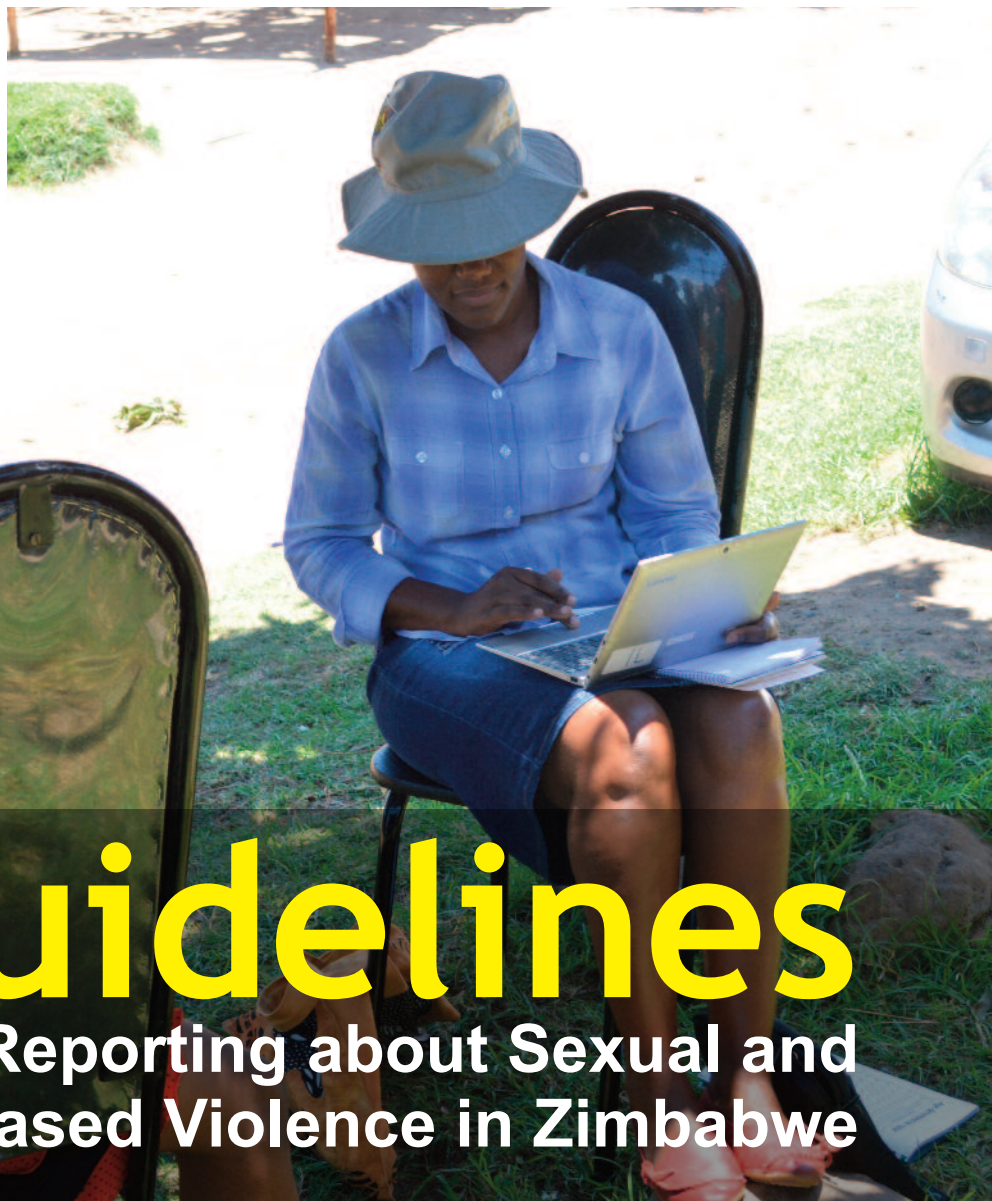




Zimbabwe Union
of Journalists



Guidelines

for Media Reporting about Sexual and
Gender-Based Violence in Zimbabwe



**Spotlight
Initiative**

*To eliminate violence
against women and girls*



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ANALYSING SGBV

ZIMBABWE CONTEXT

Zimbabwe is party to various instruments relevant to Sexual and Sexual and Gender-Based Violence (SGBV). Internationally, it has signed the Sustainable Development Goals, Convention on the Elimination of all Forms of Discrimination Against Women, the United Nations Declaration on the Elimination of Violence against Women, the United Nations Convention on the Rights of the Child, the African Charter on the Rights and Welfare of the Child, Beijing Platform for Action and the UN Security Council Resolution 1325, 1288, among others.

