. I feel safe here and I am not afraid of him anymore," said Mira.

← Direct quotes from survivors can also make the story more powerful.



# Further reading

"The People In the Pictures." *Save the Children*.

[The People in the Pictures: Vital perspectives on Save the Children's image making](#)

"Gender-Based Violence, Media and Communications." *UNICEF*.

<https://www.sddirect.org.uk/media/1593/unicef-helpdesk-reporting-on-gbv-27-7.pdf>

"Responsible representation and reporting on violence against women and children." *UNICEF*.

[Responsible representation and reporting of violence against women and violence against children | UNICEF South Asia](#)

"Reporting on Gender-Based Violence in Humanitarian Settings." *UNFPA*.

[UNFPA Arab States | Reporting on Gender-Based Violence in Humanitarian Settings](#)

"Communications Involving Survivors of Gender-Based Violence Policy and Guidelines." *CARE*.

[GBV-Comms-Policy-and-Guidelines.pdf](#)

"The Murad Code: a global, voluntary code of conduct for those collecting information from survivors of systematic and conflict-related sexual violence."

<https://www.muradcode.com/murad-code>

"Conducting safe, effective and ethical interviews with survivors of SGBV. Step by step guide to filmed interviews." *Witness*.

[https://gbv.witness.org/portfolio\\_page/1-getting-started/](https://gbv.witness.org/portfolio_page/1-getting-started/)

[Available in Arabic, English, French, Shona, Spanish, Swahili, Xhosa, and Zulu.](#)

"Reporting on violence against women and girls: a handbook for journalists." *UNESCO*.

[Reporting on violence against women and girls: a handbook for journalists](#)

[Available in French, Spanish, Arabic, Russian, Kyrgyz, Chinese.](#)

Silence and Omissions: A media guide for covering gender-based violence.

*Center For Women's Global Leadership*.

[https://cockpit.jig.lucid.berlin/storage/uploads/2021/12/03/61a9cea90745eSilence-and-Omissions-A-Media-Guide-for-Covering-Gender-Based-Violence\\_accessible.pdf](https://cockpit.jig.lucid.berlin/storage/uploads/2021/12/03/61a9cea90745eSilence-and-Omissions-A-Media-Guide-for-Covering-Gender-Based-Violence_accessible.pdf)

"Ethical storytelling on gender-based violence."

*Irish Consortium On Gender Based Violence*

[this guide to ethical storytelling on GBV](#)

"Reporting on Gender-Based Violence in the Syria Crisis: Good Practices in the Media." *UNFPA*

[Reporting on Gender-Based Violence in the Syria Crisis: Good](#)

[Practices in the Media In English and Arabic](#)

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

[Listening Through Story: An Introduction and the Story of the Pakistan Pilot – Trócaire](#)

IPPF's International Medical Advisory Panel (IMAP) statement on SGBV

[IMAP statement on Sexual and Gender-based violence | IPPF](#)

"What is gender-based violence?" *European Commission* [What](#)

[is gender-based violence? | European Commission](#)