Regionally, the Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa also reiterates protection from SGBV. The African Charter on the Rights and Welfare of the Child also guarantees protection. The SADC Protocol on Gender and Development informs sub-regional norms and standards. All these instruments unequivocally outlaw SGBV.

The Zimbabwe constitution upholds the above commitments at national level. Section 25 on protection of the family provides for prevention of domestic violence. Sections 51, 52 and 53 uphold the right to dignity, personal security and bodily integrity through freedom from inhuman and degrading treatment. Section 56 reiterates gender equality and non-discrimination while section 80 states the rights of women in their diversity, elderly, disabled, the Girl Child. Section 81 specifically deals with children's rights.

Laws criminalizing SGBV include: the Domestic Violence Act presided over by the Anti-Domestic Violence Council; Criminal Law and Codification Act and Trafficking in Persons Act. Despite strong laws on SGBV in Zimbabwe, gender inequality, persistent discriminatory social norms and gender stereotypes militate against eradication.

Weak institutions to deal with SGBV and lack of coordinated mechanisms for reporting and information management also exacerbate the problems. Strengthening institutional mechanisms dealing with SGBV prevention and response including systems for data management is therefore an urgent priority.

The Zimbabwe Gender Commission notes that SGBV is 'a well-documented human rights violation, a public health challenge, and a barrier to civic, social, political, and economic participation.' It undermines the safety, dignity, and overall health status, social and economic wellbeing of the individuals who experience it.

Rooted in gender and power inequality, types of violence encompassed by SGBV include economic abuse, domestic violence, human trafficking, sexual violence and rape, violence in public spaces, child marriages, sexual harassment and cyber bullying.

The UNICEF 2019 Multiple Indicator Cluster Survey (MICS) reveals that: two in five women interviewed reported having experienced either physical or sexual violence whilst one in 10 reported having experienced both. The top three provinces where women reported having experienced all forms of spousal violence were Mashonaland East (55%), Masvingo (54%) and Manicaland (53%).

Thirty-nine percent of women aged 15-49 years reported that they had experienced physical violence since the age of 15 while 11% experienced the violence in the last 12 months preceding the survey. Twelve percent of women reported having experienced sexual violence whilst 5% had experienced it in the last 12 months. About one in two women in the same age range had experienced emotional, physical or sexual abuse committed by the current or last husband/partner. In the last 12 months, the most prevalent violence was emotional abuse at 22%.

Among the married persons, the survey revealed that physical violence is more likely to be committed by a current husband/partner (72%) and former husband/partner (21%). Slightly above six in 10 cases of sexual violence experienced by married persons were committed by current husband/partner.

Harmful practices in Zimbabwe include early child or forced marriage, virginity testing, forced widow inheritance, abuse of women and girls with disabilities and children for ritual purposes or to cure HIV. These constitute a serious violation of the sexual, reproductive and health rights of women and girls in Zimbabwe. These practices increase risk of exposure to sexually transmitted diseases while some result in early child pregnancy and attendant high maternal mortality.

The survey reveals that 34% of women aged 20-24 were first married below 18. Two in five women aged 20-24 got married before age 18 in rural areas compared to one in five in urban areas. Prevalence of child marriages of women in the same age range who married before age 18 was highest in Mashonaland Central (50%) and lowest in Bulawayo (14%).

Persons with disability are also at great risk of SGBV. The gender and disability mix increases the risk of violence for women, girls as well as their caregivers. Women and girls with disabilities are almost twice as likely to experience SGBV as women and girls without.

The Spotlight Initiative (SI), is a global multi-year partnership between the European Union and the UN designed to eliminate all forms of violence against women and girls. The SI invests in a multi-stakeholder approach to gender equality and women empowerment as a precondition for achievement of the SDGs. Implementation is via the main UN Agencies of United Nations Development Fund, UNWomen and UNFPA. Key pillars include: improved legislation and policies; gender responsive institutions; violence prevention programmes; essential services; comparable and reliable data; and strong women's movements.

The SI '... tackles head-on sexual and Sexual and Gender-Based Violence by paving the way for women and girls to have a voice, choice and control over their lives, particularly their ability to make decisions, pursue education, provide for themselves and their families and actively participate in their community.'

In Zimbabwe, the SI country programme targets directly and indirectly 11 million beneficiaries, particularly rural women and girls, women and girls living with disabilities, and women living with HIV. Sixty percent of the country programme

intervention is being implemented at community level in 23 districts across five provinces - Mashonaland Central, Mashonaland West, Manicaland, Matabeleland South, and Harare.

Unpacking Media Reporting About SGBV Trends

The media's role is to inform and educate listeners, viewers and readers about the extent of SGBV, its effects, response, support, prevention and integrated national action plan. Some of the education can be in the form of edutainment, where key messages are shared through drama. This role requires a survivor-centred approach, impartiality, accuracy, fairness, respect for privacy and protection of sources. It also requires that survivors are not paid for sharing their stories in interviews. Professional media reporting of SGBV will amplify voices of women and girls by calling out gender violations and harmful practices.

The media, as the fourth estate after parliament, executive and the judiciary is the voice of the voiceless. Listeners, viewers and readers should be able to trust the media to tell their stories in an objective, sensitive and professional manner. Although there has been an improvement, studies of media in Zimbabwe show that women's experiences, voices and choices are mute or misrepresented. Extensive coverage of SGBV is usually through advertorials when the media works with paying stakeholders during commemorative days such as the International Day of the Girl Child, 16 Days of Activism against Sexual and Gender-Based Violence, among others.

These guidelines seek to facilitate improved media reporting as journalists become part of the solution rather than a problem in relation to SGBV and its effects on women and girls. Media can thus be true to the Do No Harm principle.

There is however, a lack of or inadequate information among journalists and editors on gender issues in general. This may result in insensitive or biased reporting on gender issues within SGBV leading to perpetuation of the problems through harmful gender stereotypes.

Media reporting of SGBV issues fall far too short of adequately covering the extent, effect, response, support mechanisms and, prevention of SGBV as well as progress made through national actions regarding SGBV on the national action plan. The reporting also glosses over how gender affects individual and societal understanding and perspectives on SGBV and women and girl's participation. This is despite the fact that all women and girls are vulnerable to SGBV due to structural discrimination and oppression especially at family and household level.

Gender inequality, manifesting in power imbalances and discrimination at personal and family level perpetuates and is fueled by systemic barriers to ensuring prevention of, protection from and afterwards, justice for SGBV. There are internal and external barriers to reporting SGBV while availability, affordability and accessibility challenges for support services tailored for SGBV survivors is another hindrance. Media condoning rather than condemning SGBV remains a key problem manifesting in stereotyping and negative portrayal of women experiencing SGBV. Media has also largely failed to call out patriarchal socialisation that encourages men to own toxic male attitudes and aggressive behaviour which limits women's choices, voice and control over decision making.

Common Myths by the Media

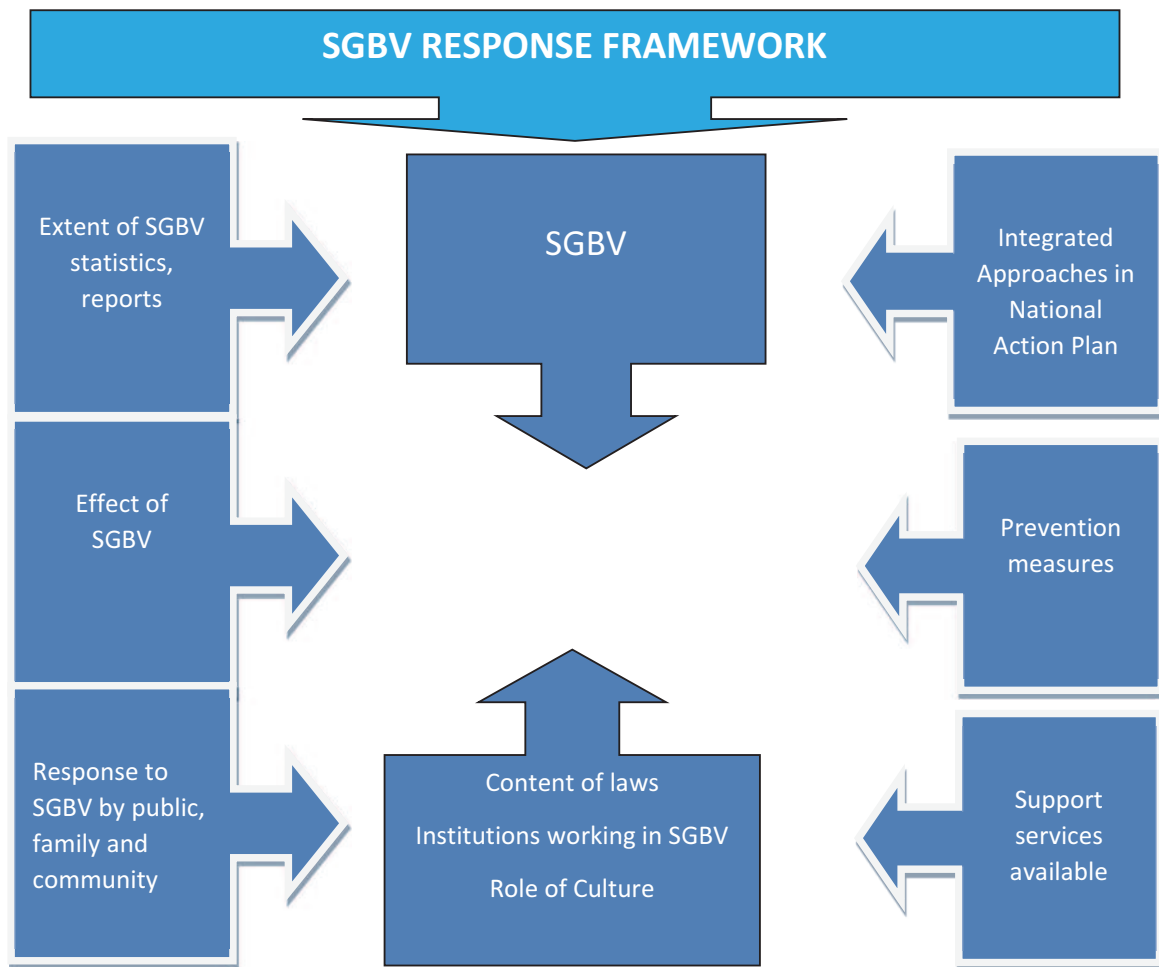
Media portrays the following common myths which are generally held beliefs which may not necessarily be true when reporting about SGBV:

- gender inequality is not a factor;
- alcohol, drugs, stress or spiritual problems are drivers;
- poverty is a factor;
- sexual assault is commonly by strangers;
- perpetrators are mentally disturbed strangers;
- certain social groups are more violent;
- women and girls' choice of clothing is to blame for assault;
- women tend to deliberately make false reports of violence;
- women lie or exaggerate about sexual assault and rape; and
- women can and should walk away from violent relationships
- survivors should exhibit shock and emotional disturbance;
- nothing can be done about cultural, religious or political violence.

These myths, mostly generalized, result in the media not only failing to professionally report on SGBV but in some cases, directly reporting in a way that causes additional harm and secondary trauma to survivors and unwittingly encouraging other would-be perpetrators.

In reporting at the newsroom content level, reportage of SGBV is influenced by patriarchal values and attitudes resulting in representation of women as objects rather than social agents and sources, whose coverage does not have to be informed by a male perspective.

Most journalists find SGBV challenging and difficult to report and this is seen in insensitive interviewing techniques, inaccurate reporting, personal biases, gender & sexuality perceptions, inadequate understanding of legal requirements in criminal cases, trauma to survivors and enabling perpetrators to avoid prosecution.



Adapted from Making Every Voice Count, Reporting Southern Africa, Gender in the Media Centres of Excellence, 2011, Gender Links

Why Media Reporting About SGBV Guidelines?

Media can dismantle inequalities. Gauging whether stories are helping to advance gender equality and women and girl's empowerment in society is necessary. Or whether the stories are angled to uphold and justify negative patriarchy-based social norms and values.

The media can instead transform toxic beliefs and attitudes to eradicate SGBV. As one of the opinion leaders, the media shapes society's perspectives. Media reporting influences how people, in particular women and girls, reflect on their choices when they find themselves in conflict situations that may result in or has resulted in violence.

Media influences legislation and public policy to ensure gaps are addressed. Media can deconstruct society's perceptions and discourse on SGBV, condemning instead of condoning. There is a need for gender sensitive and victim-friendly reporting and language. Beyond analyzing who or what gets coverage, how women, men, girls and boys are covered is also key.

Coverage should distinguish between perpetrators and survivors in information gathering and portrayal. Journalists should understand the cause and effect of SGBV, through a gender lens and value women's and girls' specific issues equally.

Ethical Principles to Reporting about SGBV

The UNFPA identifies the following principles that media houses, editors and journalists should consider and be guided by when reporting about SGBV.

1. Consent – secure consent from the survivor for all interviews and recording. Informed consent is obtained when a survivor has demonstrated understanding of all potential known positive or negative consequences of divulging his or her information, including what, if any, identifying information may be shared. Media practitioners should be aware of actors who may be intentionally or unintentionally exploiting the power differential between the interviewer and survivor, family or community members who may be pressuring the survivor to tell their story against their will, or any other factors that might make consent not truly informed .
2. Use of images, footage and photographs to illustrate GBV – except in cases where survivors have given their informed consent, photos should not include any identifiable information. Any use of images should present the subject in a way that upholds their dignity. Where possible, images should

be used to illustrate a general situation, rather than a specific incident. It is not recommended to take pictures of survivors. If pictures are taken by photographers, it is important to obtain written consent from the survivors and to stay in contact with photographers to review and select images, clarify any information, and discuss possible uses. Unless the individuals represented in the images have given their written, informed consent for use of their image in association with a story, the use of stock footage to illustrate a story on GBV should also be avoided. Photos of child survivors should never be used.

3. Accuracy – there is need to ensure that data, information shared in interviews is factual and has been verified through authoritative sources;
4. Fairness – journalists should be fair in their interaction with survivors, seek informed consent and protect potentially vulnerable sources;
5. Impartiality – journalists should not judge, defend or take any sides as they report, they should especially not be seen to be blaming the survivor or rationalising the alleged offence;
6. Duty to inform – journalists should balance between what is in the public interest and what is of interest to the public, they should avoid sensational reporting;
7. Respecting privacy and confidentiality – privacy and confidentiality is a key requirements for SGBV survivors to feel free to share their experiences and to share their evidence in privacy;
8. Sources – protection of sources is a guiding principle that should be protected to ensure safety and security and also instill confidence;
9. Payment for interviews – journalists should not pay for interviews with survivors as they may influence the outcome, it may lead to a money-centred culture of securing interviews or may pressurise survivors to speak to the media;
10. Do no harm – journalists should balance between avoiding additional harm to survivors, the public's right to know and an alleged perpetrator's right to a fair trial;
11. Survivor-centred approach – Any efforts to document GBV for the purposes of media reporting must first prioritize survivors' safety and best interests. Considerations around a survivor's best interest must take precedence over other objectives, including drawing attention to particularly grave GBV violations. Concretely this means that journalists, reporters and other media professionals, as well as those actors who may be supporting access to survivors, must prioritize survivors' rights to dignity, privacy, confidentiality, safety, security and protection from harm or retribution and should consider if and how a story could potentially violate any of these core principles.

Adapted from: Nine Ethical Principles: Reporting Ethically on Gender-Based Violence in the Syria Crisis, UNFPA and Media Guidelines for reporting GBV in Humanitarian contexts, Global GBV AoR.

Key Considerations For Media Reporting About SGBV

Planning Stage - Diary

Before selling the idea of an SGBV-related story in the diary session, the journalist should be clear about SGBV is, why it occurs, who is affected, how and why? It is also important to understand why SGBV is either ignored, under-reported or trivialized by the media across the continuum. At a personal and professional level, the journalist should understand their biases informing their justification for the story and 'get out of the story'. Journalists also experience SGBV either as perpetrators or targets. The newsroom as a microcosm of society, reflects the same patriarchal beliefs, attitudes, values and norms. In most cases, the journalists, male and female will reflect the norms they were socialized into in their writing so there is need to reflect on the following:

1. Abstract provides synopsis of the story which should be approached from an SGBV perspective.
2. Angling reflects the standpoint of the journalist/editor(s) and this should be analyzed to confirm if the story will perpetuate or challenge stereotypes that fuel SGBV.
3. Sources choices also reflect the journalist's position on SGBV, women and girl's voices and diversity of opinions. The rule is to have multiple diverse sources.
4. Selection of photos, video, audio should ensure that journalists do not vicariously dehumanize survivors or sanitize perpetrators.
5. Reference material will provide background and where relevant, evidence to either prove or disprove the issues raised in the story.
6. Stories should enable policy adoption, implementation and or review so needs to also include policy voices from government.
7. Analysis and recommendations from the story should be informed by problem analysis of the SGBV approach. Instead of stories parroting inaccurate positions by some of the sources they should probe and unpack the issues.
8. Target audience – journalists should recognize and acknowledge that women and girls, apart from being survivors, are also audiences. The packaging and dissemination of the story should therefore reflect this.
9. Follow up – the SGBV story is not an event but part of a process of deconstructing patriarchal notions of gender and power relations. As such, follow up and trend analysis on the different SGBV dimensions is key to unpacking SGBV probing national progress towards eradicating SGBV.

Gathering SGBV-related Information

Media reporting is done to: raise awareness on topical issues such as SGBV; advocate for changes in laws, policies, institutional delivery of services and goods; question budgets allocated in relation to needs and policies; and speak truth to power in government, judiciary, cultural gatekeepers, private sector, labour, faith-based and civil society organizations. From an SGBV perspective, this is expected to transform society towards social justice, gender equality and women and girls' empowerment. The following should be considered at this level:

- Contextual understanding to ensure quality versus quantity of information, deconstructing stereotypes, upholding personal security and bodily integrity of subjects.
- Idea development - give stories in-depth background. Research, plan, engage with women and girls, clarify and secure official sources and differentiate from policy voices, identify news pegs to ensure increased reach and relevance of the story.
- Ethical considerations during the interviews should be informed by the Do No Harm principle - research first, assess risks/assumptions, analyze power during the interview and remember to listen, concentrate, be alert to non-verbal gestures and focus on facts in a non-domineering manner.
- Interviewing survivors both women and girls - avoid secondary trauma - ask them to tell you what happened, confirm how they want to be identified and referred to (avoid stigmatizing labels & stereotypes, be patient, secure consent on sensitive parts of the story, remember safety and ethics, avoid interjecting, do not try to influence legal processes, be aware that some violence is by family members).
- Respect violence survivors' rights: to decline to identify themselves; to terminate the interview; to answer any questions; and to be photographed end or defer if survivor is emotionally distressed,
- Avoid common mistakes – biases, identifying details of survivors, and focus on non-essential details of survivors, superficial research, inappropriate language and insufficient understanding of criminal, civil and customary law.
- Understand terminology – each area of study has relevant jargon that you need to understand but should decode for public consumption, build strong relationships with organizations working on SGBV to strengthen knowledge.
- Use images only if the story is incomplete without them, otherwise there is a danger of compromising the survivor's dignity and tampering with evidence which may compromise access to justice.
- Possible case studies of emerging issues - early child marriage, cyber bullying, paedophilia via the internet; effect of technology as the new norm under COVID-19 in relation to SGBV.

Writing the SGBV Story

Before reporting SGBV, there is a need to seriously reflect on the concept and motivation in terms of the angle, photos, sources, reference material, target audience and anticipated follow up. Ask yourself: What is the purpose of the story as a public good? What are the risks to survivors, to you as a journalist and editorial team? Are photos necessary? Are the best interests of children protected? Does the story inform on possible support for others in similar situations? What is your knowledge on SGBV and have expert voices been included? Have you ensured an appropriate and safe interview venue and have you sought informed consent?

1. Acknowledge and name SGBV form for what it is, murder, violence against women, violence against girls, rape, child abuse, do not trivialize by using euphemisms such as accidental shooting, love triangle, crimes of passion, revenge porn, domestic dispute
2. Remember to Do No Harm and ensure that safety of survivor is not jeopardized in the rush to publish, do not include details that expose the identity of survivors, both adults and particularly children. If unavoidable, for electronic media, distort faces out of focus and modify voices to disable identification; and focus only on pertinent personal details.
3. Follow and report based on evidence rather than personal opinion. Account for the factors increasing vulnerability i.e. inequality, men's power over women, masculinity and femininity myths, aggression - don't dismiss, sanitize, justify, excuse, or attribute SGBV to other forces. In particular, avoid victim blaming, or attributing to common myths as drivers of violence are structural.
4. Know the subject (forms of violence) and relevant laws - determining how you write in relation to survivors e.g. minors, sexual offences.
5. Do not sensationalize SGBV – it is not a scoop so avoid drama, character assessments of survivors or perpetrators and images that further stigmatize or disrespect the survivor and or victims respectively.
6. Acknowledge perpetrator – use active language to show action e.g. husband kills wife, father rapes daughter, - don't reinforce stereotypes i.e. justify why, or blame survivors.
7. Provide context to story – provide authoritative data and statistics on the issue to show extent, to enable policy and practice analysis and to prompt action by policy makers and or law enforcement agents.
8. Include information on support options to assist other readers, listeners and viewers who may also be experiencing or are potential targets of SGBV.
9. Use appropriate pictures – if using pictures, avoid dehumanizing images and footage.
10. Include experts' voices in comments – refer to SGBV experts for contextualizing. Do not limit your reporting to the law enforcement system as some cases are unreported. Understand also that statistics alone do not show the extent as most SGBV remains unreported, including some which are criminal.

Dos	Dont's
<ul style="list-style-type: none"> ● Research, consult authorities, sources, SGBV organizations; ● Exhibit empathy for survivors ● Use simple language; ● Protect sources/interviewees; ● Use specific terminology; ● Include multiple sources including experts to provide more information; ● Challenge myths and stereotypes; ● Protect and ensure privacy of sources during story development, protect information and use passwords to increase security; ● Publish detailed information on sources of help for future use by other SGBV survivors. 	<ul style="list-style-type: none"> ● Rush to write and file story before research and checking facts; ● Assume to understand how a survivor copes with trauma and how they should act; ● Trivialise the scale of the abuse; ● Instill secondary trauma on survivors through insensitivity, trite comments and assumptions and or defending the alleged perpetrator; ● Use ambiguous euphemisms and rationalising alleged crime; ● Judge and ignore alleged perpetrator's rights to a fair trial

Before filing - share the story with the survivor as courtesy; secure consent for publication, anticipate and understand that the survivor may not want you to publish (this should be in consultation with the assigning Editor).

After publishing – be open to further contact by interviewees; provide contact details; have database of possible sources of assistance in case you are approached;

Strengthening Networks with SGBV Related Organizations Specialized Actors

Strengthening Networks with SGBV related organizations

As outlined above, it is important that journalists deepen their analysis through inclusion of expert voices. This therefore requires establishing and nurturing professional relationships with organizations and individuals knowledgeable in SGBV issues. Relationship building includes understanding how they work even as the media also educates organizations on their ways of working too. The following are important considerations when approaching SGBV and other organizations for information:

- Use proper formal channels;
- Develop and maintain professional relationships;
- Understand and respect that organisations are guided by the protection mandate and ethics of working with SGBV survivors, key being privacy and confidentiality;
- Understand safeguarding the lives and safety of survivors and best interests of children;
- Deepen research to avoid wasting time through unnecessarily long interviews and seeking superficial quotes or ‘sound bites’ without adequate background;
- Understand and decode organizational jargon into easily understood language.

SGBV Related Service Providers

Adult Rape Clinic, Parirenyatwa Hospital
Anti-Domestic Violence Council
Child line
Ministry of Women Affairs, Community and SMEs Development
Family Support Trust
Justice for Children Trust
Katswe Sistahood
Leonard Cheshire Disability
Ministry of Health & Child Care
Musasa Project
National Peace and Reconciliation Commission
Padare/Enkundleni Men's Forum on Gender
ROOTS Community Organisation
Rozaria Memorial Trust
Shamwari Ye Mwanasikana
UN Population Fund
UN Children's Fund
UN Fund for Women
Women and Law in Southern Africa
Women's Coalition of Zimbabwe
Zimbabwe Gender Commission
Zimbabwe Human Rights Commission
Zimbabwe Media Commission
Zimbabwe Women Lawyers Association
ZRP Victim Friendly Unit
Masvingo - Musasa
Harare - Adult Rape Clinic
Manicaland - FACT
Bulawayo - ZWLA
Mashonaland West - FACT
Mashonaland Central – Katswe
Midlands – Musasa
Matabeleland North – Zimbabwe Association of Christian Hospitals
Matabeleland South - One Stop Centre at Gwanda Hospital

Annex: Gender Based Violence Related Terminology²

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

Media guidelines for reporting on GBV in Humanitarian contexts

TYPE	Gender Based Violence related
Forced Marriage	Forced marriage is the marriage of an individual against her or his will.
Early or Child Marriage	Early or child marriage (marriage under the age of legal consent) is a form of forced marriage as the girls are not legally competent to agree to such unions).
Psychological/ Emotional Abuse	Infliction of mental or emotional pain or injury. Examples include: threats of physical or sexual violence, intimidation, humiliation, forced isolation, social exclusion, stalking, verbal harassment, unwanted attention, remarks, gestures or written words of a sexual and/or menacing nature, destruction of cherished things, etc. Forms of sexual harassment may be included in this category of GBV.
Denial of Resources, Opportunities or Services	Denial of rightful access to economic resources/assets or livelihood opportunities, education, health or other social services. Examples include a widow prevented from receiving an inheritance, earnings forcibly taken by an intimate partner or family member, a woman prevented from using contraceptives, a girl prevented from attending school, etc. "Economic abuse" is included in this category. Some acts of confinement may also fall under this category.
Trafficking in Persons	"...the recruitment, transportation, transfer, harbouring or receipt of persons, by means of the threat or use of force or other forms of coercion, of abduction, of fraud, of deception, of the abuse of power or of a position of vulnerability or of the giving or receiving of payments or benefits to achieve the consent of a person having control over another person, for the purpose of exploitation. Exploitation shall include, at a minimum, the exploitation of the prostitution of others or other forms of sexual exploitation, forced labour or services, slavery or practices similar to slavery, servitude or the removal of organs."

TYPE	Gender Based Violence related
Harmful Traditional Practices	Cultural, social and religious customs and traditions that can be harmful to a person’s mental or physical health. It is often used in the context of female genital circumcision/mutilation or early/forced marriage. Other harmful traditional practices affecting children include binding, scarring, burning, branding, violent initiation rites, fattening, forced marriage, so-called “honour” crimes and dowry-related violence, exorcism, or “witchcraft”.
Female Infanticide	Sex selection typically occurs because of discrimination against women and girls and a systematic preference for boys. This can lead to neglect and/or discrimination against girls in access to care, food and other resources and in extreme cases to female infanticide.
Son Preference	Son preference refers to a whole range of values and attitudes which are manifested in many different practices, the common feature of which is a preference for the male child, often with concomitant daughter neglect. It may mean that a female child is disadvantaged from birth; it may determine the quality and quantity of parental care and the extent of investment in her development; and it may lead to acute discrimination, particularly in settings where resources are scarce. Although neglect is the rule, in extreme cases son preference may lead to gender-biased selective abortion or female infanticide.

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

REFERENCES FOR FURTHER READING ON SGBV

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<https://sdgs.un.org/goals>

https://www.un.org/en/events/pastevents/pdfs/Beijing_Declaration_and_Plat-form_for_Action.pdf

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